



IWT Application Guidelines for Employers

Incumbent Worker Training Application process includes the following steps. Please submit all information in the following order:

- 1. Site Visit**
 - a. Virtual or in-person meeting with agency representative
- 2. IWT Application**
 - a. Complete IWT Application LWIA 7
 - b. IWT Training Information Form required for each course requested
 - c. Three or more quotes from different training providers
- 3. Approval**
 - a. Projects can be partially or fully approved
- 4. Employer Agreement Form**
 - a. Complete Employer Form signed
 - b. Workman's Compensation Insurance Policy
- 5. Executed Contract**
 - a. The Partnership will provide fully executed IWT contract.

Note: Training can begin after receiving the executed contract

IWT Guidelines for Employer after training is approved

Incumbent Worker Training after the training is approved includes collection the information from the participants/training as follows:

- 1. Participants' information**
 - a. Full legal name (no nicknames), SSN, birthdate, zip code, gender, ethnicity, military status, disability status, disability category, education level, and starting job title/SOC
 - b. Employed at least six-months prior the training
 - c. Most if not all participants must live in Illinois
- 2. Training**
 - a. Collect daily attendance that includes letterhead, full legal name, dates, signatures
 - b. Certificates of completion after training is over. Certificates must be signed by trainer or educational institution.
- 3. Reporting**
 - a. Quarterly report must be submitted by employer at the beginning of the months of January, April, July, October if applicable.
- 4. Reimbursement**
 - a. Documentation must be submitted promptly after conclusion of the training.
See IWT Reimbursement Guidelines for Employers document.



IWT Reimbursement Guidelines for Employers

Incumbent Worker Training Reimbursement takes place after all approved training course(s) are complete. IWT do not allow partial reimbursement unless special approval from The Partnership is granted. Please submit all information in the following order:

- 1. Check Request**
 - a. The amount must be less or equal to the approved amount for the project.
- 2. Reimbursement Summary**
 - a. A document that includes the name(s) of each course, start date, end date, invoice number, payment amount with check number, and total.
- 3. W-9**
 - a. Employer W-9 (signed)
- 4. Voided check and payment form**
 - a. Employer must submit a voided check or complete the Partnership ACH Payment Form
- 5. Attendance**
 - a. Attendance for each course must include dates and signature from the participants and/or instructor.
- 6. Certificates and Credentials**
 - a. The instructor or representative from the educational institution must sign each certificate. Credentials must be Industry recognized.
- 7. Invoice(s)**
 - a. Invoice(s) must include payment acknowledgement or cancelled check
- 8. Payroll**
 - a. Payroll information from each participant of each course. The payroll dates must be the same as the training dates

Note: Please confirm that the names of all participants are the same in the attendance, certificates, and payroll information.