

## Incumbent Worker Training Application

### Date:

Incumbent Worker Training (IWT) is a funding reimbursement program designed to reimburse employers for cost contributions designated toward the training and education of incumbent workers. SCPa Works reimburses eligible employers for the eligible costs of training and educating employees who have worked for the employer for six months or more. Reimbursement is distributed to employers by SCPa Works upon receipt of an invoice, proof of employer payment for the cost of training and educating incumbent workers, and proof of incumbent worker training completion in the form of a credential, a certificate, or a final report indicating completion. IWT must be pre-approved using this application.

### I. IWT Application Completion and Submission Instructions:

1. SCPa Works accepts incumbent worker applications from employers on a quarterly basis, adhering to the following schedule of submission deadlines:
  - September 30
  - December 31
  - March 31
  - June 30
2. Complete the questions in this application using the fillable drop-down options and text-fill boxes where applicable, including the attachments to this application as follows:
  - Employer W-9
  - Employer EFT Form
3. Employers are required to submit the following documentation with a completed IWT Application. Check the boxes to confirm that the documents listed have been included in your application submission package.
  - Proof of Coverage by Fidelity Bonding
  - Proof of Certificate of Liability
  - Payroll records as proof of six months of employment for each incumbent worker
  - Payroll records as proof of the total number of employees who are employed with the business on the date of this application.
4. Following the training, employers are required to submit proof of payment of the incumbent worker training in the form of invoices for reimbursement.
5. Following the training, employers are required to submit proof of employer cost share in the form of paid training invoices or payroll records during the training. (*Employer-paid wages during training serve as a cost share.*)
5. Email the completed version of the application to the following email addresses: Cynthia Picht – [cpicht@scpaworks.org](mailto:cpicht@scpaworks.org)
6. Incumbent Worker Training application packages are reviewed for integrity, compliance, and relevance relating to WIOA-funded workforce development programming.
  - IWT applications are reviewed and approved or denied within two weeks of the quarterly deadline dates.
  - If an application is denied, employers are welcome to reapply using new or improved criteria in the **following** quarter.
  - If an application is approved, an IWT agreement is drafted and submitted for SCPa Works' executive committee or board approval.

- Upon full board approval, the employer and SCPa Works sign the IWT agreement, and a request for an invoice with proof of expenditures will be issued from SCPa Works to the employer. Employers cannot receive funding more than once per program year.
- Following receipt and approval of the invoice with backup, SCPa Works reimburses the employer the agreed-upon amount to cover up to 50% of the incumbent worker training.

## II. Employer, Business, or Registered Apprenticeship Information

1. Employer/Sponsor Name:
2. FEIN #:
3. Contact Name:
4. Title:
5. Mailing Address:
6. Telephone Number:
7. Email Address:
8. Is your organization classified as a non-profit?
9. If approved for IWT funding, how do you prefer to receive payment?
  - i. If ACH was chosen, please complete the attached ACH Authorization Form
10. Number of Employees to be trained:
11. Is the employer profile complete on the PA CareerLink® website?
12. Are employee profiles complete on the PA CareerLink® website?
13. Is this business, job category, or industry sector listed on the [CWIA labor market in-demand list](#)?
14. Is this business, job category, or industry sector listed on the [2025 High Priority Occupations list for South Central PA](#)?
15. In which of the following in-demand industry sectors does this incumbent worker training exist? (Choose the last choice in the list for non-in-demand industries.)
  - Agriculture and Food Industries
  - Energy
  - Life Sciences and Biomedical Industries
  - Manufacturing and Technology
  - Robotics and Technology
  - This training and/or business **does not exist in a top-five in-demand or high-priority job category in South Central PA.** Please provide below a compelling reason why this training subsidy request should be considered for approval, justifying an investment in incumbent worker training, such as evidence of long-term viability of the employer and/or the industry need.

