Attachment A

Pacific Gateway
WORKFORCE INVESTMENT NETWORK

FISCAL AUTHORIZATION FORM
NATIONAL EMERGENCY GRANT
ON-THE-JOB TRAINING (OJT) REIMBURSEMENT

☐ **PARTICIPANT ELIGIBILITY**	☐ **PRIORITY OF SERVICE:**	☐ **SVP CODE** _____
☐ DISLOCATED WORKER (per Sec. 101(9), laid off after 1/1/08 and unemployed 21.5 + weeks)	☐ First (no UI and unemployed 99 + wks (after 1/1/08) ☐ Second (unemployed and/or UI and unemployed for 21.5 + weeks)	☐ 1-2 90 Hours ☐ 3 260 Hours ☐ 4-9 525 Hours

PARTICIPANT NAME:	ENROLLMENT NO.:
ADULT PROGRAMT SPECIALIST:	EXTENSION:

☐ **EMPLOYER ELIGIBILITY VERIFICATION:**

☐ Is a private non-profit or private sector employer (excluding casinos, or other gambling establishments, swimming pools, aquariums, zoos, or golf courses)

☐ Has not exhibited a pattern of failing to provide OJT participants with continued long-term employment with wages, benefits, and working conditions that are equal to those provided to regular employees;

☐ Has not relocated less than 120 days of any employee losing his or her job at the original location;

☐ Has not laid off any individual from the same or substantially equivalent job; or

☐ Has not terminated the employment of any regular employee with the intention of filling the vacancy with an OJT participant or if the OJT position infringes on the promotional opportunities of currently employed employees.

☐ **EMPLOYER SIZE / REIMBURSEMENT %:**

☐ 50 or Fewer Employees - 90% Reimbursement
☐ 51 to 250 Employees – 75% Reimbursement
☐ 250+ Employees – 50% Reimbursement
☐ Approved exception based upon Skills Gap Analysis (not more than 90%)

TRAINING INFORMATION

Employer (Name & Address):	Occupation:	Training Dates: Total Training Hours: Start: Completion:
Hourly Wage:	Subsidized Hourly Wage: (Not to Exceed $23.82)	Total Reimbursable Amount: (Subsidized Hourly Wage x Reimbursement Percentage)

TRAINING APPROVAL: ☐ Training Approved ☐ Training Not Approved

_____ Program Supervisor/Date

_____ Workforce Development Officer/Date

TRAINING MODIFICATIONS: ☐ Modifications Approved ☐ Modifications Not Approved

_____ Program Manager/Date

_____ Workforce Development Officer/Date

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