

TRANSITIONAL JOBS TRAINING AMENDMENT – CONTRACT # _____
SECTION 1: Company Information (see original application for full details)

Company Name			
Street/Mailing Address	City:	Zip:	County:
Company Contact Person	Title:		
Phone	Extension	Fax:	
Email Address			

SECTION 2: Changes

Change in Training Start Date	Change in Training End Date	Change in Supervisor	
Name of Training Provider Contact	Phone:		
Address	City:	State:	Zip:
Other/Explanation of Change Request:			

SECTION 3: Change in Participating Trainee(s)

SSN	First Name	Last Name	Date of Birth	Gender		Race	Ethnicity	Registered for Selective Service (for males born on or after 1/1/1960)			Citizenship/ Authorization to Work		Disabled	
				M <input type="checkbox"/>	F <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
				M <input type="checkbox"/>	F <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
				M <input type="checkbox"/>	F <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>

Print Name _____ Title _____ Signature _____ Date _____

THIS SIGNED ORIGINAL AMENDMENT APPLICATION MUST BE SUBMITTED TO CAREERSOURCE HEARTLAND FOR CONSIDERATION

FOR CSH USE ONLY			
Requested changes are:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Date _____
Donna Doubleday, President/CEO			