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Customized Training Policy
#P-40-02.26

Re:	Guidance Customized Training in Relation to Integrated Education and Training Policy #P-39-10.25.
Reviewed for Updates:	N/A
Revision Approved:	N/A
Originated:	February 17, 2026
Approved:	March 26, 2026
References:	WIOA Sec. 3(14), 134(c)(3)(D) 20 CFR § 680.760 20 CFR § 680.530 20 CFR § 618, Subpart F, section B
Attachments:	SCPa Works WIOA Customized Training Agreement for IET *(attached)*
Author:	Saranne Miller, SCPa Works Policy Manager

I. Purpose:

A. The Workforce Innovation and Opportunity Act (WIOA) of 2014 allows for the use of customized training contracts as a workforce strategy. This training strategy is designed to meet the special requirements of an employer, including groups of employers, with the commitment that the employer(s) hire those individuals upon successful completion of the training. Employers benefit from a customized training program to attract employees for hard-to-fill vacancies based on local economic need. The purpose of this guidance is to provide direction to WIOA grant subrecipients, referred to as Vendors, regarding the permissible use of Adult and Dislocated Worker funds for Customized Training activities.

II. Definitions:

A. *Appropriate Commitment* to hire an individual means to maintain an employer-employee relationship meeting the requirements of the Fair Labor Standards Act for a minimum of one (1) year.

B. *Customized Training* is training by an employer or group of employers, generally for the hiring of new or recent employees, and not for retraining existing employees.

C. *Hight-Priority Occupation (HPO)* is an in-demand occupation that has higher skill needs and is likely to provide a self-sufficient wage. Statistical data, regional analysis, and the condition of the local economy are combined to determine high-priority criteria.

D. *Incumbent Worker* is an individual who is employed, meets Fair Labor Standards Act requirements for an employer-employee relationship, and has an established employment history with the employer for six (6) months or more.

E. *Incumbent Worker Training (IWT)* is training provided to an incumbent worker that is designated to meet the needs of an employer(s) to retain a skilled workforce or avert the need to lay off employees, increase the competitiveness of the employer or employee, and be conducted with a

commitment by the employer to retain or avert the layoffs of the incumbent workers being trained.

F. *In-Demand Industry Sector* is an industry sector that has a substantial current or potential impact on the state, regional, or local economy, and that contributes to the growth or stability of other supporting businesses within South Central Pennsylvania communities and other industry sectors within the region.

G. *In-Demand Occupation* is an occupation that currently has or is projected to have a number of positions (including positions that lead to economic self-sufficiency and opportunities for advancement) in an industry sector to have a significant impact on the state, regional, or local economy, as appropriate.

H. *Recent Employee* is an individual who is employed, meets Fair Labor Standards Act requirements for an employer-employee relationship, and has an established employment history with the employer for six (6) months or less.

I. *Self-Sufficiency Wage* the State Administrative Entity (SAE) annually calculates a self-sufficiency standard for each local area using a living wage model or comparable data that draws upon geographically specific expenditures that incorporate the income needs of individuals, families, and sub-state geographical considerations. The self-sufficiency wage is provided to the Local Workforce Development Boards (LWDB) annually.

III. Policy

A. Employer Requirements

- **i.** Eligible employers able to participate in WIOA Customized Training programming include private-for-profit businesses, private non-profit organizations, and public sector employers.
- **ii.** An employer will not be eligible to receive WIOA Customized Training reimbursements if:
  1. The employer has any other individual on layoff from the same or substantially equivalent position.
  2. The Customized Training would infringe upon the promotion of or displacement of any currently employed worker or a reduction in their hours.
  3. The same or a substantially equivalent position is open due to a hiring freeze.
  4. The positions are for seasonal employment.
  5. The position is not full-time or for a minimum of 32 hours per week.
- **iii.** Employers receiving funds for customized training are required to pay a significant cost of the customized training. [20 CFR § 680.760] [2 CFR § 200.306]
- **iv.** Employers are required to maintain internal records of cost-share amounts with item descriptions that must be made available upon request by SCPa Works, the state, or federal monitoring professionals. [2 CFR § 2900.8]
- **v.** This can be done through both cash and SCPa Works-approved in-kind contributions.
- **vi.** Rules for matching funds can be found in the Uniform Guidance at
  1. 20 CFR § 680.760
  2. 20 CFR § 680.530
- **vii.** The share of the cost of training can include elements such as the expenses related to the:
  1. Instruction or the instructor
  2. Curriculum development
  3. Course materials or books
- **viii.** Expenses that are not permissible under the match and are not reimbursable through a customized training contract include:

