

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
			\$			\$
		TOTAL	\$	\$	\$	\$

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: _____

INSTRUCTIONS (Effective January 2017)
EMPLOYMENT AND TRAINING FUND (ETF) PROGRAM'S
EMPLOYER REFERRAL & COURSE REGISTRATION AGREEMENT FORM



IMPORTANT: ALL REQUESTS MUST BE SUBMITTED TO ETF BY THE EMPLOYER ON OFFICIAL STATE FORMS LOCATED ON THE ETF WEBSITE AT <http://labor.hawaii.gov/wdd/home/employers/etf>

Employers are required to contribute 50% of the ETF assistance provided by the Department of Labor & Industrial Relations (DLIR/ETF). Before applying, review these instructions and contact the vendor of choice. All requests for training under the Employer Referral Program must be submitted on official state forms located on the ETF website at <http://labor.hawaii.gov/wdd>. Unofficial forms which do not contain the official State Workforce Development Division (WDD) logo will not be accepted by WDD local offices. *Complete and sign* the two-page agreement form, and submit to the WDD local office (see ETF website <http://labor.hawaii.gov/wdd>). **If submitting forms via fax or email, please contact the local office to verify receipt of your request.** Upon receipt, ETF will determine eligibility and, if approved, will forward the registration to the training vendor to confirm enrollment. ETF will then fax the registration back to the employer and vendor giving its final written approval. The employer and vendor must arrange payment prior to start date of class. Government workers are not eligible for ETF assistance.

Employer Referral Agreement (Page 1 of 2)

- **Both the employer and employee must sign the agreement forms before submitting.** These forms must be received by ETF at least 2 weeks prior to the start date of the class. The employer's cost is 50% of the assistance and any excess balance thereof, including tax, if applicable, and **must be paid directly to the ETF training vendor** prior to the start date of the class. Some vendors have discounts and/or may not charge tax, so contact vendor first to obtain *exact* prices. Be sure to ENTER the employer's DOL # (Dept. of Labor) assigned by the Unemployment Insurance Division for payroll purposes. If the employer's payroll services are contracted to an outside agency then the DOL # for the payroll service provider shall be provided along with the provider's name.

Course Registration Agreement (Page 2 of 2) CONTACT VENDOR FOR EXACT PRICE INFORMATION.

- **Section I & Section IV.** *Employer must complete both Sections I and IV.* Course prices should be exact amounts, so check with vendor; otherwise, there may be delays in approving your registration. ETF assistance will cover 50% of the tuition costs up to a tuition cap of \$800 per course, tax inclusive. The employer must pay for the remaining 50% of tuition costs plus any excess balance which exceeds the \$800 tuition cap, directly to the vendor. FOR EXAMPLE, if the vendor's price for an ETF approved course is \$200, then ENTER \$100 in both the DLIR/ETF and Employers' cost columns. However, if the price exceeds the tuition cap and is \$1,000, then ENTER \$400 for DLIR/ETF and \$400 for the Employers' cost (DO NOT add tax, it is already included), and ENTER the excess of \$200; making the total employer's cost \$600.00.

Sample Chart:

	BREAKDOWN OF TUITION COST					
	Total Tuition	DLIR/ETF costs: (50% ETF assistance)		Employer's cost: (50% ETF assistance pay directly to vendor)	Excess Balance: (paid by employer directly to vendor)	Total Employer Cost:
Course 1	\$ 200.00	\$ 100		\$100		= \$100.00
Course 2	\$ 1,000.00	\$ 400		\$400	\$200	= \$600.00
Total	\$ 1,200.00	\$ 500		\$500	\$200	= \$700.00

IMPORTANT: Contact the training vendor directly for more information on ETF approved courses and exact tuition amounts (some vendors provide a tuition discount to the State, which is different from their published prices).

- **Section II and IV.** To be completed and signed by the Training Vendor.
- **Section III.** To be completed by ETF.
- **Section IV.** This section *must* be completed by **both** the employer and training vendor. Enter the employer's cost of 50% of the assistance plus any excess balance, including tax, if applicable. The employer must sign and date this section before submitting to ETF. Upon receipt, ETF will determine eligibility and then forward the registration to the vendor to confirm enrollment. ETF will forward its written approval to both the employer and vendor. Employer must contact vendor directly to arrange payment. All requests must have the correct tuition amount(s) stated on the course registration agreement form.
- ▶ Any modifications to an *already approved* form must be resubmitted on new Employer Referral and Course Registration Agreement forms with the authorized signatures and **received** by ETF 1 week prior to start date of the class. To attend a class that has been canceled by the vendor & rescheduled to another date, course title, price, & hours must remain the same. Complete/sign the ETF "Requesting a Change in Course Schedule (RCCS)" form (see ETF website).



Employment & Training Fund Program

Employer Referral Program

Contact Information for Local Branch Offices

Oahu

Honolulu Office

830 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Phone: (808) 586-8703
Fax 1: (808) 586-8724
Fax 2: (808) 586-4297
Email: dlir.wdd.etf.honolulu@hawaii.gov

Hawaii

Hilo Office

1990 Kinoole Street, Rm. 102
Hilo, Hawaii 96720
Phone: (808) 981-2860
Fax: (808) 981-2880
Email: dlir.wdd.hilo@hawaii.gov

Kona Office

Kaiwi Square
74-5565 Luhia Street, C-4
Kailua-Kona, Hawaii 96740
Phone: (808) 327-4770
Fax: (808) 327-4774
Email: dlir.wdd.kona@hawaii.gov

Maui / Lanai / Molokai

Wailuku Office

2064 Wells Street, Suite 108
Wailuku, Hawaii 96793
Phone: (808) 984-2091
Fax: (808) 984-2090
Email: dlir.wdd.maui@hawaii.gov

Kauai

Lihue Office

4444 Rice Street, #302
Lihue, Hawaii 96766
Phone: (808) 274-3056
Fax: (808) 274-3059
Email 1: david.b.longmore@hawaii.gov
Email 2: dlir.wdd.kauai@hawaii.gov