

Request Form

This request form must be submitted when requesting a subsequent training request, training funds exceeding the cap, or a request to waive other local policies. Subrecipient must complete the following information and provide a detailed justification on second page of this form to support the request.

Date of Request:		Employment Connection Site:	
Participant Name:		CalJOBS State ID#:	
Grant:		Co-enrollment Grant(s):	
Subrecipient staff:		Contact number/email:	

Type of Request			
<input type="checkbox"/> Subsequent Training Request		<input type="checkbox"/> Exceeding Training Cap	
Other:			
Previous training received (if applicable)			
<input type="checkbox"/> ITA	<input type="checkbox"/> OJT	<input type="checkbox"/> Transitional Job/ WEX	
Grant:		Training Amount funded:	

Request Form

Participant Name:		CalJOBS State ID#:	
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Justification: Include pertinent information to justify this request, including training information such as cost, length, type of training, was training completed, participant barriers/how they are being addressed, etc. For requests exceeding the training cap include financial aid documentation if applicable.

This request must be reviewed and approved by Subrecipient supervisor or designee to ensure all information/documentation is included to support the request.

Name:	Supervisor Signature:	Date:
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WIB use only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
WIB Staff:	Signature:	
Comments:		