OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT

WORKFORCE INVESTMENT ACT (WIA)

INDIVIDUAL TRAINING ACCOUNT (ITA) WORKSHEET

Customer Name _____ SSN _____

☐ Adult ☐ Dislocated Worker ☐ Older Youth

Training Facility _____ Begin Date _____

Course of Study _____ Projected End Date _____

ETPL Program Code _____ OES Code _____ Estimated Placement Wage _____

Address _____ Fax _____

Contact _____ Phone _____

OBLIGATION OF FUNDS

	Program or Course Name	Course Number	Total Hours	Tuition Cost
a.				
b.				
c.				
d.				

Tuition Subtotal	
Enrollment Fee	
Processing Fee	
Other Expenses	
Subtotal	
Subtract: _____	
TOTAL AMOUNT	

Is grant assistance from other sources (such as Pell) available to customer?

☐ Yes *Type:* _____ *Amount:* _____

☐ No *To be paid by WIA registrant. Amount:* _____

Total: _____

By signing and transmitting this ITA Worksheet, the undersigned intends for the Office of Economic and Workforce Development (OEWD) to rely upon and act in accordance with all of the information contained herein, as set forth in the OEWD Directive 07#4, Use of Individual Training Accounts dated July 1, 2007. WIA registrant shall be responsible to pay training provider for costs identified above (*To be paid by WIA registrant*). OEWD and IS provider shall not be held liable for costs in excess of $6,000.

_____ _____

Signature and Date Signature and Date

_____ _____

Print Name of WIA Registrant Print Name of Case Manager

Approved / Disapproved

_____ _____

Signature and Date Signature and Date

_____ _____

Print Name of Manager Print Name of OEWD Staff