

**HIRED – Highlight, Include, Recruit, Engage, Deliver
A State Apprenticeship Expansion Formula (SAEF) Grant
Virginia Works**

HIRED Apprenticeship Fund Reimbursement Request Form

Training Services eligible for reimbursement to employers on behalf of the HIRED Apprenticeship Fund are Related Technical Instruction (RTI), Supportive Services, and/or On the Job Training Services. This reimbursement request form must be submitted and approved by the Grant Project Manager and Virginia Works Finance Dept.

Please complete this form in full, sign it, include required documentation and email to HIREDfund@virginiaworks.gov or mail to the Virginia Department of Workforce Development and Advancement , Registered Apprenticeship Team, 2221 Edward Holland Dr., Richmond, VA 23230, c/o Questions? Email: HIREDfund@virginiaworks.gov

Section I – Employer Information

Employer Organization:
Employer Representative:
Apprentice Name:
Date of Reimbursement Request:

Section II – Apprentice Service Program Information

Related Technical Instruction Service: <input type="checkbox"/> Commonwealth of Virginia W-9 Form (signed/dated) <input type="checkbox"/> Paid Invoice/Receipt for the Related Expenditure <input type="checkbox"/> Other (Specify)	Brief Description of Service: Total Cost: \$
Service Start Date:	Service Completion Date:
Supportive Services: <input type="checkbox"/> Commonwealth of Virginia W-9 Form (signed/dated) <input type="checkbox"/> Paid Invoice/Receipt for the Related Expenditure <input type="checkbox"/> Other (Specify)	Brief Description of Service: Total Cost: \$
Service Start Date:	Service Completion Date:
On-the-Job Training Services, including Mentor Training <input type="checkbox"/> Commonwealth of Virginia W-9 Form (signed/dated) <input type="checkbox"/> OJT Contract Package With Required Forms <input type="checkbox"/> Paid Invoice/Receipt for the Related Expenditure <input type="checkbox"/> Other (Specify)	Brief Description of Service: Total Cost: \$
Service Start Date:	Service Completion Date:
<input type="checkbox"/> Employer Determined Need for Supportive Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Project HIRED – Highlight, Include, Recruit, Engage, Deliver
A State Apprenticeship Expansion Formula (SAEF) Grant
Virginia Department of Workforce Development and Advancement
(VA Works)**

Signatures:

Employer Signature <i>By signing above, I, the RAP Employer certify that the information provided on this form regarding the services provided to the participant/mentor and the costs related to those services are accurate and supported by the attached documentation.</i>	Date
Participant Signature <i>By signing above, I, the Participant certify that the information provided is correct and I have received the documented services listed on page one of this document.</i>	Date
Parent/Guardian Signature (if applicable) <i>By signing above, I certify that the participant in my care has received the listed services on page one of this document from the employer.</i>	Date
Project Manager Signature <i>By signing above, I approve the submittal of documentation for reimbursement from the employer and determined an allowable grant expense.</i>	Date

The Virginia Department of Workforce Development and Advancement (Virginia Works) is a grant recipient of the U.S. Department of Labor’s (USDOL’s) Employment and Training Administration (ETA) State Apprenticeship Expansion Formula (SAEF) Grant. The grant provides 100% funding for the Project HIRED Grant. The total award of the Grant Agreement 24A60P000062 NOA \$1,938,024.

VIRGINIA WORKS USE ONLY:

Date Received:	Initials:	Date Entered:	Participant ID:	Sponsor ID: