



Upper Shore Workforce Investment Board

Incumbent Worker Training Authorization – Dorchester 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