1. Equipment purchases
2. Administration Facility upgrades/ renovations
3. Travel and incidentals (outside of providing transportation supportive services to the students, trainees, and program participants)

ix. The employer share is based on the size of the workforce.

1. The employer size means the number of employees currently employed at the local operation where the customized training placements will be made.
2. Employer size is determined by the number of employees at the time of the execution of the customized training contract.
3. If the employer has more than one location, **only the site where the work-based training is taking place** is considered for employer size.

x. The following outlines the expected percentage of employer share based on employer size:

1. At least 10 percent of the cost for employers with 50 or fewer employees;
2. At least 25 percent of the cost for employers with 51 to 100 employees; and
3. At least 50 percent of the cost for employers with more than 100 employees

B. Participant Requirements

i. For an individual to qualify for Customized Training under the WIOA guidelines, the following must be true:

1. The individual is an eligible WIOA participant, enrolled in CWDS under the WIOA Adult or Dislocated Worker program;
2. The WIOA participant must complete an initial career aptitude assessment and academic evaluation, and it has been determined through these assessments that the individual is in need of training in order to attain full-time employment;
3. The WIOA participant cannot currently be earning self-sufficient wages.
4. Have an Individual Employment Plan (IEP) in CWDS that is authenticated and that documents the participant's interests, abilities, and needs.

C. Training Program Requirements

i. Customized Training funds must be used on High Priority Occupations (HPOs) that lead to employment opportunities enabling the participant to become economically self-sufficient and which will contribute to the occupational development and upward mobility of the participant.

ii. Customized Training employers must complete and sign a work-based Customized Training agreement for each participant enrolled in the program.

iii. Customized Training curriculum and programmatic administration and operations must follow all the regular requirements under WIOA for providing individual participant training.

iv. All required customized training documentation shall be kept on file with the vendors, and vendors shall make all files and documentation available for monitoring, audits, and data validation reviews as required by SCPaWorks, state, and federal oversight and monitoring policy.

v. The determination that a participant is unlikely or unable to obtain or retain employment without assistance will be detailed in the participant's authenticated Individual Employment Plan (IEP).

1. This determination will be detailed in a case note entered into the participant's case record file in CWDS by the case manager.
2. Pending IEPs in CWDS can result in disallowed costs.

Summary of Changes: This policy is reviewed every 180 days by the SCPa Works Policy Department for necessary changes, edits, updates, and revisions.

Date of Change:	Changed by:	Summary of Change(s):	Effective Date

WIOA Customized Training Agreement
Integrated Education and Training Program

SCPa Works Integrated Education and Training Policy #P-39-10.25
Customized Training Policy #P-40-02.13

Date: Click or tap to enter a date.

I. General Information

Customized training is training: [20 CFR § 680.760]

a) That is designed to meet the special requirements of an employer (including a group of employers);
b) That is conducted with a commitment by the employer to employ an individual upon successful completion of the training; and
c) For which the employer pays a share of the training costs, as determined by SCPa Works in accordance with the factors identified in WIOA sec. 3(14) and as detailed in section VI of this Agreement.

In addition, SCPa Works will not enter into a customized training agreement with an employer who has exhibited a pattern of failing to retain individuals after successful completion of the customized training. [20 CFR § 618.635(b)(2)]

II. Participant Information

IET Participant Information:

Participant Name: Click or tap here to enter text.
Participant PID: Click or tap here to enter text.
Funding Stream: Click or tap here to enter text.

