

Customer Change Notification Form

(To be completed by Training Provider)

Customer Name: _____ Last 4 of SS#: _____

Training Provider: _____ CTA _____

WorkSource Board: _____

Training Begun	
Training Program _____	
Actual Start Date _____	Revised Start Date _____
Projected End Date _____	Revised End Date _____
Change approved by Career & Training Advisor (CTA) <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ CTA _____	
Attendance (dropped out/ attendance problems, etc)	
Unsatisfactory Attendance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving training: <input type="checkbox"/> Health/Medical <input type="checkbox"/> Quit <input type="checkbox"/> Employed/will complete training <input type="checkbox"/> Employed/will not complete training <input type="checkbox"/> Other	
Withdrawn or changed training schedule within 3 days of occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Training Completed	
School Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Results Pending <input type="checkbox"/> Yes <input type="checkbox"/> No
Industry Certification/License <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Exam _____
Industry Exam Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Exam _____
Passed Exam <input type="checkbox"/> Yes <input type="checkbox"/> No	Results Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Entered Employment	
Employer _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	Fax _____ Email _____
Job Title _____ Wage/Salary _____ Weekly Hours _____	
Permanent Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Starting Date _____	
Training Related Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

I attest that the information submitted is true and accurate to the best of my knowledge.

School Representative _____ / _____ Date _____
Printed Name Signature