

Congratulations on your NYC Business Solutions Training Funds Award!

The project workbook collects information about the employees participating in your Training Funds project as well as the types of training that each employee will receive.

These forms will help you prepare for a successful training project and efficient trainee registration. Please complete these forms and return them to your Training Funds Account Manager. Contact your Account Manager or call 212-618-6765 with questions.

STEP 1: COURSE INFO

• Review the pre-filled course names, training providers and hours per course. This information has been pre-filled from information you provided in your application. If any of this information has changed, please contact your AccouManager. You will choose from this list when indicating the courses each trainee is taking.

Provide the location of each course (street address, city, state, zip code) and the expected start and end dates.
 <u>Click here for Course Info</u>

STEP 2: JOB TITLES

Review the pre-filled pre-training job titles. This information has been pre-filled from information you provided in your application. If any of this information has changed, please contact your Account Manager. You will choose from this list when indicating the job title of each trainee.
Provide a brief description for each job title.

Click here for Job Titles

STEP 3: TRAINEE ROSTER

• Provide the name of each trainee. If new-hire and name not known, insert "new-hire"; all other information must be complete (can be projected)

- Indicate their job title from the drop-down menu.
- Indicate whether or not he/she was hired after you submitted your Training Funds application.
- Provide average hours worked per week
- Indicate all the courses he/she is enrolled in from the drop-down menu.
- Trainee wages will be input by your Account Manager from payroll information you submit. <u>Click here for Trainee Roster</u>

Do not complete the TRAINEE PROGRESS ROSTER or QUARTERLY COURSE HOURS tabs at this time. These will be used later to report quarterly progress updates.

TRAINEE JOB TITLE CHART Please provide corresponding job duties for each group of trainees below.							
Pre-Training Job Title	Job Duties						
	ORMATION ONLY						

COURSE INFORMATION										
Contact your Account Manager if th	e information below is incorrect	Please fill in the cells below for each course:								
Training Modules/Courses	Training Provider	Total Hours/course	Training Location	Start Date	End Date					

	TRAINEE ROSTER										
Trainee Information					IRAI	INEE ROSTER Training Modules/Courses					
Last Name	First Name		New Hire? (Y/N)	Hours worked per week	Hourly Wage (For office use only - Taken from payroll)	Training Type 1		Training Type 3	Training Type 4		
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