



Ohio Valley Employment Resource  
 PO Box 181 Marietta, OH 45750  
 www.omj15.com  
 Serving Monroe, Morgan, Noble & Washington Counties Since 2000



### Individual Training Account Agreement

The support you receive from the Workforce Innovation and Opportunity Act (WIOA) Program is considered an investment in your future. You have an obligation to yourself, and to the program, to use this opportunity wisely. By signing this agreement, you agree to devote the time and energy needed to successfully complete all employment-related training.

You agree to work with your WIOA Case Manager in determining an in-demand occupational field of study. WIOA will fund those classes that are specifically on the curriculum. No classes outside of your major may be taken unless approved by your WIOA Program Operator. You will be responsible to pay for any courses not approved or associated with the curriculum. Any classes that need to be retaken because of failure or early withdrawal may not be covered. You are expected to complete the agreed upon training program within the time frame outlined in your individualized plan (IEP/ISS) unless circumstances warrant an extension of time which must be approved by the WIOA Program Operator.

Continued sponsorship is dependent upon (1) availability of funds; (2) satisfactory progress in school; (3) compliance with our policies and procedures; and (4) compliance with your Individual Employment Plan agreed upon by you and the WIOA Staff.

Your Program information is as follows:

|               |                           |
|---------------|---------------------------|
| Training Site | Program/Major             |
| Begin Date    | Estimated Completion Date |

**WIOA funding will only cover those costs required by your training program and if approved by the Program Operator.** At no time shall WIOA Formula Funds or NEG Funds be used to purchase tools, equipment, or other supplies relative to starting up a business.

Any training, supplies, books, tools, clothes, or any other items purchased by the WIOA Program Operator for the purpose of assisting the customer with employment and/or training is the customers as long as the training is completed and/or the employment is obtained and kept. If the customer chooses to stop training or employment then the items are to be returned to the Program Operator within 10 days from withdrawal date. Any problems will result in legal action.

The WIOA Program Staff will send the Individual Training Account (ITA) or Classroom Training Account to your training provider upon completion.

### **Class Attendance and Grades**

You are required to attend full time as defined by the training provider, unless otherwise amended and approved by the WIOA Staff. Participants who have missed more than three (3) consecutive days in an academic term must contact the WIOA Staff immediately. Failure to do so could result in termination of funding.

You must obtain approval from the WIOA staff prior to dropping a class. Any change in degree plan (IEP/ISS) requires WIOA staff approval. In the event that the degree plans change, this agreement is considered null and void.

You will provide a copy of your grades within one week of receiving them from the school. If you receive a certificate of completion, you will need to provide a copy to the WIOA staff for your file. You are required to maintain a grade point average of 2.0 or above and remain a "student in good standing" status at the training institution. Participants who receive below a 2.0 GPA for two (2) quarters may be exited from the program before completion.

### **Financial Aid**

You must apply each year for financial aid. All grants/scholarships will be applied before WIOA funding. Each quarter/semester an "Individual Training Account or Classroom Training Agreement (Cost of Attendance) will be reviewed. You are not required to apply for a student loan.

### **Required Contact**

You will be required to work closely with the WIOA Staff and establish an agreed upon contact schedule. Contact can be made by phone, email, mail, or in person. You must have a face-to-face Quarterly Evaluation with the WIOA Staff. In addition you are required to submit the Attendance Report bi-weekly verified by your instructor. Funding may be affected if you do not adhere to the schedule established.

You will be required to inform the WIOA Staff of changes in your name, address, telephone number, financial situation or any other significant information. Contact by phone or in person on a regular basis is important even if there are no changes.

### **Responsibilities after Training**

The goal of this program is for you to seek and accept full-time employment upon completion of your training and/or during your training. This should be your goal as well. You will seek help from all available sources in achieving this goal, including the school placement office and any other agencies to which you may be referred.

**When you have finished your training, your participation with the program is not complete.** You will participate in the placement services upon completion of your training unless you go directly into full time employment. You will make personal contact with the WIOA Staff to maximize assistance in your job search.

Whether you are employed through your own job search or through our placement assistance, you are required to provide the staff with your employment information. This includes: Employer name/address/phone; position title/pay rate; benefits and date of hire. Once your employment information is received and we mutually agree services have been met your file with the program will be closed.

Upon completion of your file, we will continue to follow-up with you for one year. This program is based on the successful performance of you and others, as reported to the federal government funding WIOA. Follow-up is federally required and required of all.

We ask that you be available for contact, and that you notify us of any changes to your situation such as employment, address, and phone number changes. If you are in need of other services during this follow-up time frame, we encourage you to contact us.

