



Incumbent Worker Training Application

Date:

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 completed version of the application to SCPa Works Business Services Officer, Matthew Ross, and Industry Specialist, Cynthia Picht, at the following email addresses:
Matthew Ross – mross@scpaworks.org
Cynthia Picht - cpicht@scpaworks.org

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

Employer or RAP Sponsor Information

Employer/Sponsor Name:

FEIN #:

Contact Name:

Title:

Mailing Address:

Telephone Number:

Email Address:

Number of Employees to be trained:

Is the employer profile complete on the PA CareerLink® website?

Are employee profiles complete on the PA CareerLink® website?

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.)

SCPa Works IWT Application 11.12.2024

SCPa Works is an equal-opportunity organization.

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

Training Program Information

Name of the Training Provider:

Contact Name:

Training Provider Phone Number:

Training Provider Email Address:

Is the training provider registered with the PA ETPL?

This training relates to (select all that apply):

- Introduction of new Technologies
- Job upgrade requiring additional skill set
- Increased competitiveness of employer
- Other (please explain below)
- Introduction to new products or services
- Workplace literacy
- Increased competitiveness of employee

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.*

Enter training Description here:

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

Is the training online or in-person?

What is the 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 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.

Total number of individuals employed with the employer:

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.

What is the percentage of training cost reimbursement based on the total number of employees?

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. Employers are limited to applying for IWT once per calendar year.

Cost of the Training per Employee

Cost of tuition or training per incumbent worker, including the cost of credential testing:

Employer contribution dollar amount based on the above percentage:

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

If YES, list additional funding sources.

If YES, list the additional funding amount per employee:

Training costs funded by SCPa Works per employee:

Total Cost of the Training

Total collective cost of training for all incumbent workers, including the cost of credential testing:

Total employer contribution for all incumbent workers:

Total funding expected from additional sources collectively for all workers, not including SCPa Works:

Total funding expected from SCPa Works:

Timeline of the Training

Length of training, not to exceed 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
1						
2						
3						
4						
5						
6						
7						
8						

*Use a separate sheet to list additional employees with the data as indicated in the grid above.

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?

Course Title	# of Trainees	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 Industry Specialist, Cynthia Picht, at the following email addresses:

Matthew Ross – mross@scpaworks.org

Cynthia Picht – cpicht@scpaworks.org

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

This application has been approved.

This application has been denied.

Reason for denial:

SCPa Works Signature:

Date of Approval: