

ALABAMA WORKFORCE INVESTMENT SYSTEM

**Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office 5690
Montgomery, Alabama 36103-5690**

January 17, 2014

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2013-04, Change 3

SUBJECT: Incumbent Worker Training Program

- 1. Purpose.** To consolidate and retransmit previously issued guidance and policies to include updates, general information, eligibility, enrollment, exit policies, and forms.
- 2. Discussion.** This Directive consolidates Incumbent Worker Training Program policies contained in the following Directives: and thus, rescinds Governor's Workforce Development Directive Numbers: PY2000-29; PY2000-29, Change 3; PY2000-29, Change 4; PY2000-29, Change 5; and PY2000-29, Change 6.

The incumbent worker training program is authorized in section 134(a)(3)(A)(iv)(I) of the Workforce Investment Act. Alabama's Incumbent Worker Training Program grew at a rapid rate subsequent to its inception on January 31, 2001. The loss of Governor's Ten Percent Setaside funds beginning with Program Year 2011 (July 1, 2011) negatively impacted the funding for the IWT Program. However, the program has been retained through the budgeting of some of the Five Percent Administrative funds and via WIA Waiver to allow some Rapid Response funds to be used by those projects, which are for lay-off aversion. Congress may eventually restore some of the funding for Incumbent Worker Training.

Over the approximately thirteen (13) years of this program's operations, various policies and administrative guidance have been issued via Governor's Workforce Development Directives. This Directive's purpose is to consolidate and issue general information, policies, guidance, eligibility, enrollment, exit policies, forms, etc. in one Directive for the convenience of all personnel, who work with this program to ensure its continued success.

Incumbent workers are currently-employed workers whose employers have determined that the workers require training in order to help keep their business competitive and the subject workers employed, avert layoffs, upgrade workers' skills, increase wages earned by employees, and/or keep workers' skills competitive. This training must support further job retention and career development for improved economic self-sufficiency for employed workers, especially those most vulnerable to job loss, and increase the capability of the employing business to access and retain skilled workers. Incumbent worker training programs may only be established for employers, which have operated in Alabama for at least two years. The training shall not be used to supplant current company training.

Training for incumbent workers does not have to be competitively procured, since it is essentially customized training for employers seeking to prevent job loss caused by obsolete skills or technological changes. Also, the ADECA, Workforce Development Division obtained U.S. Department of Labor, Employment and Training Administration's concurrence on July 1, 2011 with the State's policy of funding applications on a first in/first funded basis subject to a successful review of the IWT Program Application and funding availability. Once funds are all obligated, a list of applications is maintained; and upon availability of additional funds, the applications are considered based on earliest to latest applications received and put onto the list.

Since the "early" years of this Incumbent Worker Training Program, we have encountered problems with very slow expenditure of funds with some companies. A process for deobligation of such funds was put into place and is contained in each contract.

A maximum WIA-funding award limit of \$30,000 for all Incumbent Worker training projects is in place for all applicants with a lifetime limit of \$60,000 and the initial agreement duration may not exceed twelve months. (If multiple business locations apply for funding, each location's workforce must generate a product or service that is unique to that site and/or that site must be located beyond normal commuting distance of a seventy-five (75) mile radius from the other applying locations.) Alabama companies that are interested in soliciting financial assistance to provide training for their workforce should be made aware of this information. Employers must also contribute to the program by providing a match funding contribution of at least dollar-for-dollar to the amount of WIA funds requested. The employer's share may come from wages paid to employees during the training, part of the training costs, etc.

Special provisions for the WIA Incumbent Worker Training Program include:

- a) Any publicity, press releases, etc. must give credit to the funding source, which is the U.S. Department of Labor, Workforce Investment Act.
- b) Deobligation of funds will occur if a program is not fully implemented within the first three (3) months of the subrecipient agreement's effective beginning date.
- c) At least one-third of funding must be expended within six (6) months of the effective date of the subrecipient agreement.

Two performance measures were developed and issued on March 7, 2003 for exiting participants out of Incumbent Worker Training. Those two measures are:

- a) The WIA performance reporting outcomes are "**Completed Program Objectives**" for those who complete the training and exit the program.
- b) For those who do not complete the program, the outcome is "**Services not Completed/Incumbent Worker Only.**"

Alabama's Incumbent Worker Training (IWT) program had a written established policy (developed and issued on May 7, 2004) for exiting participants from the AlaWorks system after completion of training. Some companies complete their training programs well before the ending date of their contract, while others continue to train participants up to the contract termination date.

To create a uniform exit policy, exits are accomplished when all training is completed, i.e., when all participants (employees to be trained) have completed training. This date is the contract end date or the date training is completed for all participants, whichever occurs first.

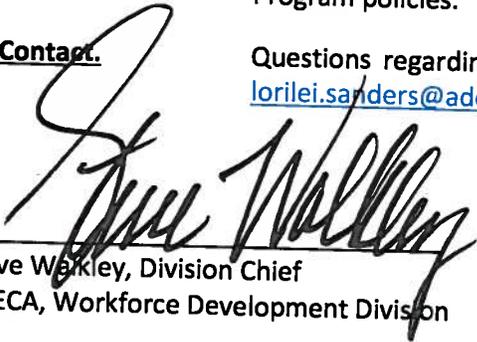
In order to streamline data collection requirements, on December 17, 2003, participant data collection requirements were developed and issued via Governor's Workforce Development Directives based on recommendations made by Career Center System staff, employers, and Workforce Development staff. A significant reduction in the number of data elements and the required eligibility documentation was achieved during this process. Subsequently, a streamlined "Incumbent Worker Eligibility Form" and "Incumbent Worker Activity/Service Record and Incumbent Worker Exit Form" were developed and issued for use in the IWT Program. The "Participant Data Requirements Incumbent Worker Training Only" document has recently been updated to match up with the data element blocks on the Incumbent Worker Eligibility Form. (These documents are attached to this Directive as Attachments A, B, and C.)

