



## Incumbent Worker Training Application

**Date:**

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### **IWT APPLICATION INSTRUCTIONS:**

1. Complete the following questions using the fillable dropdown options and text-fill boxes where applicable.
2. Save the application for your records.
3. Email the application to SCPa Works Business Services Officer, Matthew Ross, and Director of Programs, Stephanie Predko at the following email addresses:

**Matthew Ross** – [mross@scpaworks.org](mailto:mross@scpaworks.org)

**Stephanie Predko** – [spredko@scpaworks.org](mailto:spredko@scpaworks.org)

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### **Is the employee or group of employees enrolled in Registered Apprenticeship Program?**

#### **Employer or RAP Sponsor Information**

Employer/Sponsor Name:

Contact Name:

Title:

Mailing Address:

Telephone Number:

Email Address:

Tax ID Number:

Number of Employees to be trained:

#### **Employer Eligibility Requirements**

1. Is this request for IWT related to a Registered Apprenticeship Program approved by the ATO and regarding a Registered Apprentice(s) in need of upskilling?
  - a. If YES, questions 2-7 may be skipped.
  - b. If NO, please answer all of the questions on this application.
2. Have you laid off employees in the past 120 days?
3. Can you provide evidence of the long-term viability of your business?
4. Is this business in an industry defined by WIOA Section 3(23) as in-demand?
5. In alignment with SCPa Works IWT Policy #P-8-5.22, have the candidates included in this agreement been employed with this employer for six months or more?
6. Are you current in unemployment insurance and workers' compensation taxes, penalties, and interest or related payment plans?
7. Do the incumbent worker training candidates (employees) currently earn an hourly wage of \$14.00 or more? (Exceptions can be made to this standard by SCPa Works if there is a strong case for a long-term outlook for increased wages and the promise of upward career mobility.)

#### **Training Program Information**

SCPa Works IWT Application 12.1.2023

SCPa Works is an equal-opportunity organization.

Auxiliary aids and services are available upon request to individuals with disabilities.

Name of the Training Provider:

Contact Name:

Training Provider Phone Number:

Training Provider Email Address:

Is the training provider registered with the PA ETPL?

\*If the training provider is partnered with a RAP or Sponsor, there is no need for ETPL eligibility.

This training relates to (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Introduction of new Technologies           | <input type="checkbox"/> Introduction to new products or services |
| <input type="checkbox"/> Job upgrade requiring additional skill set | <input type="checkbox"/> Workplace literacy                       |
| <input type="checkbox"/> Increased competitiveness of employer      | <input type="checkbox"/> Increased competitiveness of employee    |
| <input type="checkbox"/> Other (please explain below)               |   |

Click or tap here to enter text.

**Purpose of the Training**

- Retain a skilled workforce
- Avert the need for a layoff
- Other (please explain below)

**Training Description:** *Include classroom curriculum, instruction, and hands-on experience.*

Does this training reflect positions defined as in-demand occupations?

Is the training online or in-person?

Job title associated with the training:

Name of the training instructor, if applicable:

Instructor phone number, if applicable:

Is this training an on-the-job learning experience?

If this is an on-the-job learning experience, list the name of the mentor or on-the-job trainer:

List the on-the-job mentor or trainer's email address:

**Employer Cost-Share of the Training**

The employer cost-share of incumbent worker training is based on the workforce size. Wages paid to an employee enrolled in incumbent worker training can be included as part of the employer cost-share amount. Workforce size determines the percent of the employer cost-share and is determined as such:

- Employers with 50 or fewer employees contribute at least 10% of the total training cost.
- Employers with 51-100 employees contribute at least 25% of the total training cost.
- Employers with 101 or more employees contribute at least 50% of the total training cost.

SCPa Works will provide a maximum lifetime of **\$7,500.00** per incumbent worker to subsidize classroom instruction, on-the-job learning, or a combination of both. Funding is provided through employer reimbursement until the lifetime maximum per employee is exhausted or until the maximum IWT duration of **12 months** has expired.

**Cost of the Training**

Total tuition/training costs:

Credential testing cost:

Employer contribution/match:

Will employees receive additional state or federal funding to assist with training?

If YES, list additional funding sources.

If YES, list the additional funding for training costs.

Total training costs funded by SCPa Works:

**Timeline of the Training**

Length of training, not exceeding 12 months:

Start date of training:

End date of training:

**Incumbent Worker Information:** *If employees are not identified on this form by name, please indicate job titles in the "Employee Name" fields.*

Employee Name	Current Wage	Expected Ending Wage	Benefits? Y/N	Full Time? Y/N	Length of Employment

**Upon completion of incumbent worker training:**

Will employees receive a wage or benefit increase?

Will employees earn an industry-recognized credential?

Will employees be retained by the employer?

Will employees avert a layoff?

Will the competitiveness of the business increase?

Will the competitiveness of the employee increase?

**Summary of Incumbent Worker Training Details**

Course Title	# of Trainees	Total Cost	Job Title	Start Date	End Date	Provider	Credential Received

**APPLICATION SUBMISSION PROCESS:**

Completed IWT applications should be saved and sent as an email attachment to SCPa Works Business Services Officer, Matthew Ross, and Director of Programs, Stephanie Predko at the following email addresses:

Matthew Ross – [mross@scpaworks.org](mailto:mross@scpaworks.org)

Stephanie Predko – [spredko@scpaworks.org](mailto:spredko@scpaworks.org)

The approval of this application is contingent on employee and/or employer program eligibility.