WESTERN OKLAHOMA WORKFORCE DEVELOPMENT AREA

Individual Training Account Request

(Approved 11.28.2017)   *Issued through* Choose an item.

Participant Name:	Participant OSL ID#:
Funding Source/Program:	

OSL WIOA Approved Training Provider:	

Training Start Dates:	Training End/Estimated End Date:

Training Program/Bundle:

Credential & Occupational Code:

Other sources of funding to be considered (*Such as Financial Aid, Pell, Scholarships, OTAG, Military Payments, etc.*):

Amount of ITA Request:	Training <u>Provider</u> is NOT Pell Eligible [ ]	Training <u>Program</u> is NOT Pell Eligible [ ]	<u>Participant</u> is NOT Pell Eligible [ ]

- ✓ The participant has developed an Individual Employment Plan.
- ✓ All supporting documentation required by policy has been uploaded and/or placed in the appropriate case file section.
- ✓ A Program Note has been added to the electronic case management system detailing clearly this service, who is paying for it, and how much has been requested.
- ✓ The appropriate service has been chosen in the electronic case management system and appropriate dates have been entered.
- ✓ The desired credential will assist the participant in obtaining employment in an occupation from the Workforce Board's Demand Occupations list.

_____
Service Provider Staff/Workforce Office Staff Name   Signature   Date

[ ] original
[ ] modification # _____: rationale _____