

SOUTH CENTRAL WORKFORCE DEVELOPMENT COUNCIL

SUBJECT: (ITA) CUSTOMER AGREEMENT

DATE: _____

Training Provider: _____

Agreement Between: Customer _____

Case Manager _____

I have read and agree to the following statements:

1. **ITA Agreement:** I have received a copy of my agreement from my Case Manager. I understand that the Workforce Investment Act (WIA) will only pay for the expenses according to conditions set forth in my EP and that training services are not entitlements and shall be provided to participants only on the basis of an individualized assessment of the person's job readiness, employment and training needs, financial, social, and supportive needs, labor market demand and potential for successful completion.
2. **Registration:** I understand that I am solely responsible for registering for the training classes paid by WIA, and agree to register in a timely manner. I also understand that I must pay for late registration fees or penalties if this matter was caused by my error or delay.
3. **Books and Supplies:** I understand that WIA will pay up to the amount listed on the voucher for books and related supplies, and that WIA will not pay expenses above that amount without prior written approval. I understand that any tools and equipment purchased with WIA funds remain the property of WIA, and that I may keep these items if I obtain full-time, training related employment. I agree to return any tools or equipment purchased on my behalf if I do not obtain full time, training related employment.
4. **Withdraw:** If I plan to withdraw from class or school, I will first contact my Case Manager. I understand that if I withdraw from class, the WIA will not provide funds to re-enroll in that class at a later date.

5. **Cancellation Policy:** I understand that if I attend a school with a cancellation policy that includes a fee for either a class I cancel or if I fail to show for a scheduled class, that I, and not WIA, am responsible for the payment of the cancellation fee.
6. **Required Contact with Case Manager:** I agree to contact my Case Manager at a minimum, two times per quarter or semester. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Case Manager prior to registration for continued assistance from the program.
7. **Attendance:** I will make every effort to attend all classes scheduled and understand that I am solely responsible for my attendance. It has been explained to me that my attendance must be documented.
8. **Conduct:** I understand that by enrolling in the training organization listed above, I agree to adhere to that organization's policies regarding conduct. I also understand that failure to adhere to these policies will result in my dismissal from school and exit from WIA.
9. **Additional Financial Aid:** I agree to notify my Case Manager as soon as possible if I receive financial aid that is in addition to the amounts listed on the voucher, and understand that this change may reduce the amount of WIA Job Training funds available to me. I also understand that if I fail to inform my Case Manager of this change, it may result in either suspension from the WIA program for one quarter of the semester, or cancellation of WIA funded training.
10. **Job Placement:** I will make every effort to complete the training program and immediately seek, find, and maintain full time employment near or after the completion of training. I agree to provide a resume to my Case Manager before the completion of training to assist with job placement activities.
11. **Follow-up Services After Job Placement**
I agree to cooperate with follow-up from the WIA program which is intended to track my employment and employment retention for a minimum of 12 months following my first day of employment. I understand that follow-up services may include: additional career planning and counseling services, contact with my employer for employment verification, information about work related services, referral to support services available in the community. I also understand that the intensity of these services will vary depending on my needs.
12. **Availability of Funds:** I have been informed that my training is contingent on the availability of funds provided by WIA. In addition, WIA training funds shall be limited to participants who are unable to obtain grant assistance from

other sources to pay for their training or require assistance beyond what is available under grant assistance from other sources to pay for their training. WIA funds are intended to supplement other sources of training grants.

Customer's Signature

Case Manager's Signature

Date

Date