

# INSTRUCTION LETTER

# Upstate WIB

## WORKFORCE INVESTMENT BOARD

**INSTRUCTION NUMBER:** WIA 13-05

**TO:** Upstate Workforce Investment Area One Stop Operator

**SUBJECT:** Paying for Repeat WIA funded Training/Classes

**DATE**

**ISSUED:** February 14, 2014

**DATE**

**EFFECTIVE:** Immediately

**DATE**

**EXPIRES:** Indefinitely

**PURPOSE:** The purpose of this instruction is to update the policy on approving WIA to pay for a client to repeat an approved training course or courses. This instruction letter replaces local instruction letter 03-02.

**BACKGROUND:** WIA Participants/Registrants who are adult or dislocated worker eligible may request for WIA to pay for them to repeat a course that was dropped or failed for various circumstances. The Upstate Workforce Investment Board policy states that any request for WIA payment to repeat training will be evaluated on a case-by-case basis.

**ACTION:** In a case when a customer requests that WIA pay for them to repeat a course that was dropped or failed, the attached WIA Training Repeat Request Form must be completed. The client, with the assistance of their Career Consultant, will complete the request form that includes a thorough statement as to why the original course was dropped or failed. The Career Consultant must verify with the WIA Project Accountant as to if WIA payment was properly refunded for a dropped course. All WIA training repeat requests will be given to the Project Director for approval prior to submitting the form to the Upstate Workforce Investment Board's (Upstate WIB) OneStop Services Coordinator. The OneStop Services Coordinator will present the request to the Upstate WIB OneStop Committee for approval/disapproval. The completed WIA Training Repeat Request Form will be returned to the Project Director. It is the Career Consultants responsibility to notify the client of the decision. Any grievances to the decision should follow procedures specified in the Applicant Rights Handout.

**INQUIRIES:** Questions concerning this policy should be forwarded to Ms. Ann Angermeier, at [angermeier@upstatewib.org](mailto:angermeier@upstatewib.org) or (864) 596-2028 (TTY:711).



Ann Angermeier, Director

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**Source:** Replaces Local Instruction Letter 03-02

## REQUEST TO REPEAT WIA TRAINING

Date of Request: \_\_\_\_\_ WIA Customer Name: \_\_\_\_\_  
Last 4 digits of Social Security Number: \_\_\_\_\_ WIA Funding Stream: \_\_\_\_\_

Dropped Class (Y/N) \_\_\_\_\_ Failed Class (Y/N): \_\_\_\_\_

Career Consultant: \_\_\_\_\_

**Customer's Justification for Repeating Course:**

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*I certify that the above is true and accurate to the best of my knowledge. I understand that the request will be reviewed by the Upstate Workforce Investment Board OneStop Committee and the decision will be provided to me by Career Consultant. Should I disagree with the decision provided to me, I may follow the grievance procedures provided to me on my Applicant Rights Handout during the WIA certification process.*

**Signature of WIA Participant:** \_\_\_\_\_

**Below to be completed by Project Director/ OneStop Committee/ Career Consultant**

**Date the request was received by Project Director:** \_\_\_\_\_

**Amount of WIA funds spent on original class/training?** \_\_\_\_\_

**Was WIA refunded for this class/training if the course was dropped within the required timeframe for a refund/partial refund?** \_\_\_\_\_

**Requested amount for new class/training if approved?** \_\_\_\_\_

**Date the request was reviewed by OneStop Committee:** \_\_\_\_\_

**Decision and Justification for decision made by the OneStop Committee:**

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**Date customer was notified of decision:** \_\_\_\_\_