

CLASSROOM TRAINING AGREEMENT-OCCUPATIONAL SKILLS

ORIGINAL REVISED EXTENSION

IST OST PSE PST CST

NAME: _____ SSN: _____

Training Facility: _____ Listed on Eligible Provider's List: Yes No

Address: _____ Telephone No.: _____

Occupational Goal: _____ DOT Code: _____

TRAINING PROJECT INFORMATION:

Beginning Date: _____ Ending Date: _____

Total Instructional Hours: _____ Hours Per Week: _____

Total Instructional Weeks: _____ Total Weeks: _____

School Closures: _____

TRAINING COSTS:

Tuition	\$ _____	Books	\$ _____
Supplies	\$ _____	Materials	\$ _____
Equipment	\$ _____	**Fees:	\$ _____
Total Training Costs:	\$ _____		

(**fees: library fees lab fees, I.D. card, parking, etc.,please itemize),

WIA TRAINING:

Where Classroom Training Agreements are funded by the Workforce Investment Act (WIA), the training institution agrees that all activity pursuant to this Agreement shall be in compliance with the Act (WIA) and all applicable regulations, and South Central Workforce Council policies.

The Classroom Training Site shall provide adequate supervision to the participant and shall designate a supervisor and alternate supervisor(s) (listed below):

Supervisor: _____

CERTIFICATION STATEMENT:

This is to certify that this institution will provide the training described in the syllabus and occupational skill description, at the above costs, which are true and accurate, and together with the student has determined that the training is appropriate for the employment goals of the participant and that successful completion of the coursework will provide the participant with entry level proficiency in the subject area.

INDEMNIFICATION: In the case of negligence of the contractor and/or the contracting party, any damages allowed shall be levied in proportion to the negligence attributable to each party.

Any modifications to this Agreement proposed by the institution must be presented in writing and approved by the contractor prior to implementation.

Signature of School/Training Official Date

Authorized Contractor Representative Date

Title

Title

Original: Agency

Copy: Participant File

OCCUPATIONAL SKILLS DESCRIPTION

SKILL	TRAINING METHOD	EVALUATION METHOD