

**OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT  
WORKFORCE INVESTMENT ACT (WIA)  
INDIVIDUAL TRAINING ACCOUNT (ITA) WORKSHEET**

Customer Name _____		SSN _____
<input type="checkbox"/> Adult	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Older Youth
Training Facility _____	Begin Date _____	
Course of Study _____	Projected End Date _____	
ETPL Program Code _____	OES Code _____	Estimated Placement Wage _____
Address _____		Fax _____
Contact _____	Phone _____	

**OBLIGATION OF FUNDS**

	Program or Course Name	Course Number	Total Hours	Tuition Cost
a.				
b.				
c.				
d.				
Is grant assistance from other sources (such as Pell) available to customer?			Tuition Subtotal	
<input type="checkbox"/> Yes <i>Type:</i> _____ <i>Amount:</i> _____			Enrollment Fee	
<input type="checkbox"/> No <i>To be paid by WIA registrant. Amount:</i> _____			Processing Fee	
			Other Expenses	
			Subtotal	
			Subtract: _____	
			<b>TOTAL AMOUNT</b>	

By signing and transmitting this ITA Worksheet, the undersigned intends for the Office of Economic and Workforce Development (OEWD) to rely upon and act in accordance with all of the information contained herein, as set forth in the OEWD Directive 07#4, Use of Individual Training Accounts dated July 1, 2007. WIA registrant shall be responsible to pay training provider for costs identified above (*To be paid by WIA registrant*). OEWD and IS provider shall not be held liable for costs in excess of \$6,000.

Signature and Date	Signature and Date
Print Name of WIA Registrant	Print Name of Case Manager
Signature and Date	Approved / Disapproved
Print Name of Manager	Signature and Date
	Print Name of OEWD Staff