**EMPLOY MILWAUKEE, INC., INCUMBENT WORKER TRAINING PROPOSAL**

**SECTION I. BUSINESS INFORMATION**

**Company Name: Mailing Address:**

**City: County: State: Zip:**

**Contact Name: Title:**

**Phone: Fax: Email:**

**NAICS Code:**

**Number of local employees: Number of Wisconsin employees:**

**Has the business experienced a layoff in the last 120 days?** ☐ Yes ☐ No

 **FEIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UI Root #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION II. TRAINING INFORMATION**

 **Training Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Dates: From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_**

 **Total Training Hours: \_\_\_\_\_\_\_\_\_\_ # of Employees to be Trained: \_\_\_\_\_\_\_\_**

 **Training Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Location:** ☐ On Site ☐ Remote Site ☐ At a training institute:

(institution name)

**Training Description:**

**Competencies the trainee(s) will attain at training:**

**How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?**

 **SECTION III: TRAINEE INFORMATION (Please complete for each participating employee)**

*Department of Labor (DOL) grant(s) require employee Social Security number(s). It will be used to identify records in Management.*

*Information System (MIS) for grant reporting purposes only.*

**First Name: Last Name: Address: Apt./Unit #:**

**City: State: Zip Code:**

**Primary Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Cell ☐ Home **Email:**

 **Social Security #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:**

**Gender:** ☐ Female ☐ Male ☐ Unknown/Undisclosed

**Disability:** ☐ Yes ☐ No ☐ Unknown/Undisclosed **Registered for Selective Services:** ☐ Yes ☐ No

**Race/Ethnicity:** \_\_\_\_\_ American/Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_

 \_\_\_\_\_ Hispanic \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Unknown/Undisclosed

**Veteran Status**: \_\_\_\_\_ N/A \_\_\_\_\_ Active Duty from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Other Eligible Veteran \_\_\_\_\_ Spouse of Veteran

**U.S. Citizen:** ☐ Yes ☐ No **Eligible to work in the U.S.:** ☐ Yes ☐ No

 **SECTION IV: TRAINEE EDUCATION & OCCUPATION INFORMATION (Please complete for each participating employee)**

**Currently in School:** ☐ Yes ☐ No  **Highest Degree Earned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Occupation Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainee Current Wage:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Trainee Wage Upon Training Completion:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainee Start Date at business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If applicable)

**\*Will the employee receive a wage increase after training?** ☐ Yes ☐ No

**\*Will the employee receive a promotion that results in a new job title after training?** ☐ Yes ☐ No

**\*Will the employee receive a credential or certification after training?** ☐ Yes ☐ No

 **SECTION V: OFFICE USE
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**Total Training Cost: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Reimbursement Amount:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Source:** ☐ WIOA ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

[Attach IWT Request and Approval Form with Signatures]

 **SECTION VI: EMPLOYMENT FOLLOW-UP**

|  |  |  |
| --- | --- | --- |
| **Quarter 1**☐ Retained ☐ Advanced | **Quarter 2**☐ Retained☐ Advanced  | **Quarter 3**☐ Retained☐ Advanced  |

**SECTION VII: SIGNATURE**

*In order to receive reimbursement for training, invoices should be submitted upon the completion of training, the business must submit:*

*1. invoice(s) for training expenditures.*

*2. any proof of wage increase, or proof of promotion resulting in a new job title (on company letterhead), or copy of trainee credential or certification received; if available at time of invoice*

*3. if training is not credentialed, trainee(s) name(s) who successfully completed training on training provider’s letterhead*

 *(company letterhead if training is provided in-house).*

 *4. copy of trainee(s) credential(s) showing successful completion, and If training last longer than 30 days, training will be subject to a mid-point check-in to verify that the training is progressing as planned.*

By signing proposal, business representative agrees that information is true and agrees to provide post-training documents.

**Company Signature: Date**



*Employ Milwaukee is an Equal Opportunity Employer/Service Provider*

*Auxiliary aids and services are available upon request to individuals with disabilities.*