

Notification Form for Incumbent Worker Training

Instructions: Before beginning incumbent worker training, this form must be filled out completely. Attach the form to an email and send the completed form to bcm@twc.texas.gov and the Local Workforce Development Board (Board) grant manager for your Board.

Board: _____

Employer: _____

Describe the industry or occupational focus of the incumbent worker training: _____

Training start date for this incumbent worker training: _____

Expected end date for this incumbent worker training: _____

Number of incumbent worker trainees: _____

If the training cohort includes more than one trainee, indicate the number of trainees with six or more months employment with this employer: _____

Provide additional comments or details related to the planned incumbent worker training:

Form submitted by: _

References:

Workforce Innovation and Opportunity Act §134(d)(4)
20 CFR §§680.780–680.820