

DENVER WORKFORCE DEVELOPMENT

Request for Customized Training

This form is required to request customized training. Submitting this form allows us to consider your request but does not constitute a guarantee that your participation will be authorized.

To be approved, you will need to meet the following requirements:

Established operations in Colorado for at least 120 days;

No layoffs within the last 60 days;

Proof of current payment into unemployment insurance (unless exempted, with documentation);

Proof of current payment into workers compensation;

Employee(s) to be trained earn \$21.00 per hour or less

Wages paid at the current industry standard for the position;

A flexible timeline for participation (Processing requests and receiving approval can take 3-4 weeks; wage reimbursement can take up to 30 days after we receive your invoice).

For more information or if you have questions, you are encouraged to contact Tony Anderson, Business Services Supervisor for Denver Workforce Development, at 720-865-5572 or tony.anderson@denvergov.org.



Let's get to work!

NAME OF BUSINESS	TODAY'S DATE
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ADDRESS, CITY, STATE, ZIP

WEB SITE

CONTACT NAME, PHONE & EMAIL

NATURE OF BUSINESS / INDUSTRY	NAICS CODE
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NUMBER OF FULL-TIME EMPLOYEES	YEARS IN OPERATION
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PAYING INTO:	WORKERS COMPENSATION?	YES []	NO []	UNEMPLOYMENT INSURANCE?	YES []	NO []
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Has your business partnered with the Denver Office of Economic Development in the last two years, including finance/loan projects, certification, recruitment, training, internships, relocation, subsidies, etc.? If yes, please explain:

PROVIDER(S) OF TRAINING	DURATION OF TRAINING
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PROPOSED DATE(S) START/END	# OF PARTICIPANTS
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Will there be a wage gain for employees who successfully complete the training? [] Yes [] No
If no, is the training being offered in lieu of layoff? [] Yes [] No

TOTAL COST OF TRAINING
(Please include a quote from the training provider with this application)

Please provide a detailed description of the employee name(s), current wage, and training to be received (new skills, certifications, and/or new technology usage):

Name Training	Current Wage
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Name Training	Current Wage
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Please note that customized training requests are dependent on the availability of funds. The authorized representative of the company will be asked to review terms and conditions as outlined in OED's **Business Assurances and Certification** document and assure OED that the company will abide by these terms. All subsidy funding that may be approved for this training is subject to termination at the discretion of OED.

When this form is complete, you can electronically submit or you must 'SAVE AS' with a unique title to retain it on your computer. Then you can:

Email it as an attachment to tony.anderson@denvergov.org; or
Print and fax it to 720-865-5685, Attn: Tony Anderson

Completing this form does not guarantee that we are able to meet all of your recruiting needs, although the information you provide here will help us serve you as quickly and productively as possible. We look forward to working with you!

Approval: Yes [] No []	Supervisor Signature:	Date:
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