South Central Workforce Investment Board

Executive Director Approval Request for Classroom Training

Participant's Name:_____ **State ID:** _____

Course Title:_____

Training Agency:_____

Is the program currently on the Missouri ETPL? _____ If yes, what is the MERIC grade?_____

If no, is the training program currently on a similar system in another state? _____ If yes, what state? _____ If a system like MERIC is available, what is the grade? _____

Does the region have participants who have finished this course during the current program year or previous program year? ____ If so, are they employed and at what wage? (provide app id and wage)

_____

Justification for Request: _____

_____

_____

The Individual Training Account (ITA) Policy states:

Training must be in an occupation that leads to economic self-sufficiency or wages comparable to or higher than the wages from previous employment and directly linked to the employment opportunities in the local area (or an area the participant is willing to relocate to), source documentation required, with a rating of "B" or better;

"Exceptions for the above limits can be made by the SCWIB Executive Director, on a case by-case basis, at the request of the job center staff with the documentation of participant need."

_____

Signature of Employment Specialist **Date**

Denied ☐ _____

_____

_____

Reason/Explanation for denial

Approved ☐ _____

Signature of Executive Director **Date**