

*This form is required to request a training subsidy. 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 eight 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;*

*A new, full-time position that provides at least 32 hours of work per week;*

*Wages paid at the current industry standard for the position;*

*On-the-job training to help build the skills and growth opportunities of your new employee;*

*Agree to retain the employee following the training period, provided that the employee successfully completes the training; and*

*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](mailto:tony.anderson@denvergov.org).**

# DENVER WORKFORCE DEVELOPMENT Request for Training Subsidy

<b>NAME OF BUSINESS</b>	<b>TODAY'S DATE</b>
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<b>ADDRESS, CITY, STATE, ZIP</b>
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<b>WEB SITE</b>
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<b>CONTACT NAME, PHONE &amp; EMAIL</b>
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<b>NATURE OF BUSINESS / INDUSTRY</b>	<b>NAICS CODE</b>
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<b>NUMBER OF FULL-TIME EMPLOYEES</b>	<b>YEARS IN OPERATION</b>
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<b>PAYING INTO:</b>	<b>WORKERS COMPENSATION?</b>	<b>YES [ ] NO [ ]</b>
	<b>UNEMPLOYMENT INSURANCE?</b>	<b>YES [ ] NO [ ]</b>

<b>Does your business offer benefits? If yes, please briefly describe:</b>
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<b>Using its current business name or a previous name, has your business partnered with the Denver Office of Economic Development in the last 24 months, including finance/loan projects, certification, recruitment, relocation, training or wage subsidies, etc.? If yes, please explain:</b>
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<b>TRAINING SUBSIDY HISTORY</b>
Number of training subsidy positions requested in past 24 months
Number of training subsidy positions approved in past 24 months
Does any of this include requests made under a different business name or parent company name? [ ] Yes [ ] No

<b>JOB TITLE OF POSITION REQUESTED</b>	<b>No. of openings</b>
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<b>FULL TIME [ ] PART TIME [ ]</b>	<b>RATE OF PAY</b>	<b>[ ] Hourly [ ] Annual</b>
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<b>Is this position subject to prevailing wage guidelines? [ ] Yes [ ] No</b>
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<b>Are you willing to post this job on ConnectingColorado.com? [ ] Yes [ ] No</b>
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<b>Basic skills required at beginning of training period</b>
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<b>JOB DESCRIPTION</b>
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**Let's get to work!**

# Request for Training Subsidy, *Continued*

← TRAINING SUBSIDY REQUEST FORM CONTINUES FROM FIRST PAGE

**TRAINING PLAN** Please provide a description of the training that the individual in the subsidized position will receive through the duration of the subsidized training period. Identify the specific skill requirements that will be obtained in your employer-based training approach. This information will also be used to assess which skills the individual lacks at the start of the subsidized period, and to document which are attained during the training.

1. Skill to be learned	Estimated hours for training
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2. Skill to be learned	Estimated hours for training
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3. Skill to be learned	Estimated hours for training
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4. Skill to be learned	Estimated hours for training
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5. Skill to be learned	Estimated hours for training
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6. Skill to be learned	Estimated hours for training
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<b>EMPLOYER AGREES TO RETAIN PARTICIPANT AFTER SUCCESSFUL COMPLETION OF THE TRAINING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Please note that training subsidies are based on the availability of funds and available candidates. 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. Any training subsidy that may be approved 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](mailto: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!*

03REQ-TS 1113

Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor Signature:	Date:
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**DESIRED TRAINING OUTCOMES**  
*(If different from skill attainment at right)*

Through its operation of the Denver Workforce Centers, OED serves as a **full-service employment and training agency** that meets the recruiting and training needs of employers, job seekers, veterans, and youth throughout the metro area. We connect employers with a trained and ready workforce, and we assist job seekers with needed skills to secure sustainable employment.



**Let's get to work!**