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