

WorkInvestNH

Section B: Proposed Training, Course # _____

Complete a proposed training form for **each** training course, and include an itemized quote from the training vendor. List only **one** course on this worksheet; download additional copies of this form as needed.

*The **WorkInvestNH** rules require that costs be itemized and that funds not supplant Company training funds.*

TRAINING VENDOR INFORMATION

Training Vendor Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone Number _____ Website _____

Training Course/Type of Training _____

Training Course Title _____

Describe how this training program will train employees to implement new skills and/or technologies that will benefit them, the Company, and the economic development of New Hampshire.

What certifications, credentials, or credit will the employees earn? _____

Please provide the salary range for each classification of employee attending this training (Production Line, Supervisor, Management, etc.) and describe how this training will create opportunities for advancement for the employees involved.

Desired Training Start Date _____ Training End Date _____