**WIOA Incumbent Worker Training Program**

Employer Self-Attestation of Incumbent Worker Eligibility

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| **Business Name:** Click or tap here to enter text. | |
| **Authorized Business Representative:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. **Extension:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |

**Incumbent Worker Definition**

The Workforce Innovation and Opportunity Act (WIOA) defines Incumbent Worker as an individual who is:

* Employed;
* Meets the Fair Labor Standards Act requirements for an employer-employee relationship; and
* Has an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

Temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers (for example, where an employee is employed through a staffing firm). However, periods of temporary employment may count towards an employee’s time with the company for the purposes of meeting the six month minimum requirement above.

**Attestation**

I, Click or tap here to enter text., signatory authority for Click or tap here to enter text., attest that the employees identified to be trained have been employed with Click or tap here to enter text. for 6 months or more, ***or*** that the majority of employees participating in approved training(s) have been employed for 6 months or more.

I understand that temporary employees that do not have an employer-employee relationship with the business, such as individuals employed through a staffing firm, are not considered incumbent workers and are ineligible to receive incumbent worker training.

I also understand that I may be required to produce employee records documenting the length of employment. Should it be determined that employees trained were not Incumbent Workers as defined by WIOA, I may be required to pay back funds related to this grant.

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| Signature: | Title: Click or tap here to enter text. |
| Print Name: Click or tap here to enter text. | Date: Click or tap to enter a date. |