



IMPERIAL COUNTY WORKFORCE DEVELOPMENT BOARD

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POLICY	ORIGINAL DATE	LAST REVISION
ICWDB Incumbent Worker Training Policy	FISCAL YEAR 2019-2020	September 25, 2019

POLICY OVERVIEW:

The purpose of this policy is to provide guidance and criteria to be used by the Imperial County Workforce Development Board (ICWDB), Imperial County Workforce and Economic Development Office (ICWED), America's Job Center of California (AJCC) staff, and Workforce Innovation and Opportunity Act (WIOA) funded service providers in the administration of Incumbent Worker Training for current Workforce Innovation Opportunity Act (WIOA) eligible adult and dislocated workers residing in Imperial County.

REFERENCES:

- WIOA Section 134 (d) (4)(A)ii, Incumbent Worker Training Programs
- Training and Employment Guidance Letter (TEGL) 19-16, Section 13
- EDD Directive WSD19-02 Worker Displacement Prohibition
- 20 CFR 680.780-820 Definition of Incumbent Worker Training

BACKGROUND:

Under WIOA, Incumbent Worker Training (IWT) provides both workers and employers with the opportunity to build and maintain a quality workforce, and increase both participants' and employers' competitiveness. IWT is a type of work-based training and upskilling designed to ensure California workers can acquire and develop the skills necessary to avert layoff or increase the skill levels of employees so they can be promoted within the company and create backfill opportunities for employers.

POLICY:

ELIGIBILITY FOR IWT

Eligibility for participation in IWT is based on the following factors:

- The characteristics of the individuals in the program (e.g. individuals with barriers to employment)
- The relationship of the training to the competitiveness of the individual and employer.
- ICWDB shall consider other factors which may include, but are not limited to, the following:
 - The number of employees participating in the training.
 - The employees' advancement opportunities, along with wages and benefits (both pre- and post-training earnings).
 - The existence of other training and advancement opportunities provided by the employer.
 - Credentials and skills gained as a result of the training.
 - Layoffs averted as a result of the training.
 - Utilization as part of a larger sector and/or career pathway strategy.
 - Employer size.

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

For an employer to receive IWT funds, the individual(s) participating in the IWT must meet the following:

- Be employed.
- Meet the Fair Labor Standards Act requirements for an employer-employee relationship.
- Have an established employment history with the employer for six months or more. This may include time spent as a temporary or contract worker performing work for the employer. It should be noted that an individual is not held to the six month employment requirement if the IWT is being provided to a cohort of employees. In this instance, not every employee must meet the employment history requirement as long as a majority of the employees being trained do meet the requirement.

An eligible individual participating in IWT is not required to meet the eligibility requirements for the Adult or Dislocated Worker program, unless they are also co-enrolled as a participant in the WIOA Adult or Dislocated Worker program and will receive WIOA funded services in addition to the IWT.

FUNDING

IWT is part of a comprehensive business engagement strategy designed to meet the special requirements of an employer (including a group of employers) to upskill current employees. To implement this strategy, ICWDB shall use up to 20 percent of their WIOA Adult and Dislocated Worker formula allocations for IWT activities. This 20 percent can only be used for programmatic activities, and cannot be used for administrative functions.

Generally, IWT should be provided to private sector employers, but there may be instances where non-profit and local government entities may receive IWT funds. For example, IWT funds may be used in the health care industry where nursing upskilling opportunities are available in a hospital operated by a non-profit organization.

Under WIOA, layoff aversion is now a required Rapid Response activity (Title 20 CFR Section 682.330). ICWDB shall leverage Rapid Response funds by including IWT as part of a robust layoff aversion strategy for the Imperial County.

The WIOA defines IWT as a business service, therefore, the delivery of IWT does not require the use of an Individual Training Account or that the training program be listed on the Eligible Training Provider List.

EMPLOYERS

The AJCC staff must ensure that the employer participating in IWT is registered as a preferred employer (recruiting employer) in CalJOBS, and the CalJOBS Activity Code is added to the employer's account.

EMPLOYER SHARE

Employers are required to pay for a portion of the training for those individuals in IWT. This can be done through cash payments and fairly evaluated in-kind contributions. The wages paid to individuals while in training may include the wages the employer pays to the individual while they are attending the training.

ICWDB shall consider the number of employees participating in the training, the wage and benefit levels of the employees (at the beginning and anticipated upon completion of the training), the relationship of the training to the competitiveness of the employer and employees, and the availability of

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other employer-provided training and advancement opportunities. The minimum amount of employer share in IWT depends on the size of the employer and are as follows:

- At least 10 percent of the cost for employers with 50 or fewer employees.
- At least 25 percent of the cost for employers with 51 to 100 employees.
- At least 50 percent of the cost for employers with more than 100 employees.

