

Division of Employment and Training Services

Incumbent Worker Training

Application

Incumbent workers are individuals who are employed, and worker training is designed to ensure these employed workers are able to acquire the skills necessary to retain employment and advance within the business or to provide the work skills and/or credentials needed to avoid a layoff. Incumbent worker training is conducted with a commitment by the employer to retain the worker(s) who receive the training.

Please complete and submit the Incumbent Worker Training application to dol.iwt@alaska.gov.

Business Information

Business Name (DBA): _____

Federal Employer Identification Number (EIN): _____

DUNS Number: _____

Mailing Address: _____

Agency Type: _____

City/State/Zip: _____

Phone #: _____

Website: _____ E-Mail Address: _____

Name of Authorized Employer Representative: _____

Federal and State Employer Information Due Diligence Requirements:

General Liability Carrier Name: _____

Number: _____ Expiration Date: _____

Workers' Compensation Insurance Carrier Name: _____

Number: _____ Expiration Date: _____

Automobile Liability Insurance Carrier Name (If driving a company vehicle is required): _____

Number: _____ Expiration Date: _____

Training Information

Is the training a US DOL Registered Apprenticeship Program: Yes No

If yes, a copy of the Standards of Apprenticeship will be obtained for the **Training Project Detail*** section.

Registered Apprenticeship Sponsor's Name (if it is other than the applicant's name):

Apprenticeship Program Registration Number:

Number of employees to be trained: _____

Employee's Name	Hire Date	Position Title	Credentials/Licenses to be obtained	Anticipated Training Dates

*If more than 5 employees, attach list.

*Training Project Detail

Training Provider: _____ Method of Training: _____

Course/Program Name: _____

Training Provider's Website: _____

Anticipated employee outcome (fill out all that are applicable):

Employee's Name	Enhanced employability due to:	Wage increase from X to Y.	Job upgrade to:	Other:

*If more than 5 employees, attach list.

Additional Information:

Budget

Employers must provide a **contribution** to the incumbent worker training program depending on the size of the business. This contribution can include wages paid to their workers during the time they are in training, as well as other in-kind contributions.

Description	Detail	IWT Grant Amount	Employer Contribution Amount
Personal Services			
Total			
Travel			
Total			
Contractual			
Total			
Training Supplies			
Total			
Participant Services			
Total			
Total Expenditures			
Anticipated Training Budget			

Number of employees: _____ **Minimum Employer Contribution:** _____

Release/Certification

Release: If this training project is associated with USDOL Registered Apprenticeship training, for the purpose of this incumbent worker proposal, the employer/sponsor gives the U.S. Department of Labor, Office of Apprenticeship permission to provide a copy of the approved Standards of Apprenticeship to the Alaska Department of Labor and Workforce Development.

The Employer agrees to:

- Not displace any current employees or face a reduction in regular (non-overtime) hours in order to accommodate incumbent worker training.
- Abide by all labor laws and payment of overtime hours where applicable. Benefits and wages offered must be at the same level and extent of other employees who have been in a similar position for the same amount of time.
- Provide individualized mentoring/training to the identified incumbent worker(s) and provide for agency monitoring if requested.
- Notify DETS immediately of any change in employment status of identified incumbent worker(s).
- Retain the incumbent worker(s) once training is successfully completed, unless good cause is shown to terminate or if the incumbent worker does not wish to continue employment.

Certification: The employer certifies that all information included on this application is true and accurate to the best of their knowledge.

Authorized Employer Signature: _____ Date: _____

If Application is Amended by IWT Staff

Authorized Employer Signature: _____ Date: _____

Authorized Employer Signature: _____ Date: _____

Authorized Employer Signature: _____ Date: _____

Authorized Employer Signature: _____ Date: _____