



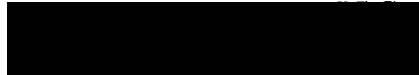
EMPLOYER TRAINING AGREEMENT

Agreement Number: 3,1 [REDACTED]

Agreement Effective Dates: 11/18/2019 – 8/18/2020

This agreement is being issued to the below company, in the listed priority sector, for reimbursement for the amount stated below, for the listed occupational skills training that is tied to the listed occupation:

1) Company Information:



Indianapolis, Indiana 46205

- 2) Priority Sector: IT/Business Services
- 3) Occupation being trained to: Customer Service Representatives
- 4) Name of Occupational Skills Training: Customer Service Representative
- 5) Length of Occupational Skills Training: 40 hrs
- 6) Name of industry recognized certification tied to training (if applicable): Certificate of completion
- 7) Number of employees being trained: 3
- 8) Approved Training Amount per employee: 5,000
- 9) Total Training Amount approved: 15,000

To be eligible for reimbursement, the Employer Training guidelines must be met.

I hereby certify that this agreement is correct and accurate.

sherrill morton

DWD Authorized Signature



Employer Signature

2/4/2020

Date

2/4/20

Date