WORKER DISPLACEMENT PROHIBITION

WIOA states the prohibitions against replacing laid off employees with WIOA participants and against using WIOA participants to replace employees who have been terminated with the intent of so replacing them. WIOA further prohibits infringement on the promotional opportunities of currently employed workers.

TRACKING IWT EXPENDITURES

The EDD Workforce Services Branch's Financial Management Unit (FMU) is tasked with keeping track of IWT expenditures to ensure the 20% allowance for IWT has not been exceeded. FMU has updated the expenditure reports the sub-recipients use to include a line item for IWT. Each quarter, FMU compiles a report for the ICWDB that details where they stand in regards to these expenditure levels.

Note – IWT expenditures can be counted toward the training expenditure requirement and the employer contributions for IWT can be counted as leveraged dollars.

DOCUMENTATION

The IWT policy and the documentation for each IWT initiative shall be retained by the AJCC and the employer, to ensure all training is completed and certificates of completion are obtained for each trainee within thirty (30) days of completion. This documentation will be subject to monitoring.

IWT PERFORMANCE AND REPORTING REQUIREMENTS

Since eligibility for IWT is determined at the employer level (not the individual level), the Department of Labor (DOL) does not consider individuals in IWT to be a participant in the Adult and/or Dislocated Worker program. Individuals who only receive IWT are not included in the WIOA Adult or Dislocated Worker program performance calculations. However, the DOL requires Local Boards and the State to report certain participant and performance data on all individuals participating in IWT. The required information for these individuals is limited to demographic information, and information necessary to calculate employment in the 2nd and 4th quarters after exit, median earnings in the 2nd quarter after exit, measurable skill gains, and credential attainment. For the purpose of calculating these metrics for IWT-only individuals, the exit date is the last date of training, as indicated in the training contract.

To reduce the reporting burden on employers and the Local Boards, the DOL *encourages* the collection of Social Security Numbers (SSNs) as part of the training contract with the employer. For all individuals where a SSN is collected, the EDD will conduct a base wage match to obtain their employment and earnings. For those individuals that have a pseudo SSN, it is the AJCC staffs' responsibility to provide supplemental data and to capture and enter credential information into CalJOBS for each IWT individual participant.

Note – If the individual in IWT becomes a participant in the Adult or Dislocated Worker program at any point, they are included in performance calculations for the core program that provides additional services.

ADULT AND DISLOCATED WORKERS:

For the purposes of this Policy, the following definitions apply:

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Business and Employer – A private sector, local government, for profit or not-for profit place of business. Business and Employer are used interchangeably in this directive.

California Employer Account Number – An eight-digit payroll tax number issued to a registered employer by the Employment Development Department, also known as the Employer Payroll Tax Account Number, State Employer Identification Number, or state ID.

Eligible Employer – For an employer to be eligible for IWT services, the ICWDB shall consider the following:

Whether the employer can provide a valid California Employer Account Number. • The characteristics of the individuals in the program (see the IWT definition below). • The relationship of the training to the competitiveness of an individual and the employer. • ICWDB shall consider other factors such as the number of employees trained, wages and benefits including post training increases, and the existence of other training opportunities provided by the employer.

Employer Share – Employers are required to pay for a significant cost of the training for those individuals in IWT. The minimum amount of employer share in IWT depends on the size of the employer.

Follow-up – Shall be performed six months after reported completion of IWT to determine outcomes (retained employment, advancement, and increased wages).

Incumbent Worker – To qualify as an Incumbent Worker, the employee must meet the following:

- Be a current employee of an eligible employer and have an established employment history with the employer for six months or more. An individual is not held to the six month employment requirement if the IWT is being provided to a cohort of employees. In this instance, not every employee must meet the employment history requirement as long as a majority of the employees being trained do meet the requirement.
- Meet the Fair Labor Standards Act requirements for an employer-employee relationship.
- Meet the Selective Service requirements.

IWT – *The following characteristics define IWT:*

- Designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce, avert the need to lay-off employees by assisting the workers in obtaining the skills necessary to retain employment, and/or provide training that will result in progression on a career pathway and income mobility.
- Conducted with a commitment by the employer to retain employees, avert the layoff(s) of the incumbent worker(s) trained for a period of six months following completion of the training, or promote incumbent workers to higher paying positions.
- Increases the competitiveness of the employer or employee.
- Gives employees the opportunity to progress on their career pathway by providing opportunities to obtain certificates or credentials based on the employers need.

IWT Allowable Costs – ICWDBs' share of the cost of training (teacher, books, materials) for the delivery of IWT. This amount excludes the cost of individual wages paid by the employer while the employee is attending/participating in the training.

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Qualified Trainer – Qualified training can be provided in-house, by a training agency, or by a third party. Training providers should be California-based, unless the training is so unique that a training provider cannot be found in California. The choice and method of training are determined by the employer.

