

## PY 20 SC Works Greater Upstate Incumbent Worker Training (IWT) Business Self Attestation

Company Name: \_\_\_\_\_ County: \_\_\_\_\_

I, \_\_\_\_\_, signatory authority with \_\_\_\_\_ attest the MAJORITY of trainees identified to be trained, if awarded incumbent worker training funds, have been employed with \_\_\_\_\_ for a minimum of 6 months. I understand that temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers.

I also understand that I may be required to produce employee records documenting length of employment should it be requested during monitoring. Should it be determined that the MAJORITY of employees trained were NOT employed more than 6 months, I may be required to pay back funds related to this grant.

<i>Signature:</i>	<i>Title:</i>
<i>Print Name:</i>	<i>Date:</i>

## PY 20 SC Works Greater Upstate IWT Business Self Attestation Proof of Registered Apprenticeship

If you have requested training funds associated with an apprenticeship that is registered with the Department of Labor, please complete the below.

Registered Apprenticeship number: \_\_\_\_\_

Registered Apprentice Occupation: \_\_\_\_\_

Beginning wage: \_\_\_\_\_

Ending wage: \_\_\_\_\_

<i>Signature:</i>	<i>Title:</i>
<i>Print Name:</i>	<i>Date:</i>