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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 demonstratinghe/she has the financial resources to support himself/herselfthrough 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:     /    /       |