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| **Modification Information** | | |
| **Participant Name:** | | **Modification #:** |
| **Invoking** **Equitable Tolling** | **Justification:** | |

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| **Reason for Modification:**  **(select all that apply and complete information for the reason)**  **NOTE: Some modifications may require submission of a new and/or updated Trade forms.**  **CHANGES IN THIS SECTION REQUIRE COMPLETION OF #3, 4 & 5)** | | | | | | | | | |
| **Waiver Changes:** | | | | | | | | | |
| **Criteria Change** | **Date Extension New End Date:**   /  / | | | | | | | **Revocation** | |
| **Training Changes:** | | | | | | | | | |
| **Change to Training Period**  Reason:  Current Start Date:   /  /  New Start Date:   /  /    Current End Date:   /  /  New End Date:   /  / | | | | | **Switch to a New Training Program**  Reason:  Current Training Institution:    Current Training Program:  New Training Institution:  New Training Program: | | | | |
| **Change in Full-Time/Part-Time Status**  Reason: | | | | | **Switch in On-Site/Online Status**  **Switch in Transportation/Subsistence** | | | | |
| **ALL TRAINING CHANGES REQUIRE THE FOLLOWING INFORMATION** | | | | | | | | | |
|  | |  | | | |  | | | |
| Training Weeks Completed: | | Training weeks being added: | | | | Total training weeks: | | | |
| With the Modification, the participant will complete training within the allowable 130 weeks utilizing Trade funding? | | | | | Yes  No  N/A  If No, explain: | | | | |
| **Services Changes:** | | | | | | | | | |
| **Additional service(s)**  List Service(s): | | | **End Service**  List Service(s): | | | | | | **Close IEP** |
| **Cost Changes:** | | | | | | | | | |
| **Changes in Cost**  Reason: | | | | | | | **Final Cost Reconciliation** | | |
| **Other Changes:** | | | | | | | | | |
| **Potential Suspension Request**  **Start Date:   /  /** | | | | **Vacation Break**  **Start Date:   /  /     End Date:   /  /** | | | | | |
| **Other** (Describe Change): | | | | | | | | | |

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| **How does the modification affect the total IEP cost?** | | | |
| No Change | Increase $ | Decrease $ | New Total IEP Amount $ |

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| **Documentation to support Modification:**  **(Mark the appropriate box for the documentation that supports your submission for the modificaiton)** | | |
| Training institution documentation  (class schedule, email, mapping) | Participant documentation/request  (requested by participant) | File Audit |
| Other: List documentation/reason (DO NOT LIST A TRADE FORM):  (GSA rate change, participant non-compliance, waiver period ended) | | |

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| **TRA Eligibility (Must upload current printout of TRA Claim Details Screen from IBIS)** | | | |
| Number of eligible TRA weeks remaining: | OR | TRA Exhaustion Date:   /  / | |
| With this modification, the participant has enough remaining weeks of TRA eligibility to complete the training? | | | Yes  No  N/A |
| If no, has the participant provided documentation demonstrating  he/she has the financial resources to support himself/herself  through the completion of the training? | | | Yes  No |

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| **Certification & Affidavit** | |
| **Notice of Certification:** I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. | |
| Participant Signature: | Date:     /    / |
| **AFFIDAVIT** | |
| I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I hereby acknowledge that the information contained in this form that I am attesting to is complete and accurate and that the documentation described in the form is contained in the participant's file. | |
| Career Planner Signature: | Date:     /    / |