



Employed Worker Training Agreement

Agreement #: _____

Employer Name: _____

Address: _____

Contact Phone: _____ Fax Number: _____

Employer Contribution: _____

CareerSource Okaloosa Walton Contribution: _____

Training Title: _____

Number of Trainees: _____ Name of Training Vendor: _____

Training Start Date: _____ Training End Date: _____

Does your organization have any affiliation with the CareerSource Okaloosa Walton (i.e. member of Board of Directors or subcommittee; employee's family member is a CareerSource employee, etc.)

Yes No, if yes, explain: _____

Budget Category	Total Estimated Cost of Training	Total \$ Amount to be Paid by CSOW	**Employer Match/In-Kind (Facility, books, training materials, Instructors, etc.)
Tuition/ Training/Course Cost			
Training Instructor Costs/ Trainer's Wages			
Tuition, Textbooks, Training Materials, etc.			
Training Equipment Purchase		EWT Award Cannot Fund	
Travel, Food, Lodging		EWT Award Cannot Fund	
Other Costs (describe in detail if you wish to propose that it be included in the award)			
Trainee Wages (Including benefits) – In-kind contribution if paid during training		EWT Award Cannot Fund	
TOTAL			

As the company representative, I agree to allow my designated number of employees (names attached) to receive specific training as authorized by our company. These employees require training to retain employment that allows for self-sufficiency. I agree to retain individuals that successfully complete the training program provided each employee continues to meet the company's performance standards.

I understand that each employee will be required to complete an application with support documentation (Employment eligibility, government ID, Military Service verification and/or complete form I-9) within a week prior to the training start date. Training funding is contingent upon verification of employee's eligibility and subject to change. I understand that follow-up information on the employment status (job title and salary) of participating employees is required and agree to provide this information quarterly for one year post training.

I understand that if any changes occur regarding training dates or number of attendees, I will notify CareerSource Okaloosa Walton contact in writing prior to the start date of the training.

Company Representative Printed Name Company Representative Signature Date

CSOW Officer Printed Name CSOW Officer Signature Date