PURPOSE

This directive provides guidance on policies and procedures for customized and upgrade training.

REFERENCES

- WIA Section 101 (8)
- Title 20 Code of Federal Regulations (CFR), WIA Final Rule, Sections 663.700 through 663.720

BACKGROUND

WIA authorizes the local Workforce Investment Board to establish policies and procedures for customized and upgrade training. The WIA regulations at 20 CFR Part 652, Section 663.720, state that customized training of an eligible employed individual may be provided for an employer or a group of employers when:

A. The employee is not earning a self-sufficient wage as determined by Local Board policy;

B. The requirements in 20 CFR Part 652, Section 663.715 are met; and

C. The customized training relates to the purposes described in 20 CFR Part 652, Section 663.705 or other appropriate purposes identified by the Local Board.

POLICY

Customized training activities under WIA include, but are not limited to, the following:

- Skills upgrade as required to operate new technology, new production or new service procedures.

- Skills needed to perform job duties more efficiently or to handle additional responsibilities.

- Work based literacy.

- Soft skills.
- Disability-related job accommodation.
- Skills assessment.
- Assistance to employers in designing the training plan.
- Monitoring customer progress and promoting successful completion of training objectives.

Customized training funds do not allow the following activities:

- Construction, maintenance, or operation of any facility used or to be used for sectarian instruction or as a place of religious worship.
- Directly or indirectly assisting, promoting or deterring union organizing.
- Training for jobs that depend largely on commissions or that are intermittent or seasonal in nature.
- Training during a strike, lockout or other labor disputes.
- Working with an employer who has relocated to the area when the relocation resulted in a loss of employment for a large number of employees of the original location.
- Involving occupations related to political, electoral, or partisan activities.
- Involving employers who exhibited a pattern (two or more times) of failing to provide customized training customers with higher wages once training is complete.

The customers of customized training services must meet the criteria and requirements to receive training service as listed in 20 CFR 663.310.

Customized training may take place in the workplace or another convenient location, during or after work hours. Since the training is usually arranged by the employer with a specific training provider, there is no customer choice on the part of the individual other than whether or not to participate in the training.

All Customized/Upgrade Training must be sponsored by an employer/association.

All training must be in a demand occupation, be transferable across the industry, and have significant skills transferability.
Customers must be employed:

1. In the training occupation
2. Permanent full-time (32-40 hours per week or standard for the industry)

Payment will be made upon completion of not less than 90 consecutive days of permanent full time employment after completion of training.

EMPLOYER MATCH:

California requested a waiver of the requirement at WIA 101(8)(C) that employers must match at least 50 percent of the cost of customized training. The waiver granted by the DOL allows use of a sliding scale in order to encourage greater employer participation rates:

- No less than 10 percent match is required of employers with 50 or fewer employees.
- No less than 25 percent match is required of employers with 51-100 employees.
- No less than 50 percent match is required of employers with more than 100 employees.

PROCEDURE

A written, signed agreement is required between the program representative, an authorized employer representative and an authorized training provider representative prior to delivery of training to ensure that workers are provided a structured training opportunity in which to gain the knowledge and competencies necessary to be successful in the occupation or industry in which they receive training.

The Office of Economic and Workforce Development (OEWD) requires that the employer choose a training provider from the State of California’s Eligible Training Provider List (ETPL). Exceptions may be made when a community-based organization (CBO) or other private organization offers a particular expertise in working with a special customer population or delivering a specialized training. The program must demonstrate the organization’s credentials and submit the exception in writing to OEWD for approval prior to service delivery.

The attached application should be filled out completely with assistance from the local One-Stop Business Liaison and submitted to the OEWD.

DEFINITION OF TERMS
The WIA statute at Section 101 (8) and the regulations at 663.715 define “customized training” as:

A. That which is designed to meet the special requirements of an employer (including a group of employers);

B. Is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, individual on successful completion of the training; and

C. For which the employer pays for not less that 50 percent of the cost of training.

INQUIRIES

Inquiries should be addressed to the OEWD Director of Operations at 415-701-4848 or workforce.development@sfgov.org.

OEWD and its service providers shall follow this policy. This policy will remain in effect from the date of issue until such time that a revision is required.
CUSTOMIZED TRAINING APPLICATION

Customized _____ Upgrade _____ Other _____

Company/Association Name ____________________________________________

Address ___________________________________ City & Zip ________________

Contact Person _____________________________ Title ____________________

Phone _______________ Fax _______________ Email _______________________

1. Briefly describe your business/association: ______________________________

_____________________________________________________________________

_____________________________________________________________________

2. Briefly describe proposed project: ______________________________________

_____________________________________________________________________

_____________________________________________________________________

3. Describe Training (attach training outline): _______________________________

_____________________________________________________________________

_____________________________________________________________________

4. Training Occupation __________________________________________________

5. List Related Occupations: ______________________________________________

_____________________________________________________________________

_____________________________________________________________________

6. Starting Wage $__________________ Wage After Training $__________________
7. Start Date ______________________  End Date __________________________

8. Company/Associations Contribution (Must not be less than 50% cash or in-kind)
_____________________________________________________________________
_____________________________________________________________________

9. What is the Career Ladder for this occupation? _____________________________
_____________________________________________________________________
_____________________________________________________________________

10. What will you do to assure job retention? (mentoring, etc.) ___________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

11. Number of Employee Customers ______________________________________

12. Total Cost (please attach an itemized budget) $__________________________

13. Company Representative _____________________________________________
    Signature ________________________________ Date ___________________ 

14. One-Stop Representative _____________________________________________
    Signature ________________________________ Date ___________________

15. OEWD Representative ________________________________________________
    Signature ________________________________ Date ___________________