



## Upper Shore Workforce Investment Board

### Incumbent Worker Training Authorization – Kent County

#### BUSINESS/COMPANY INFORMATION

Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

#### TRAINING

Name/Title of proposed training: \_\_\_\_\_

**Type of training:**

- Occupational classroom training
- Cross-training work assignments within the company;
- In-house proprietary training using current employee trainers;
- In-house proprietary training from outside vendors;
- Outside training vendors performing training at locations outside the business

Timeframe of the training: \_\_\_\_\_

Training Cost: \_\_\_\_\_

*By signing this application, I certify that the above information is correct. I understand that the Upper Shore Workforce Investment Board will require a **roster/list of the training participants** and **a copy of the credential earned by each participant** at the completion of the training listed above. **The Authorized Business Representative will provide evidence that the approved training began within 60 days of the execution of this Incumbent Worker Training Authorization form** or this authorization will be void and the business/individual must reapply to be reconsidered for funding.*

#### SIGNATURES

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Business Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature Upper Shore Workforce Investment Board

\_\_\_\_\_  
Date