Training Method – The following are types of training methods allowable for IWT:

- Classroom training is instruction in a classroom setting that is provided to a group of trainees and conducted by a qualified instructor.
- Laboratory training is hands-on instruction or skill acquisition under the constant and direct guidance of a qualified trainer. Laboratory training may require the use of specialized equipment or facilities. Laboratory training may require the use of specialized equipment or facilities. Laboratory training may be conducted in a simulated work setting, or at a productive work setting, also known as Productive Laboratory.
- Computer-based training is delivered through a computer program at a pace set by the trainee. There is no requirement for delivery by a live trainer and training does not have to be interactive.
- Video Conference training is live, interactive instruction provided by a trainer through a video communications session.
- E-Learning instruction is delivered through a web-based system, conducted in a virtual environment utilizing a web meeting/webinar.

MONITORING:

ICWED is responsible for ensuring oversight of the WIOA funded programs. Monitoring shall take place by means of on-site visits to AJCC's, contracted Service Providers and Employers. Site visits shall be performed at a minimum of once a year per each approved training and training site. An annual monitoring visit schedule and monitoring review tool will be used to ensure adherence to WIOA laws, regulations and policies to insure that clients are provided appropriate access to programs or activities.

ACTION:

This policy supersedes ICWDB Customized Training Policy, May 24, 2017. Please bring this policy to the attention of ICWDB, AJCC system staff and appropriate WIOA funded service providers and sub-recipients. This policy is effective immediately. All submitted forms are live documents and subject to change according to local, State, and Federal needs. Once the forms and exhibits pertaining to this policy are approved by the ICWDB, they will not require board approval if other changes occur, unless the change affects protocols. Should you have any questions, please feel free to contact ICWDB staff at (442) 265-4974, (442) 265-4959, (442) 265- 4955 or the Program and Compliance Manager (442) 265-4963.

**IMPERIAL COUNTY WORKFORCE DEVELOPMENT OFFICE
CUSTOMIZED TRAINING (CT) AND INCUMBENT WORKER TRAINING (IWT) APPLICATION**

I. EMPLOYER INFORMATION

Legal Business/Company Name:		Federal Tax ID Number:	
Address:		City, State, Zip	
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLP <input type="checkbox"/> Other: _____			
Workers' Compensation Carrier:			
Policy Number:		Effective Dates of Policy:	
Public Liability Insurance Carrier:			
Policy Number:		Effective Dates of Policy:	
Property Damage Insurance Carrier:			
Policy Number:		Effective Dates of Policy:	
Company Contact Name (First and Last):		Contact Job Title:	
Phone Number:	Extension:	Email:	
<i>Alternate</i> Company Contact Name (First and Last)		<i>Alternate</i> Company contact Job Title:	
<i>Alternate</i> Contact Phone Number	Extension:	<i>Alternate</i> Contact Email:	
Number of Years Business Has Been in Imperial County:			
Are you submitting this application on behalf of more than 1 employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, please attach a list of all participating employers to this application.</i>			
Customized Training (CT) Type <input type="checkbox"/> New (Prospective) Workers <input type="checkbox"/> Incumbent (Existing) Workers			
Total Number of New Workers to be Trained:		Total Number of Incumbent Workers to be Trained:	
For Incumbent Worker Training Only			
Have you had any layoff in the last 120 days? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes, How many?</i>	
Number of Full-Time Employees (Current Year)		Number of Full-Time Employees 1 Year Ago	

Briefly describe your business

III. RECRUITMENT (IF APPLICABLE)

For new worker training only. Leave this "Recruitment" section blank if this CT/IWT application is for incumbent workers. For Incumbent Worker Training, the incumbent worker or the position must be at risk of being laid off, meet the Fair Labor Standards Act requirements of an employer-employee relationship, and have an established employment history with the employer for 6 months or more. Please provide a list of existing worker for skills upgrading, and employee name with this CT application.

How do you plan to recruit eligible participants to your CT program? Please check one:

- I want all ____ CT participants to be recruited by the America's Job Center of California (AJCC) network.
- I have all ____ prospective CT participants and want the AJCC network to determine their eligibility.
- I have a total of ____ prospective CT participants and want the AJCC network to recruit ____ additional participants and determine their eligibility

For new worker training, eligible participants are those who meet the Workforce Innovation and Opportunity Act (WIOA) eligibility requirements. The Imperial County Workforce Development Office will only reimburse training costs for WIOA eligible participants. The AJCC network staff can help you determine WIOA eligibility. There is no guarantee that the AJCC network can recruit all CT participants. Please provide a list of the prospective participants to be screened for WIOA eligibility with this application.

Please list the qualifications required for participants in your proposed CT program. Please include any required assessments, drug screenings, health screenings and background checks.