III. Customized Training Information

1. Name of the Training Provider/Employer: Click or tap here to enter text.
2. Contact Name: Click or tap here to enter text.
3. Training Provider Phone Number: Click or tap here to enter text.
4. Training Provider Email Address: Click or tap here to enter text.
5. Training Provider Industry/Occupation Focus: Click or tap here to enter text.
6. Is this business, job category, or industry sector listed on the CWIA labor market in-demand list? Choose an item.
7. Is this business, job category, or industry sector listed on the 2025 High Priority Occupations list for South Central PA? Choose an item.

8. Is the training provider registered with the PA ETPL? Choose an item.
9. Is the employer profile complete on the PA CareerLink® website? Choose an item.
10. Are employee profiles complete on the PA CareerLink® website? Choose an item.
11. List the name of the employer- or industry-recognized credential that will be attained by the participant upon completion of this training: Click or tap here to enter text.
12. 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)

IV. Training Description:

Enter training description here to include a description of the trainee employment position following the completion of the Customized Training:

Is the training online or in-person? Choose an item.

1. Are there ancillary items or supportive services necessary for the participant to complete this training?Click or tap here to enter text.
2. If yes to question number 2, what are the additional items or services needed?Click or tap here to enter text.
3. If yes to question number 2, have the ancillary items and supportive services been allocated in the contracted budget as exhibited in the formal funding agreement?Click or tap here to enter text.
4. Is this training an on-the-job learning experience? Choose an item.
5. If this is an on-the-job learning experience, list the name of the mentor or trainer: Click or tap here to enter text.
6. List the on-the-job mentor or trainer's email address: Click or tap here to enter text.

V. Duration of the Customized Training

Training Start Date: Click or tap to enter a date.
Training End Date: Click or tap to enter a date.
Length of the training (number of weeks): Click or tap here to enter text.
Hours per week: Click or tap here to enter text.
Days per week: Click or tap here to enter text.

VI. Cost of the Customized Training and Employer Share

WIOA requires a record of an employer's cost-share for all Customized Training activities. The employer cost-share may be in the form of cash, in-kind payments, or can be in the form of the employer covering the cost of administering the training, training overhead, the trainer's wages, the cost of training supplies, supportive services, administrative costs, or trainee uniforms and tools related to training or employment. [20 CFR § 680.760] WIOA determines the percent of the employer cost-share by employer size based on the following guidance:

- The employer size means the number of employees currently employed at the local operation where the customized training placement will be made.
- Employer size is determined by the number of employees at the time of the execution of the customized training contract. This applies to all employers, including employers with seasonal or intermittent employee size fluctuations.

Check the appropriate employer size at the time of the Customized Training:

☐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

1. Enter the total cost of the WIOA subsidy for this participant to complete the IET Customized Training:

   $ Click or tap here to enter text.

2. Enter the total amount of the anticipated employer cost share of the Customized Training:

   $ Click or tap here to enter text.

VII. Employer Letter

This Agreement serves as proof of a Customized Training as one of three requirements under IET contracted programming. As verification of the employer's intention and professional relationship with the participant, an official Employer Letter must be attached to this Agreement prior to CWDS upload.

☐I agree that an Employer Letter has been attached to this document to verify the commitment of the employer to hire the WIOA participant as a full-time employee following the completion of the Customized Training.

VIII. Signatures

Employer Signature:

I,_____, have reviewed this customized training document for accuracy in form, content, and any applicable restrictions. Everything is in order. By signing this document, I agree to follow the standards for WIOA-funded trainings as outlined by SCPa Works policies and procedures.

Furthermore, I agree to adhere to the standard contractual assurances outlined in the formal WIOA Subrecipient Program Cost Reimbursement Agreement, as stated in Appendices B through E, which are made available upon request.

Date: _____

Name: _____

Title: _____

Signature: _____