# Individual Certification and Training Agreement

**This portion is to be completed by the training facility**

## Training Facility Information

<table>
<thead>
<tr>
<th>Training Facility Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As listed on the Eligibility Training Provider System - ETPS)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Training Information

- **Title of Training Course**: (Attach course/curriculum information describing training.)
- **Purpose(s) of Training**: Remediation, Training, Prerequisite Training, Skills Training
- **Training Beginning Date**: __________
- **Training Ending Date**: __________
- **Daily Class Schedule**: (Use alpha to match training time to training days)
  - MON __________
  - TUES __________
  - WED __________
  - THU __________
  - FRI __________
  - SAT __________
- **Number Hours Per Week**: __________
- **Total Instruction Hours**: __________
- **# of Weeks**: __________

## Cost of Proposed Training

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tuition</td>
<td>$__________</td>
</tr>
<tr>
<td>b. Fees*</td>
<td>$__________</td>
</tr>
<tr>
<td>c. Books &amp; Expendable Supplies*</td>
<td>$__________</td>
</tr>
<tr>
<td>d. OTHER (Must be itemized* at the right; tools, equipment, uniforms, etc.)</td>
<td>$__________</td>
</tr>
<tr>
<td>e. Total</td>
<td>$__________</td>
</tr>
</tbody>
</table>

*(Itemize costs, fees, supplies, other items if NOT included in tuition costs as shown on ETPS)

## Holiday and Vacation Schedule

- a) FROM __________ TO __________
- b) FROM __________ TO __________
- c) FROM __________ TO __________

## Training Facility Billing Plan

- **Monthly**: __________
- **Quarterly**: __________
- **Semester**: __________
- **Other**: __________

## Signature

- **Training Facility Representative’s Signature**: __________
- **Telephone Number**: __________

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The undersigned, representing the training facility (entered in the Training Facility Name Field above), agrees to provide training for the above-named individual as provided in this agreement with the Missouri Division of Workforce Development (DWD) as authorized under the SkillUP program and for the amount set forth above. Tools and equipment purchased for the trainee remain the property of DWD until the successful completion of training. Changes to the above training plan must be approved in advance by DWD.
FUNDING SOURCES

<table>
<thead>
<tr>
<th>FUNDING AMOUNT ($)</th>
<th>EFFECTIVE DATE</th>
<th>SEMESTER DATES FROM — TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SkillUP Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PELL Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIOA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MO Access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that I am not required to reimburse any portion of training costs to any other funding source from either SkillUP funds provided, wages paid under such training, or from my personal funds or income. I also understand and agree that the Missouri Division of Workforce Development (DWD) shall not be required to pay the portion of the cost of training that I have reason to believe will be paid from other approved source(s) as documented.

TRANSPORTATION

NUMBER OF MILES FROM TRAINEE'S REGULAR PLACE OF RESIDENCE TO TRAINING FACILITY (WHOLE NUMBER OF MILES)

DATE TRAINING BEGINS

TRE WRE

YES NO

YES NO

NOT AVAILABLE NOT AVAILABLE

YOU ARE ENTITLED TO TRANSPORTATION ALLOWANCE AT THE RATE OF $ ____________ ONE-WAY COST, BEGINNING ______________

TRAINING DATES

SKILLUP FUND OBLIGATION DATE

Enter the actual number of weeks the trainee will attend training. (If the trainee attends training one day of any week, it must be counted toward maximum training weeks.)

LIST ANY PERIODS OF PART-TIME ATTENDANCE (Or attach details)

Enter the EXACT dates of ALL breaks in training:

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

FROM ___________ THROUGH ___________  □ PAYABLE □ NOT PAYABLE

HOLIDAYS (Or attach details)

AGENCY DETERMINATION

Your request for □ Training □ Transportation has been SUBMITTED FOR APPROVAL under the SkillUP program as outlined herein and agreed upon by the Division of Workforce Development (DWD) and the associated training facility. (Pending the availability of funds)

OR Your request for □ Training Course Approval □ Training-related Costs □ Transportation is DENIED for the following reason:

JOB CENTER NAME AND CODE NUMBER

X _____________________________________________________________________________

JOB CENTER REPRESENTATIVE’S SIGNATURE _________________________ DATE

FOR DWD PROGRAM OPERATOR USE ONLY

ACCOUNT

APPROVED □ DENIED □

X _____________________________________________________________________________

PROGRAM OPERATOR APPROVING AUTHORITY SIGNATURE _________________________ DATE
**TRAINEE TERMINATION REPORT**

(This portion is to be completed by the training facility)

This portion of the form is to be completed by the training facility immediately following the trainee’s termination of training. If the trainee attends multiple components of training (remedial, prerequisite, and/or skills training) at your facility, it may be necessary to submit a copy of this form’s “Trainee Termination Report” for each component. Please return the completed “Trainee Termination Report” to the Missouri Job Center noted on the form.

<table>
<thead>
<tr>
<th>ACTUAL TRAINING</th>
<th>NATURE OF TERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Start Date</td>
<td>Actual End Date</td>
</tr>
</tbody>
</table>

**REASON FOR TERMINATION IF TRAINING OBJECTIVE WAS NOT ACHIEVED**

<table>
<thead>
<tr>
<th>TRAINING FACILITY NAME (As listed on ETPS)</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYMENT STATUS AT TIME OF TERMINATION</td>
<td>NAME AND ADDRESS OF EMPLOYER, IF KNOWN</td>
</tr>
<tr>
<td>☐ Employment found in training-related field</td>
<td></td>
</tr>
<tr>
<td>☐ Employment found in non-training-related field</td>
<td></td>
</tr>
<tr>
<td>☐ Unemployed – looking for work</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Explain:)</td>
<td></td>
</tr>
<tr>
<td>☐ Remedial termination only; scheduled to attend skills training</td>
<td></td>
</tr>
</tbody>
</table>

**STARTING WAGE, IF KNOWN**

$___________ per ___________

(Amount) (Frequency)

**NAME AND TITLE OF TRAINING FACILITY REPRESENTATIVE**

x __________________________________________________  ______________________

TRAINING FACILITY REPRESENTATIVE’S SIGNATURE         DATE

**FOR JOB CENTER STAFF USE ONLY – ATTN: SKILLUP REPS**

<table>
<thead>
<tr>
<th>JOB CENTER NAME AND CODE NUMBER</th>
<th>JOB CENTER REPRESENTATIVE’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Justifiable Cause</td>
<td>☐ Prerequisite Only</td>
<td>☐ Removable Only</td>
</tr>
</tbody>
</table>

**RETURN TRAINEE TERMINATION REPORT TO:**

MISSOURI JOB CENTER

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ATTN: ____________________________

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627).

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services are available at 711.