



A partner in **CTWORKS**  
2008 - 2009

**Application for Incumbent Worker Training Funds**

Employer Organization Name \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of Organization (circle one):      Private For Profit                      Private Non-Profit

Federal Employment ID Number \_\_\_\_\_ CT Tax ID \_\_\_\_\_

Organization Sector Category: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Number to be Trained \_\_\_\_\_

Proposed Training Dates: \_\_\_\_\_

**Positions to be Trained (Use Additional Sheet if Necessary)**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Justification Statement:** Describe training need and how the training will increase workers' skills and provide opportunities for advancement within the company and/or how training will upgrade worker skills to allow for salary increases due to greater productivity, and/or how training will upgrade worker skills and job classifications within the next 12 months (attach additional sheets if necessary)

Employer attests that it will provide data tracking information including last 4 digits of social security numbers, hourly wage, documentation of skills attainment and/or wage status information as described in the Incumbent Worker Program narrative.

**REQUIRED AS A CONDITION OF PAYMENT! (Circle One)    Yes    No**

Employer is willing to participate in customer satisfaction survey with the CT Department of Labor at the conclusion of training? (Circle One)                      Yes    No

**Training Proposal**

**Industry Sector:** *check one*

Advanced Manufacturing \_\_\_\_\_

Allied Health \_\_\_\_\_

<i>Type of Skill Training</i>	<i># to be Trained</i>	<i>Length of Training (Hours)</i>	<i>Cost of Training (per Trainee)</i>	<i>Total Cost of Training</i>
<b>A. Sub-total</b>				
<b>B. Books/Materials/Exams</b>				
<b>C. Total Training Cost</b>				
<i>(total reimbursed cost per trainee cannot exceed \$3,000)</i> <b>D. Total Training Request (50% of C)</b>				
<b>E. Cash Matching Funds</b>				

**Name and Location of Training Provider(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Authorized Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit One Hard Copy To:**  
**Pamela J. Nabors, Director, One Stop Services**  
**Capital Workforce Partners**  
**One Union Place**  
**Hartford, CT 06103**

860-522-1111, ext. 336

FAX: 860-722-2486



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[www.capitalworkforce.org](http://www.capitalworkforce.org)