



WIOA PROGRAMS TRAINING VOUCHER DOCUMENTATION CHECKLIST

Participant Name: _____ ASSET PIN: _____

The following documents **must** be attached for vouchers to be considered for approval. Any missing documentation could delay the voucher approval.

1. Description (Please select one):			
<input type="checkbox"/>	Training is in a local High Growth & High Demand Sector		
<input type="checkbox"/>	<input type="checkbox"/> Manufacturing – ONET 51		
<input type="checkbox"/>	<input type="checkbox"/> Construction – ONET 17 & 47		
<input type="checkbox"/>	<input type="checkbox"/> Retail/Hospitality – ONET 35 & 41		
<input type="checkbox"/>	<input type="checkbox"/> Financial Services – ONET 13 & 43		
<input type="checkbox"/>	<input type="checkbox"/> Transportation – ONET 53 & 49		
<input type="checkbox"/>	<input type="checkbox"/> Healthcare – ONET 29 & 31		
<input type="checkbox"/>	<input type="checkbox"/> IT – ONET 15		
2. Required Documentation (MUST select at least ONE of the following):			
<input type="checkbox"/>	An Employer Commitment to Hire Letter	<OR>	<input type="checkbox"/> N/A
<input type="checkbox"/>	Three (3) specific and appropriate job descriptions in the area to be trained	<OR>	<input type="checkbox"/> N/A
<input type="checkbox"/>	WisConomy Occupational Projections Long Term: 2020-2030 WDA2 https://jobcenterofwisconsin.com/wisconomy/query		
<input type="checkbox"/>	Exception Request	<OR>	<input type="checkbox"/> N/A
3. Training Program Description			
<input type="checkbox"/>	ITA Statewide Eligible Provider List (ETPL) Printout		
4. Customer Justification			
<input type="checkbox"/>	Document Verification Checklist – verifying work authorization		
<input type="checkbox"/>	Current Resume		
<input type="checkbox"/>	TABE/CASAS Scores: Reading _____ Math _____	<OR>	<input type="checkbox"/> N/A
<input type="checkbox"/>	Career Assessment		
<input type="checkbox"/>	IEP/ISS identifying Career Pathway		
<input type="checkbox"/>	Request to Exceed Training Cap form	<OR>	<input type="checkbox"/> N/A
<input type="checkbox"/>	Financial Aid applied for	<OR>	<input type="checkbox"/> N/A
<input type="checkbox"/>	Training Proposal	<OR>	<input type="checkbox"/> N/A
5. ASSET Entry			
<input type="checkbox"/>	Self-Sufficiency Calculation		
<input type="checkbox"/>	ASSET Planned Services		
<input type="checkbox"/>	ASSET Customer Notes (must include each element below).		
<input type="checkbox"/>	<input type="checkbox"/> Training/Voucher Details		
<input type="checkbox"/>	<input type="checkbox"/> Customer Choice		
<input type="checkbox"/>	<input type="checkbox"/> Need for training		
<input type="checkbox"/>	<input type="checkbox"/> Financial Aid Status		
<input type="checkbox"/>	<input type="checkbox"/> Inability to obtain grant assistance from other sources		
<input type="checkbox"/>	<input type="checkbox"/> Career Planning and/or labor market information		
<input type="checkbox"/>	<input type="checkbox"/> Verify work authorization case note entered. Date of note: _____		
6. Career Planner			
Signature _____		Date _____	

Form Date: 01.01.25

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