### III. Employer Eligibility Requirements

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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?
  - i. If YES, questions 2-6 may be skipped.
  - ii. 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. 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**?
5. Are you current on unemployment insurance and workers' compensation taxes, penalties, interest, or related payment plans?
6. Do the incumbent worker training candidates (employees) currently earn an hourly wage of at least \$14.00 or more?

### IV. Factors of Eligible Incumbent Worker Training

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1. Does this business, company, or organization adhere to the vision and goals established in the SCPa Works Local Plan?
2. Will the incumbent workers benefit from the skills gained, and will the training result in employee retention or advancement within your organization?
3. Will the incumbent workers receive industry-recognized credentials?
4. Upon completion of the incumbent worker training, will the employees receive a wage or benefit increase?
5. Upon completion of the incumbent worker training, will the competitiveness of the business increase?

### V. Training Program Information

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1. Name of the Training Provider:
2. Contact Name:
3. Training Provider Phone Number:
4. Training Provider Email Address:
5. Is the training provider registered with the PA ETPL?
6. This training relates to (select all that apply):
  - Introduction of new technologies
  - Introduction to new products or services
  - Job upgrade requiring an additional skill set
  - Workplace literacy
  - Increased competitiveness of the employer
  - Increased competitiveness of employees
  - Other (please explain below)



5							
6							
7							
8							

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

## IX. Employer Cost-Share of the Training

SCPa Works allots 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.

1. **Total** number of individuals employed by 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

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

## X. Cost of the Training per Employee

As per the Commonwealth of Pennsylvania Department of Labor and Industry, employer cost share of IWT is either reflected in employer-paid training invoices or employer-paid wages during training, and will be reflected in the final IWT Agreement as such. This section identifies the employer cost share per employee.

1. Cost of tuition or training **per incumbent worker after any additional state or federal funding or private grants have been applied:**
2. Training costs funded by SCPa Works WIOA IWT funding **per employee:**
3. Employer Cost Share - Balance of the cost of the training **per incumbent worker** after SCPa Works WIOA IWT has been applied per incumbent worker:

## XI. Total Cost of the Training

The following questions prompt the employer to enter dollar amounts, including total employer cost-share, to be reflected exactly in the final IWT Agreement between the employer and SCPa Works.

1. Total collective cost of training for **all incumbent workers** after any additional state or federal funding or private grants have been applied:
2. Total **employer cost share** for all incumbent workers collectively:

3. Total funding expected from SCPa Works:

## XII. Timeline of the Training

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1. Length of training, not to exceed 12 months:
2. Start date of training:
3. End date of training:

## XIII. Summary of Incumbent Worker Training Details

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Course Title	# of Trainees	Start Date	End Date	Provider	Credential Received

## XIV. Application Submission:

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Completed IWT applications and required documentation should be compiled and sent as email attachments to SCPa Works Industry Specialist, Cynthia Picht, at the following email addresses:

Cynthia Picht – [cpicht@scpaworks.org](mailto:cpicht@scpaworks.org)

The approval of this application is contingent on employer, employee, and training program eligibility.

## XV. Request for Funds Approval/Denial:

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- This application has been approved.**  
 **This application has been denied.**

Reason for denial: *Include section and element line numbers that did not meet requirements.*

**SCPa Works Signature:**

**Date of Approval:**

**ACH/EFT Authorization Form**  
For receiving payments by Electronic Funds Transfer

As a payment option, South Central PA Works offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking account of your choice. In addition to having the money deposited electronically, you will also be notified of the deposit by email. The email will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, and return to the address or email listed above.

Payee Information	
Payee Name:	
Bank Information	
Bank Name:	
Name on Account:	
Account #*:	
Routing #:	

**EMAIL ADDRESS for payment notification.**

Name and Email Address:	
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Name(s): \_\_\_\_\_  
*Please print*

Title: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**\*SCPaworks will not be held liable for improper transfers due to incorrect account information. Please confirm routing and account information with your financial institution.**