INSTRUCTIONS: The Initial Trainee Information sheet must be completed and submitted along with the busines

## To be completed by GRANT applicants

| Participant | Participant    | Participant | Position Title |
|-------------|----------------|-------------|----------------|
| First Name  | Middle initial | Last Name   | rosition fitte |

ss's RRIWT Application to document the number of employees that will participate in approved training(s) as w

| Salary/Hourly Rate | Length of Employment |
|--------------------|----------------------|
| Salary/Hourty hate | Length of Employment |

| rell as each employee's position and length of employment. |  |  |  |  |  |  |  |  |
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