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| **Modification Information** | | | |
| **Participant (Trainee/Apprentice) Name:** | | | **Modification #:** |
| Modification to OJT Agreement | | Modification to Apprenticeship Agreement | |
| **Invoking** **Equitable Tolling** | **Equitable Tolling Justification:** | | |

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| **Reason for Modification:**  **(Provide a justification for the modification and select all that apply and complete necessary information)**  **NOTE: Some modifications may require submission of a new and/or updated Trade forms.** | | |
| **Justification for Modification:** | | |
| **Contract/Training End Date** | Current End Date:   /  / | New End Date:   /  / |
| **Hourly Wage Rate** | Current Hourly Wage Rate: $ | New Hourly Wage Rate: $ |
| **# of Training Hours** | Current # of Training Hours: | New # of Training Hours: |
| **Classroom Training Costs** | Current Costs: $ | New Total Costs: $ |
| **Transportation/Subsistence Cost** | Current Total Transportation/ Subsistence Costs: $ | New Total Transportation/ Subsistence Costs: $ |
| **Other Describe:** | Current Cost: $ | New Cost: $ |

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

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| **Documentation to support Modification:**  **(Mark all that apply)** | | |
| Employer/Training Institution  request/documentation | Participant (Trainee) documentation/request | File Audit |
| Other: List documentation: | | |

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| **Certification & Signatures** | |
| **Notice of Certification:**  All parties below hereby agree to the change set forth in this modification. All other training plans remain in full force and effect. The parties also certify that the preceding information is correct to the best of their knowledge and that there is no intent to commit fraud. | |
| Employer Representative Signature: | Date:     /    / |
| LWIA Representative Signature: | Date:     /    / |
| Participant (Trainee/Apprentice) 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:     /    / |