

GLOW WIB
Employer Customized Training Plan Approval Form

Employer Information

Company Name: _____

Address: _____ County: _____

Total Number of Employees: _____ Industry: _____

Phone/Fax/Email: _____

Contact Person: _____ Title: _____

CEO/President: _____ Signature: _____ Date: _____

Custom Training Information

Course/Training Title: _____

Training Provider: _____

Beginning Date: _____ Ending Date: _____ Cost Per Person: \$_____

Need for Training: Please describe the training proposed and the benefit to the company and its employees:

(Attach a Course Description to this form)

Upgrade of Current Jobs? _____ Yes _____ No

Increase earning of persons completing training? _____ Yes _____ No

Is the employee's job in jeopardy without the training? _____ Yes _____ No

Is there an opportunity for the employee to advance? _____ Yes _____ No

Trainee Information

List each employee that will be trained. Add additional sheet if necessary.

Employee Name: _____ Job Title: _____ Hourly Wage: _____ Hours/Wk: _____

Anticipated Wage Increase 9 Months After Training Completed: _____

Financial Information

Total Cost of Training: \$_____ Company Match: \$_____ Number of Trainees: _____

(Please fax this form to the appropriate Employment & Training Director)

Scott Gage, Genesee County, 344-3266

Keith Mitchell, Livingston County, 243-7598

Jim Hancock, Orleans County, 589-2715

Rae Frank, Wyoming County, 237-2696

Approved by: _____

Date: _____

(Employment & Training Director Signature)

Funding Source: _____

C: Michele Nichols, WIB Executive Assistant at fax: 344-3266