Training Facility Instructions for Completing the SkillUP Request for Training (DWD-PO-606B)
Individual Certification and Training Agreement section

The Training Facility is responsible for completing the numbered fields, unless already completed by the METP Representative. We understand that the information you provide is an estimation based on the client's unique situation. If there are changes to the information entered on the DWD-PO-606B form, amendments can be made.

1) **Trainee's Name** – Enter the client's name. This will be completed by the Job Center.
2) **APID** – Enter the client's APID. This will be completed by the Job Center.
3) **Trainee's Street Address, City, State, Zip Code** – Enter the client's address including, street, city, state, and zip code. This will be completed by the Job Center.

Missouri Department of Economic Development
Missouri Division of Workforce Development
SkillUP Request for Training

☐ INITIAL
☐ AMENDED
☐ TERMINATION

EXPLANATION FOR AMENDMENT

TRAINEE INFORMATION

TRAINEE'S NAME (Last, First, Middle)	APID	DCN

TRAINEE'S STREET ADDRESS	CITY	STATE	ZIP CODE

I authorize the {training facility name} _____ to release information or records about my training program and grades to the Missouri Division of Workforce Development (DWD) / Missouri Job Center(s)

x _____ _____
TRAINEE'S SIGNATURE DATE

4) **Training Facility Name** – Enter the name of the Training Facility.
5) Training Facility Street Address, City, State, Zip Code – Enter the Training Facility's address including, street, city, state, and zip code.
6) **Title of Training Course** – Enter the complete name of the training course the client is interested in attending.

- Please be sure to also attach a copy of any course / curriculum information that describes the training program.

7) **Purpose(s) of Training** – Based on the training program selected, please mark the appropriate field(s) that best describe the type(s) of training component(s).

INDIVIDUAL CERTIFICATION AND TRAINING AGREEMENT
(This portion is to be completed by the training facility)

