Program Year \_\_\_\_\_ / Fiscal Year \_\_\_\_\_



Workforce Innovation and Opportunity Act Title I-B 1789 W. Jefferson Mail Drop 5112, Phoenix, AZ 85007 WIOAFiscalReports@azdes.gov

## WIOA Title I-B Adult and Dislocated Worker Incentive Approval Request Form

WIOA Title I-B funds must not be used to provide incentives to adults and dislocated workers, without DES approval. This form is used to request approval from DES to pay incentives to adults and dislocated workers using WIOA Title I-B formula funds. Local Workforce Development Boards (LWDB) must request approval to pay incentives to adults and dislocated workers every program year. LWDBs are not required to obtain prior approval from DES to pay youth incentives.

Incentives must not be paid to individuals to maintain employment in 2nd and 4th quarter after exit. These requests will not be approved, and are not allowed to be paid by the WIOA Title I-B Adult, Dislocated Worker or Youth Programs.

Submission of this form constitutes agreement by the LWDB to comply with DES Incentives Policy (WIOA Policy Manual Chapter 3, Section 700).

LWDB Name:		LWDB Rep	LWDB Representative:			
Addre	ess (No., S	Street)				
City				State	ZIP Code	
Representative's E-mail Address:				Phon		
This r	equest is	to provide incentives to	: (Check all that apply)			
Ac	dults	Dislocated Workers				
Ple	ease attac	h the following docume	nts to this request:			
•		DB's local incentive payer two separate policies);	ment policy for Adult and/ or D	islocated Worke	ers programs (it can be a combined	
•		anation of the business on cipants/recipients and the		.e. how and why	are they important to the success of	
•	to partic credenti when a	ipants (i.e., external fact al, such as availability o	f employment in the field that dential will increase the partic	rticipant from ob does not require	provide incentive payments taining a federally-recognized a a federally-recognized credential ent opportunities and long term	
Signa	turo of LV	VDB Chairperson (pleas	o print)		Date	
oigna	ituic oi LV	ADD CHallberson (bleas	e print)		Date	

Instructions to LWDBs:

E-mail this completed request form and attachments to DES Division of Employment Rehabilitation Services (DERS)-Finance and Budget Unit (FBU) at: <a href="www.WIOAFiscalReports@azdes.gov">www.WIOAFiscalReports@azdes.gov</a> and include "Pre-Approval to Pay Adults and Dislocated Worker Incentives" in the Subject line.



Workforce Innovation and Opportunity Act Title I-B 1789 W. Jefferson Mail Drop 5112, Phoenix, AZ 85007 WIOAFiscalReports@azdes.gov

## WIOA Title I-B Adult and Dislocated Worker Incentive Approval Request Form

To be completed by DERS FBU							
Program Year / Fiscal Y							
Incentive payments approved	Incentive payments denied						
Reason for Denial:							
Signature of DERs-FBU Manager	Date						

Instructions: After this form is completed by the DERS FBU, a copy of the form must be emailed to the LWDB contact on the form, to <a href="https://www.wieners.com/wieners.co

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.