WorkFirst High Wage & Degree Completion Request

For DSHS staff to verify HW and DC component approval for training providers outside the SBCTC system

COMMUNITY AND TECHNICAL COLLEGES
Washington State Board

Form Submission Instructions

Please complete this form electronically and submit via encrypted email with supporting documentation (copy of labor market information search results and student's sequenced education plan) to bwood@sbctc.edu, or email bwood@sbctc.edu to request an encrypted email.

Minimum Requirements for Approval of HW & DC Requests

Each of the following criteria must be met for approval of High Wage/High Demand:

- ✓ Employment goal (connected to a SOC) is high demand per ESD's Occupations in Demand List in the client's county of residence;
- ✓ Employment goal (connected to a SOC) leads to an occupation that offers an average hourly wage that is equal to or greater than the local labor market's hourly median wage as determined by the Employment Security Department;
- ✓ Be able to start by the beginning of the next school quarter;
- ✓ Meet all of the pre-requisites for the program or be able to complete the pre-requisites and all course work within the allotted time period;
- ✓ Participate as full-time as possible in the training program and make satisfactory progress;
- ✓ Program is offered at a tribal college, or private, for-profit or non-profit, non-sectarian educational institution offering programs beyond the secondary level and registered with the Workforce Training and Education Coordinating Board, or meet the legal requirements for exemption.

If seeking Degree Completion, the above minimum requirements must be met, and:

- ✓ Student can **finish the last year** of any certificate or degree program, not to exceed a baccalaureate degree*;
- ✓ Program is offered at a public college or university with degree-granting authority.

*Previously utilized months of VE, PE, HW, and DC cannot exceed a combined total of 12 months

Student/Client Information

Name (last, first, M.I.): _____

e-JAS ID: _____   County of Residence: _____

DSHS Case Manager Name & Email: _____

Component Approval Requested (select one):   ☐ High Wage (HW)   ☐ Degree Completion (DC)

Expected Start Date (if approved): _____   VE/PE/HW/DC Months Used to date: _____

Supporting Documents Included in Email: ☐ labor market information search results
☐ student's sequential education plan

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Training Provider and Program Information

Instructions: The client listed on the previous page has been referred to you for education and training services as part of their participation requirements for the WorkFirst Program. Please complete the information below and return this form and the student's sequenced education plan to the DSHS Case Manager within 5 business days.

Training Provider Name: _____

Training Provider Website: _____

Training Program Title: _____ Program CIP: _____

Award Type (select one): _____ Student Enrollment (select one): _____

Credits Required: _____ Credits Completed: _____ Credits Remaining: _____

Expected Completion Date: _____ Pre-Requisites Complete (select one): _____

Training Provider Contact Name & Title: _____

Training Provider Email: _____ Phone: _____

Training Provider/Institution Type (select one): _____

Training Provider/Institution Physical Address: _____

Labor Market Information

Instructions: Using employment data from Employment Security Department's Occupations in Demand List, fully complete the information in the table on page two for the occupation(s) to which this certificate or degree program will lead in the client's county of residence. *A copy of the search result(s) used to verify this information must be included with this form submission.* If this information is not available, but the program is believed to lead to high wage and high demand fields in the local area, compile and submit other wage and demand information with this form.

Standard Occupational Classification (SOC) #	Occupation Title	Occupation Average Hourly Wage	Occupation Demand (select one)

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Verification and Determination (for SBCTC Use Only)

Submission Date: _____

Occupation in Demand: ☐YES ☐NO

Occupation High Wage: ☐YES ☐NO

County Median Hourly Wage: _____

Start date within next quarter: ☐YES ☐NO

Component History - VE/PE: ___ HW: ___ DC: ___

Remaining VE/PE/HW/DC Months: _____

Completable within a year: ☐YES ☐NO

Student has sufficient remaining VE/PE/HW/DC months to complete the program: ☐YES ☐NO

Training Provider/Institution Type Verified: ☐YES ☐NO

Determination: ☐ Approved – HW   ☐ Approved – DC   ☐ Denied

Verification and Notes (as applicable):   Eligibility Determination Case Note in eJas