

# WIOA/TAA REQUEST FOR MODIFICATION TO IWDS

## REQUEST IDENTIFICATION:

LWIA \_\_\_\_\_ Date of Request \_\_\_\_\_ Compliance Monitor \_\_\_\_\_

Customer: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SSN (Last 4) \_\_\_\_\_

Application Data: Application Date \_\_\_\_\_ Title(s) \_\_\_\_\_ Case Manager \_\_\_\_\_

## REQUEST DESCRIPTION & RATIONALE

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## SUPPORTING DOCUMENTATION (check all that apply and attach documentation):

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|---|--|---|
| <input type="checkbox"/> Case note screen print | <input type="checkbox"/> Service activity screen print   | <input type="checkbox"/> Grant Information screen print |
| <input type="checkbox"/> Exit screen print      | <input type="checkbox"/> Education status screen print   | <input type="checkbox"/> TAA service or status screens  |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Performance impact screen print |   |

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*(To be completed by DCEO)*

## DCEO APPROVAL:

Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff: _____	
Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff: _____	
Performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Staff: _____
Fiscal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Staff: _____
Trade	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Staff: _____

## FINAL RESOLUTION:

APPROVED  DENIED  Date: \_\_\_\_\_