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| **Modification Information** | |
| **1. Participant Name:** | **2. Modification #:** |
| **3. Date of Modification Request:**   /  / | **4. Date Modification to Take Effect:**   /  / |

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| **5. 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.** | | | | | | | |
| **Invoking** **Equitable Tolling** | | | **Justification:** | | | | |
| **Waiver Change:** | **Criteria Change** | | | | **Date Extension** | | **Revocation** |
| **Additional service(s)**  List Service(s): | | | | | | **End Service(s)**  List Service(s): | |
| **Date Extension**  Reason:  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: | |
| **Changes in Cost**  Reason: | | | | | | **Change in Full-Time/Part-Time Status**  Reason: | |
| **Switch in On-Site/Online Status** | | | | | | **Switch in Transportation/Subsistence** | |
| **Potential Suspension Request** **Start Date:**   /  / | | | | | | | |
| **Vacation Break Start Date:**   /  /     **End Date:**   /  / | | | | | | | |
| **Final Cost Reconciliation** | | **Close IEP** | | **Other** | | | |

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| **6. How does the modification affect the total IEP cost?** | | | |
| Increase $ | Decrease $ | No Change | New Total IEP Amount $ |

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| **7. Documentation to support Modification:**  **(Mark all that apply)** | | |
| Training institution documentation | Participant documentation/request | File Audit |
| Other: List documentation: | | |

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| **8. 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 |
| 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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| **9. Training Weeks** | | | |
| 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: | |

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| **10. 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. | |
| **10.** Career Planner Signature: | Date:     /    / |