Please provide three points of contact that you permit us to contact. These contacts will only be used, if contact through your contact information is not possible.

| Name  | How known | Phone | Email |
|-------|-----------|-------|-------|
| _____ | _____     | _____ | _____ |
| _____ | _____     | _____ | _____ |
| _____ | _____     | _____ | _____ |

**Statement of Agreement**

I AM AWARE AND ACCEPT ALL OF THE ABOVE STATED POLICIES AND UNDERSTAND THAT ANY FAILURE TO ADHERE TO THEM WILL RESULT IN THE TERMINATION OF FUNDING.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I certify that I have reviewed this agreement with the participant and explained those items questioned by him/her. I further certify that the participant is prepared to undertake this training program.

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WIOA Staff Signature

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Date



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### Individual Training Account Agreement

Name \_\_\_\_\_ WIOA Program \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

School \_\_\_\_\_ Field of Study \_\_\_\_\_

| Training Period(s)>>>> |          | Yearly Total |
|------------------------|----------|--------------|
| <b>Expenses</b>        |          |              |
| Tuition                |          | 0            |
| Fees                   |          | 0            |
| Required Books         |          | 0            |
| Required Supplies      |          | 0            |
| Tests                  |          | 0            |
| Tools                  |          | 0            |
| Uniforms               |          | 0            |
| Other:                 |          | 0            |
| Other:                 |          | 0            |
| <b>Total Expenses</b>  | <b>0</b> | <b>0</b>     |
| <b>Funding</b>         |          |              |
| PELL                   |          | 0            |
| WIOA                   |          | 0            |
| Grant:                 |          | 0            |
| Grant:                 |          | 0            |
| Other:                 |          | 0            |
| Other:                 |          | 0            |
| <b>Total funding</b>   | <b>0</b> | <b>0</b>     |
| <b>Balance</b>         | <b>0</b> | <b>0</b>     |

I understand that this is an estimate based on information I have provided. I have submitted all known financial aid and/or other resources I have or am planning to have to assist with my education. I also understand that I am required to inform my WIOA contact of any change and that my funding is subject to change if I fail to adhere to the policies of any or all of those sources. I further understand WIOA funding is contingent upon grant allocations and contracts.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_



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WIOA Individual Classroom Training Agreement Signature Sheet

This Agreement shall be effective beginning \_\_\_\_\_ ending \_\_\_\_\_
NO CHANGES ARE ALLOWED TO THE AGREEMENT WITHOUT WRITTEN ACKNOWLEDGEMENT BY ALL.

Participant Certification

I have been informed of my responsibilities as a Workforce Innovation and Opportunity Act (WIOA) participant and will abide by the participant ion requirements set forth by the WIOA program operator. I understand that my failure to comply with these requirements may subject me to termination from the program as a WIOA participant. I have signed the Individual Training Account (ITA) policy, and I understand that my failure to comply with these requirements may subject me to the termination of my ITA. I will submit attendance sheets to verify attendance and to review supportive services, as applicable. I agree to apply for all sources of financial aid such as PELL grants. I understand I am not required to apply for student loans or incur other debts to pay for my training costs. I understand that any training balance costs paid by WIOA funds through my ITA are subject to approval by the WIOA program operator, my ITA limit, the availability of WIOA funds, and my compliance with WIOA and ITA policy. I understand that any of my training incurred prior to my WIOA approval date cannot be paid by WIOA funds. I authorize the training provider and the WIOA program staff to exchange information as it relates to my training and WIOA participation. I agree to notify the Training Provider and WIOA Program Operator immediately if I withdraw from training and when I complete training.

Participant Signature Participant Name (written/typed) Date

Training Provider Certification

I, as an authorized representative of the Training Provider, agree to provide training services to the Participant per this Training Agreement. We agree to the terms of this Agreement and to the payment of expenses stated in the Individual Training Account/Educational Expense Profile, we will make no modifications or changes without prior written approval of the WIOA Program. Our institution will abide by the terms and conditions established by the State of Ohio's Eligible Training Provider Policy. I agree to make all sources of financial aid available to the participant and to assist in coordinating the application of the financial aid to the participant's training cost. I understand the participant is not required to apply for or assume a student loan. I understand the payment of any unpaid training balance by WIOA funds is subject to the participant's ITA limit, the participant's compliance with WIOA and ITA requirements, the availability of WIOA funds, and the approval of costs by the WIOA Program operator. I acknowledge that the WIOA Program Operator is not responsible for the participant's training costs incurred prior to the WIOA eligibility date. I agree to notify the WIOA Program in a timely manner when the participant withdraws from training or completes training.

Signature Name (written/typed) Date

County Program Operator Certification

I, as an authorized representative of the WIOA program, agree to provide services to participant and training provider per this Training Agreement. Subject to the participant's ITA limit, the participant's compliance with WIOA and ITA requirements, the availability of WIOA funds, and the approval of costs listed on the Individual Training Account, this program operator will pay for the unpaid training balance listed on page 1. I agree to notify the Training Provider in a timely manner when the participant withdraws from training or completes training.

Signature Name (written/typed) Date