Please describe how you will recruit participants for your CT program and describe any coordination with the AJCC network to determine WIOA eligibility of prospective participants.

IV. TRAINING PLAN

Name of CT Program:	
Proposed CT Program Start Date:	Proposed CT Program End Date:
Are you---the employer---conducting the CT program or using a third-party training provider?	
<input type="checkbox"/> Employer <input type="checkbox"/> Third-Party	
<i>If third party, please also fill out "Training Provider Information" section below.</i>	

Please describe how the training will be delivered, including name, titles and qualifications of instructors as well as the curriculum, class titles, dates, times and skills taught. Please attach additional pages or copy of curriculum as necessary.

TRAINING PROVIDER INFORMATION (IF APPLICABLE)

If you are planning to use a third-party training provider, please fill out the following information.

If you are providing training in-house at your facilities, please leave this section blank.

Legal Name of Training Provider:		Federal Tax ID Number:
Address:	City, State, Zip	
Phone Number:	Extension:	Email:
Type of Organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public Education <input type="checkbox"/> Other: _____		
Public Liability Insurance Carrier		
Policy Number:	Effective Dates of Policy:	
Property Damage Insurance Carrier		
Policy Number:	Effective Dates of Policy:	

V. PROGRAM OUTCOMES

Starting Hourly Wages for Prospective New Hires::	Average Hourly Wages of Incumbent Workers to be Retained
Are there opportunities for career advancement once CT participants complete the training? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, what?</i>	
Will successful CT program completers attain industry certification(s) or certificate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, what?</i>	

VI. PROPOSED BUDGET AND NARRATIVE

Please complete the following budget, indicating each line item for the **total** cost of the CT program.

Personnel/Salaries	Cost
Total Salaries	
Fringe Benefit Rate	
Total Fringe Benefits Cost	
Total Personnel Costs	

Participant Costs	Cost
Total Personnel Costs	

Furniture and Equipment Purchase Costs	Cost
Total Furniture & Equipment Costs	

Supplies	Cost
Total Supplies Costs	

Facilities and Infrastructure Costs	Cost
Total Facilities and Infrastructure Costs	

Staff Training and Travel	Cost
Total Staff Training and Travel Costs	

Other Costs	Cost
Total Other Costs	

Total Cost of Proposed CT Program _____

Please complete the following budget narrative to explain how each cost will contribute to the CT program.

Line Item	Narrative
Personnel Costs	
Furniture and Equipment Purchas Costs	
Facilities and Infrastructure Costs	
Participant Costs	
Staff Training and Travel Costs	
Other Costs	

Total Cost of Proposed CT Program
How much of a reimbursement are you requesting from ICWDO?
Employer Match OR <i>For employers with 50 or fewer employees, employers are required to provide a minimum of a 25% match. For employers with 51 or more employees, employers are required to provide a minimum of a 50% match.</i>

VII. CUSTOMIZED TRAINING APPLICATION CHECKLIST

- List of participating employers (if applicable)
- Additional job descriptions of positions to be filled ore retained with CT (if applicable)
- List of prospective participants to be screened for WIOA eligibility, including name and contact info (if applicable)
- List of existing workers to be skills upgraded (for incumbent worker training only)

VIII. REQUIRED SIGNATURE

I understand that the Imperial County Workforce Development Office (ICWDO) has the right to approve or not approve employer(s) at its sole discretion, based on program needs, budget limitations and employer (contractor) suitability to participate in this CT program. Criteria to be used to evaluate employer may include:

- a. Past experience
- b. Completeness of application
- c. Employer having demonstrated fiscal capacity to wait for CT reimbursement
- d. Employer providing job opportunities consistent with the skills present in the participant pool

I certify that all information provided in this CT/IWT application is true and accurate. As required by the Workforce Innovation and Opportunity Act, I understand that I will match no less than ___ of the cost of training and intend to hire, help employ and/or retain those who successfully complete the training. I understand that ICWDO may require additional information or documentation to support this application. I understand that this CT/IWT application is pending final approval by ICWDO Director.

Employer Representative Name (First and Last)

Employer Representative Signature

Date

IX. ADDITIONAL SIGNATURES (IF APPLICABLE)

I certify that all information provided in this application related to training is true and accurate. Upon approval of this CT/IWT application, I commit to providing this training to the selected eligible participants.

Training Provider Rep. Name (First and Last)

Training Provider Representative Signature

Date

I have read and am in agreement with the information provided under "Recruitment Plan." Upon approval of this CT/IWT application, I commit to working with the employer or group of employers to successfully enroll and monitor participants in this CT program for prospective new workers.

Business Service Supervisor Name (First and Last)

Business Service Supervisor Signature

Date

ICWDO USE ONLY

Business Services Supervisor Approval Signature

Date:

ICWDO Director Approval Signature

Date: