

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)
INDIVIDUAL TRAINING ACCOUNT (ITA) EXCEPTION FORM**

(For use by Program Operators)

Must be submitted at least 2 weeks prior to Training to GLOW WDB (mnichols@co.genesee.ny.us)

Customer's Last Name, First Initial: _____ , _____ Date: _____

Counselor's Name: _____ County: _____

Director's Name: _____

Type of Training: _____ Training Start Date: _____ End Date: _____

Name of Training Provider: _____

Are they listed on the NYS Eligibility Training Provider List? _____ Yes _____ No

Exception Issue:

1) Is this a Demand Occupation Exception (not listed as a GLOW priority occupation): _____ Yes _____ No
If Yes, is there potential for employment? _____ Yes _____ No Please attach 5 job openings (showing job title, employer's name, and location) for this this occupation in location you are willing to travel for (can be provided via job openings on job openings website, i.e., NYSDOL Job Bank, Indeed.com).

2) Is this request for Additional Funding? _____ Yes _____ No How Much Above \$3,000 requesting: \$ _____
What is the Total Cost of Training: \$ _____

3) Is this an Exception for the Length of Training? _____ Yes _____ No
If Yes, Please provide Explanation for Length of Training: _____

4) Please list Other Financial Assistance Applied (PELL/TAP): Source: _____ Amount: _____

Please list the Reason if not Eligible for Financial Assistance: _____

Summary of Situation:

(Please Email at mnichols@co.genesee.ny.us or you may fax to 344-4495)

Requested by Program Operator

Name: _____ Date: _____

Signature: _____

Approval by WDB Executive Director

Name: _____ Date: _____

Signature: _____