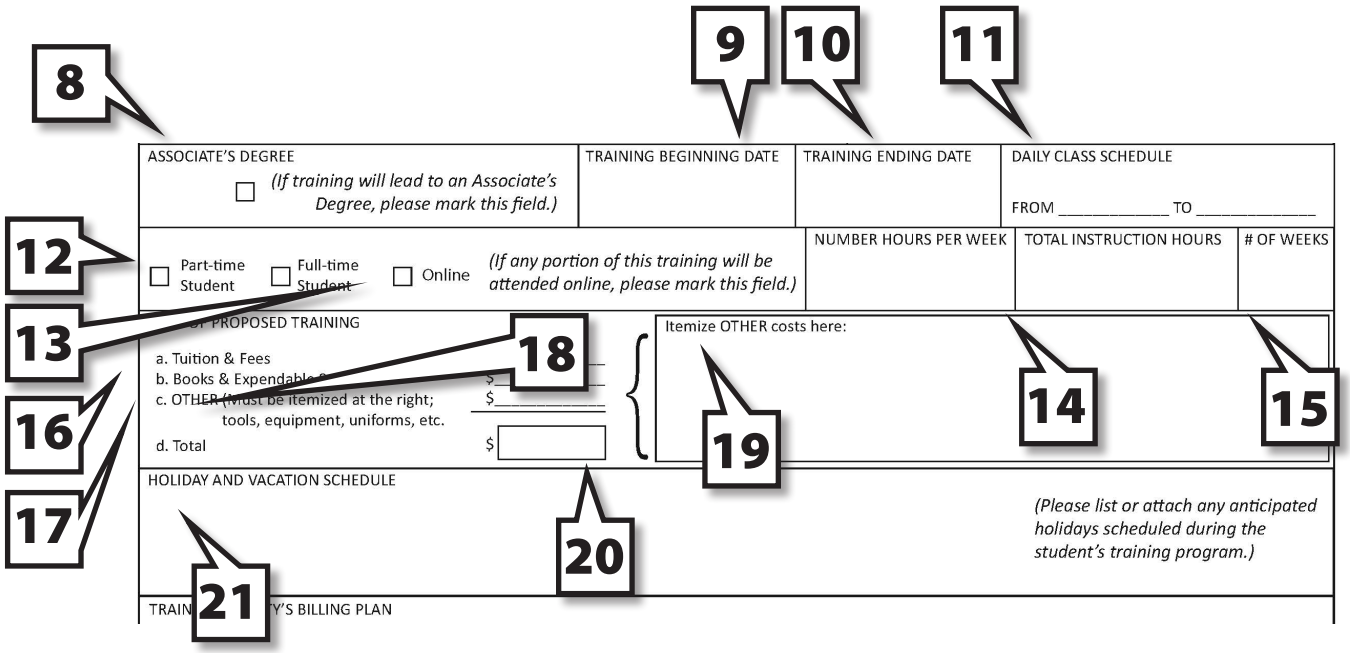
TRAINING FACILITY NAME

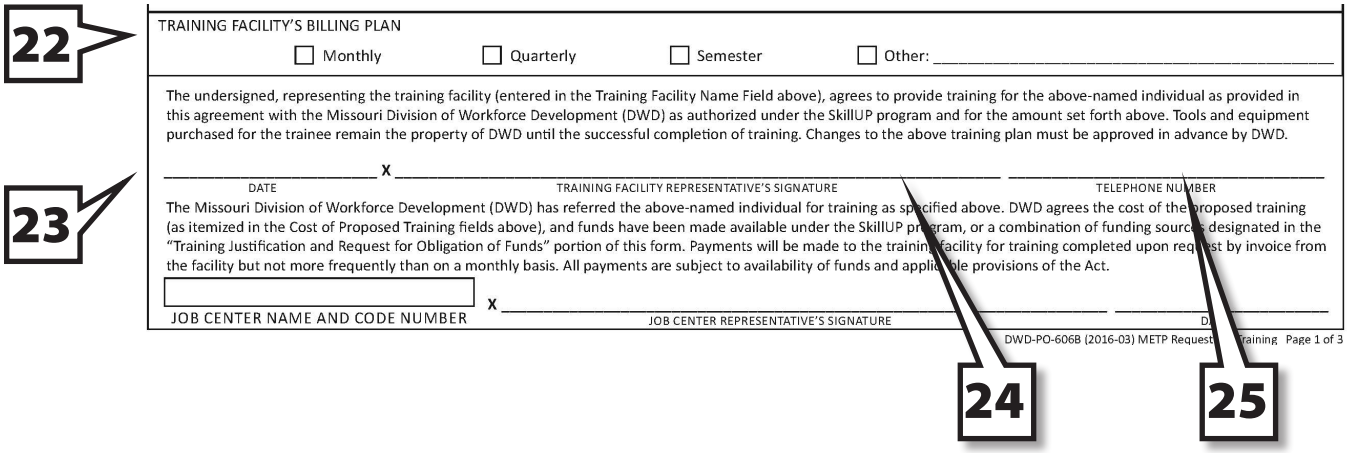
TRAINING FACILITY'S STREET ADDRESS	CITY	STATE	ZIP CODE

TITLE OF TRAINING COURSE *(Attach course/curriculum information describing training.)*	PURPOSE(S) OF TRAINING: ☐ Remediation Training ☐ Prerequisite Training ☐ Skills Training

ASSOCIATE'S DEGREE	TRAINING BEGINNING DATE	TRAINING ENDING DATE	DAILY CLASS SCHEDULE

8) **Associate Degree** – If the training program selected will lead to an Associate Degree, please check this field.
9) **Training Beginning Date** – Enter the anticipated start date of the training course.
10) **Training Ending Date** – Enter the anticipated end date of the training course.
11) **Daily Class Scheduled From / To** – Enter the anticipated daily start and end time of the training program.
12) **Part-Time/Full-Time Student** – Mark the appropriate box to show if the client will be participating in full-time or part-time training.
13) **Online** – If the client will attend any of portion of the training program online, please check this field.
14) **Number of Hours Per Week** – Enter the approximate number of training hours scheduled per week.
15) **Total Instruction Hours** – Enter the number of anticipated instruction hours to be received as a result of the training program.
16) **Tuition & Fees** – Enter the estimated costs of tuition and fees for the entire training program.
17) **Books & Expendable Supplies** – Enter the estimated costs of books and supplies for the entire training program. If available, include an itemized list.
18) **Other** – Enter the estimated costs of tools, equipment, uniforms, etc. for the entire training program. If available, include an itemized list. Do not include costs for meals and lodging.
19) ***Itemize OTHER costs here** – If applicable, enter an itemized list of costs associated with the 'Other' line item. If necessary, additional items can be listed on a separate piece of paper.
20) **Total** – Enter the sum of all costs for "Tuition & Fees", "Books & Supplies", and "Other".
21) **Holiday and Vacation Schedule** – Enter the anticipated holiday schedule (such as days off for Christmas, Easter, Labor Day, etc.) and vacation schedule (such as time off between semesters or summer weeks) or attach the Training Facility's holiday / vacation schedule.





22) Training Facility's Billing Plan – Mark the field that best describes the Training Facility's normal billing cycle. If the "Other" field is marked, an explanation must be included. The billing cycle cannot be more frequent than once a month.

23) Date – Enter the date that you completed the form.

24) Training Facility Representative's Signature – Enter your written signature of the Training Facility's Representative.

25) Telephone Number – Enter your telephone number.

Once the DWD-PO-606B form is signed by both you and the METP Rep., it is considered a binding contract. This means the Training Facility agrees to provide the training program as outlined, and the METP Rep, on behalf of the Division of Workforce Development (DWD) and the METP program, agrees to fund the training program. Any changes made to the training program must be included on an amended DWD-PO-606B form.

Distribution:

Please return the completed and signed DWD-PO-606B form to the appropriate Missouri Job Center / METP Rep.

To locate a Missouri Job Center address, please visit our website at www.jobs.mo.gov.

Missouri Division of Workforce Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.