

OCCUPATIONAL SKILLS TRAINING ACKNOWLEDGEMENT FORM

SUB-RECIPIENT:			
CONTRACT/CLUSTER NAME:			
SERVICE LOCATION:			
PARTICIPANT NAME:		USER ID:	

PROGRAM ELIGIBILITY: ADULT DW OSY OTHER: _____

TRAINING PROVIDER NAME: _____

CLASS NAME: _____
(must match ETPL)

TOTAL WIOA PAID TUITION COST:

PM Initials	
	I have attached the ITA with the Participant’s signature, the Sub-Recipient’s authorized signature, and the Training Provider’s signature.
	I have reviewed the file and I certify that the above mentioned participant is eligible.
	I have reviewed the file and I certify that the ISS/IEP has been updated to reflect the training activity.
	I have reviewed the file and I certify that there is proof of local demand occupation.
	I have reviewed the file and I certify that there is proof the training is currently on the ETPL.
	I certify that I will notify Workforce Connections within 5 business days from when I become aware if the participant does not complete.

My signature below acknowledges that our organization retains all liability for all costs Associated with the above mentioned training and any disallowed expenses must be paid to Workforce Connections using non-federal funds.

Sub-Recipient Authorized Signature

Date