3. Action.

Business Services Representatives, other appropriate staff from the Alabama Career Center System, Workforce Development Division staff, and others who work with employers and/or with this program should ensure that the policies contained here-in are properly applied to the Incumbent Worker Training Program. The attached documents should be utilized for enrollment and exit of participants in accordance with the above-stated Incumbent Worker Training Program policies.

4. Contact.

Questions regarding this information should be directed to Lorilei Sanders at lorilei.sanders@adeca.alabama.gov or via phone at (334) 353-1632.



Steve Workley, Division Chief
ADECA, Workforce Development Division

1/17/14
Date

Attachments:

- Participant Data Requirements Incumbent Worker Training Program Only (Attachment A)
- Incumbent Worker Eligibility Form (Attachment B)
- Incumbent Worker Activity/Service Record And Incumbent Worker Exit Form (Attachment C)

(Note: The Incumbent Worker Training Program Guidelines and Application are issued via separate Directive – Number PY2003-04.)

**PARTICIPANT DATA REQUIREMENTS
INCUMBENT WORKER TRAINING
PROGRAM ONLY**

Complete the following items on the Incumbent Eligibility Form

Comments

1. Social Security Number..... No copy required. If card is not available, use other acceptable documentation as listed on the WIA Eligibility Documentation Checklist.
2. Name (First, Middle, Last)
3. Address
4. City
5. State
6. Zip Code
7. County Name
8. Area Code and Phone Number
9. Date of Birth..... Use acceptable documentation from the WIA Eligibility Documentation Checklist.
10. Age..... Use acceptable documentation from the WIA Eligibility Documentation Checklist.
11. Gender
12. Citizenship..... Use acceptable documentation from the WIA Eligibility Documentation Checklist.
13. Ethnicity
14. Race
15. Selective Service..... Use acceptable documentation from the WIA Eligibility Documentation Checklist.
16. Disability
17. Veteran Status (1, 2, 3 - Select appropriate response)
18. Eligible for Incumbent Worker

The application must be signed and dated by the participant and the individual determining eligibility as well as signed and dated by the person reviewing the form.

NOTE: There is no requirement to use the Customer Information Form No. WDD 121. If it is used, don't collect any data beyond that noted above for the Incumbent Worker Eligibility Form. Also, no copy of driver's license is required.

INCUMBENT WORKER ELIGIBILITY FORM

Attachment B
(IWT Use ONLY)

Agency Name:	Expiration Date:	Application Date:
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1. Social Security Number	2. Name (First, space, MI, space, Last)		
3. Address		4. City	5. State
6. Zip Code	7. County Name		8. Area Code and Phone Number
9. Date of Birth MM/DD/YY	10. Age	11. Gender 1=Male 2=Female	12. Citizenship 1=US Citizen 2=Eligible Non-Citizen

If 2 then need: Alien Registration Number _____
or I-94 Number _____

13. Ethnicity 1=Yes 2=No	14. Race (1-94 Form must have a red stamp or the specific employer must be named on form.) (1= Yes for all that apply or 2=No)		
Hispanic or Latino	American Indian or Alaska Nat.	White	Asian
	Black or African American		
	Hawaiian Native/Pacifica Islander		
	Does not declare a race		

15. Selective Service 1=Yes 2=No
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16. Disability 1=Yes, Physical 2=Yes, Mental 3=Yes, Both 4=Not Disclosed 5=No	17. Veteran Status 1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No 5=Did Not Disclose	18. Eligible for Incumbent Worker 1=Yes 2=No
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If Number 17 = 1 or 2 Complete A - F Below

A - Campaign Veteran 1=Yes 2= No	D - Transitioning Service Member 1=Yes 2=No
B - Disabled Veteran 1=Yes 2= No	E - Covered Person Entry Date
C - Recently Separated Veteran 1=Yes 2=No Date of Separation MM/DD/YY	F - TAP Workshop within 3 years 1=Yes 2=No

CERTIFICATION: I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrants Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Eligibility determination made by: _____

Printed Name: _____

Signature: _____ **Date:** _____

Reviewed By Printed Name: _____

Signature: _____ **Date:** _____

**INCUMBENT WORKER ACTIVITY/SERVICE RECORD
AND
INCUMBENT WORKER EXIT FORM**

Part I. Incumbent Worker Activity/Service Record:

1. Social Security Number	2. Name (First, space, MI, space, Last)		

3. Participation Date (Enter as MM/DD/YY)

4. Training Service

Service	FUND (Prog. Type)	Project Number	ONET
Incumbent Worker Training	I.W.		

Occupational Title	Start Date MM/DD/YY	End Date MM/DD/YY

Printed Name: _____

Signature: _____ **Date:** _____

Agency/Career Center: _____ **Phone #:** _____

Reviewed By Printed Name: _____

Signature: _____ **Date:** _____

Part II. Incumbent Worker Exit Form:

1. Social Security Number	2. Name (First, space, MI, space, Last)		

3. Exit Date (Enter as MM/DD/YY)

4. Reason for Exit
1. Completed program objective - I.W. Only
2. Services not completed - I.W. Only

Printed Name: _____

Signature: _____ **Date:** _____

Agency/Career Center: _____

Reviewed By Printed Name: _____

Signature: _____ **Date:** _____