

Nebraska Worker Training Program

Grant Close-Out

File #: _____ Company: _____

Attach required project completion documentation with Close Out Form:

Attendance records/class roster with Social Security Numbers

Billing Invoices

Trip Itinerary

Itemized Receipts

Transcripts or Certifications

Payroll Records

Company Drug Policy (Required ONLY for grants submitted prior to July 1, 2022)

Approved Amendment Form (if applicable)

1. Amount of Reimbursement: _____ Is this the final request? Yes No

2. Number of training participants: _____

3. Participants hourly wage levels pre and post training.

• Wages before training: _____

• Wages after training: _____

4. Measurable skills gained:

5. Project accomplishments/ success stories:

6. Ideas for improving Worker Training Program:

Name: _____ Submission Date: _____

550 South 16th Street • P.O. Box 94600 • Lincoln, NE 68509-4600

Phone: (308) 217-20015 • NDOL.WTG@nebraska.gov

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request

TDD: (800) 833-7352

dol.nebraska.gov