

Statement of Employed Worker Training Requirements

Company Name: _____

Address: _____

Contact Person: _____

Telephone: _____ E-mail: _____

Please complete the chart below filling in the training or service needed, the number of employees to be trained per job title, whether the occupation is on the Demand Occupation List (found on our website) and what company leveraged resources are being or will be committed? Please list your requirements in priority order.

Training or Service Needed/Job Title	# to be Trained	Demand Occupation List (Yes or No)	Your Leveraged Resources	Estimated Cost of Training

You may return this form to Florida Crown at any time via fax (386-752-6461), e-mail (pmarty@flcrown.org or cdpaschal@flcrown.org), US Mail, or hand-delivery to our office. If you have any questions, please feel free to contact our offices at 386-755-9026 extension 3136 (Phyllis Marty) or extension 3207 (Denise Paschal).

Signature

Date

Printed Name, Title

An equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.

Bringing People and Business Together