

### EMPLOYMENT & TRAINING FUND (ETF)--EMPLOYER REFERRAL AGREEMENT Department of Labor and Industrial Relations (DLIR), Workforce Development Division (WDD)



Employer or Authorized Representative: \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Company (dba) \_\_\_\_\_ Parent Company \_\_\_\_\_  
Type of Business \_\_\_\_\_ # Employees \_\_\_\_\_  For Profit  Non-Profit  
Employer or Payroll Service Provider's DOL # \_\_\_\_\_ Name of Payroll Service (if applicable): \_\_\_\_\_

**EMPLOYER:** I certify that 1) the requested training is necessary to improve or upgrade the workforce skills of the employee listed below; 2) our company does not already provide for the requested training; 3) the employee listed below is not a government subsidized employee of this company; and 4) the information provided herein is true and if proven to be false, may result in the DLIR revoking our company's privileges to access ETF funds.

**Our company understands ETF's assistance is defined as a tuition cap not to exceed \$800 per course and we hereby agree to:**

1) pay fifty percent (including tax, if applicable) of the ETF assistance and any excess balance thereof that exceeds the assistance directly to the training vendor prior to the start date of a class without liability to the State; 2) notify the training vendor and ETF of any enrollment cancellations or substitutions at least 2 state working days prior to the start date of the class; and 3) participate in any relevant training evaluations or follow-up surveys the DLIR may request. (Note: For substitutions, a separate Employer Referral Agreement form must be completed and mailed to ETF for approval). It is understood that our company will be responsible for any costs incurred for not complying with the above terms and failure to do so would result in the employer or employee being suspended from accessing ETF funds for a period of one year or more and the DLIR-WDD may disapprove or terminate this Agreement at any time without liability to the State.

► **Authorized Employer Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYEE INFORMATION** will be used by DLIR to track training data. The training vendor listed below will receive name and work/alternate phone number(s) for registration, cancellation, and/or reminder purposes.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_ Sex: Male Female  
Job Title \_\_\_\_\_ Owner Supervisor/Manager Employee Highest Grade Completed \_\_\_\_\_  
Work Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
U.S. Citizen: Yes No If no, attach copy of official documents showing legal right to work in the United States.

**THIS REQUEST MUST BE RECEIVED BY ETF AT LEAST 10 STATE WORKING DAYS PRIOR TO THE START DATE OF A CLASS ATTACH ETF COURSE REGISTRATION FORM AND SUBMIT WITH THIS FORM TO ETF WHEN REQUESTING TRAINING\***

Request for Training Vendor: \_\_\_\_\_

I hereby authorize the training vendor noted above to release any of the above information to the State Department of Labor and Industrial Relations to track employee services and training data. I agree to complete all classes & activities as scheduled and participate in DLIR evaluations of any training received through ETF. I understand and have discussed with my employer the above terms. I am currently not qualified for any other federal, state or county training programs. **I understand if I fail to attend a class without properly notifying ETF, the DLIR shall impose upon me a one-year suspension from the ETF Employer Referral Program for the first occurrence and a lifetime suspension for any additional no-shows.** I agree that if the information provided herein is proven to be false, the DLIR may revoke my privilege to access ETF funds.

► **Employee Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name: \_\_\_\_\_

Equal Opportunity Employer/Program Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY Dial 711 then ask for (808) 586-8866

**\*BEFORE ATTENDING CLASS, DLIR MUST GIVE PRIOR WRITTEN APPROVAL. CHECK WITH YOUR EMPLOYER TO CONFIRM ENROLLMENT**

► **ETF ONLY: Approved by WDD Branch:** \_\_\_\_\_ BY \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Local Office Control # \_\_\_\_\_ ETF (50%) Cost \$ \_\_\_\_\_ Employer's (50%) Cost \$ \_\_\_\_\_ Employer's excess balance \$ \_\_\_\_\_

· **Attach Employer Referral Agreement w/this page. Contact Training Vendor to confirm exact tuition amount(s).** ·

**SECTION I. STATE WORKFORCE DEVELOPMENT DIVISION  
Employment and Training Fund Program Course Registration/Agreement**



(Please print or type)  
**Name of Participant:** \_\_\_\_\_  
 Last, First, Middle Initial  
**Participant's E-mail :** \_\_\_\_\_ **Res Ph: (808)** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Bus Ph: (808)** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_ **Fax Ph: (808)** \_\_\_\_\_  
**Name of Training Vendor (School):** \_\_\_\_\_ **Location:** \_\_\_\_\_

Course No. & Section	Course Title	Class Dates	Total Tuition * (See Section IV below)	BREAKDOWN OF TUITION COST		
				ENTER DLIR/ETF costs (50% of ETF assistance)	ENTER Employer's costs (50% of ETF assistance)	ENTER Excess balance exceeding tuition cap
			\$			\$
		<b>TOTAL</b>	\$	\$	\$	\$

**SECTION II. TO BE COMPLETED BY TRAINING VENDOR:**

Enrollment confirmed by \_\_\_\_\_  
 (Print/Sign Name of Authorized Representative) AND (Print Name of School)

**SECTION III. (To be completed by WDD/ETF only)** PO# \_\_\_\_\_ Local Off. Control # \_\_\_\_\_

HONOLULU OFFICE 586-8703    KONA OFFICE 327-4770    HILO OFFICE 981-2860    MAUI OFFICE 984-2091    MOLOKAI OFFICE 553-1755    KAUAI OFFICE 274-3056

ENROLLMENT APPROVED BY: \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
 WDD/ETF Representative, (print name here) :

**\* SECTION IV. Employer/Training Vendor Agreement** (This section **must** be completed by employer and training vendor)

**EMPLOYER:** The undersigned understands ETF assistance is defined as a tuition cap not to exceed \$800 per course, including tax, if applicable. Our company hereby agrees to pay fifty percent of the assistance, and any balance that exceeds the cap, including tax if applicable, directly to the training vendor noted below prior to the start date of a class without liability to the State DLIR. The Employer's total cost, including any excess balance, is \$ \_\_\_\_\_ (this amount *does not* include DLIR/ETF's 50% of the cost).

\_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Print Name Title Company Name

**TRAINING VENDOR:** The undersigned hereby agrees to be solely responsible for collecting directly from the employer noted above \$ \_\_\_\_\_, which is the employer's total cost and does not include DLIR/ETF's 50% of the cost and hereby agrees not to hold DLIR/ETF liable for any uncollected monies owed by the company named above. The undersigned agrees that if the information provided herein is proven to be false, the DLIR may revoke any privilege to access ETF funds.

\_\_\_\_\_  
 Print Name Authorized Signature Print Name of Training Vendor (School) DATE: \_\_\_\_\_