

EZone Retraining Program-Course Addition Form

Must accompany Training Plan (Excel document)

COMPANY INFORMATION			
Note: Please complete this form for <u>each</u> course you will be providing in your retraining program.			
Company Name:			
County of plant site:			
Project Tracking Number: (issued by SBTCE once initial application is approved)			
COMPANY REPRESENTATIVE FOR EZONE (WILL RECEIVE COURSE APPROVALS)			
Company Contact Name:			
Title:			
Telephone Number:			
Email address:			
Technical College EZone Representative		State Board for Technical and Comprehensive Education	
Technical College:	(SBTCE) EZone Program Manager		
Rep. Name:	Name: Michelle Fehr		
Telephone:	Telephone: 803-348-0377		
Email Address:	Email Address: fehrm@sctechsystem.edu		
COURSE INFORMATION			
*In order to be considered for eligibility; retraining must be for full-time production or technology first line employees or immediate supervisors who have been continuously employed by the company for a minimum of two years; and be necessary for the company to remain competitive by retraining on newly installed equipment, newly implemented technology, and newly implemented processes, or on OSHA safety refreshers.			
<u>Course Title:</u>			
Training Provider:(check all which apply to this specific course)			
Technical College <input type="checkbox"/> Company <input type="checkbox"/> Vendor <input type="checkbox"/> OJT (Retain Roster/s) <input type="checkbox"/>			
Estimated course hours:	Estimated eligible* employee count:	Estimated total employee count:	Estimated course cost:
Course* Description: <i>If additional space is needed for description, please include as attachment.</i>			

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COMPANY INFORMATION

Note: Please complete this form for each course you will be providing in your retraining program.

Project Tracking Number:	TR
<p>Training Modules: List each module with corresponding hours. <i>If additional space is needed, please include as attachment.</i></p>	
<p>Core Learning Competencies/Outcomes: What will the student be able to do at the end of course? <i>If additional space is needed, please include as attachment.</i></p>	
<p>Justification*: How does this re-training qualify for EZone? <i>Please choose one from the drop down of approved Justifications.</i></p>	<p>*In order to be considered for eligibility; retraining must be for full-time production or technology first line employees or immediate supervisors who have been continuously employed by the company for a minimum of two years; and be necessary for the company to remain competitive by retraining on newly installed equipment, newly implemented technology, and newly implemented processes, or on OSHA safety refreshers.</p>

SIGNATURES** OF APPROVAL

All retraining must be submitted through the EZone process for accuracy and compliance and receive approval from the SBTCE prior to training taking place, and credits being claimed.

Process for submitting forms, and details of program can be found on our website:

<https://www.sctechsystem.edu/business-and-industry/e-zone-program.html>

Company Representative: Submit to Technical College

_____ **Date:** _____
(Signature Required**)

Technical College Representative: Review for accuracy and compliance, submit to SBTCE

_____ **Date:** _____
(Signature Required**)

SBTCE Representative:

_____ **Date:** _____
(Signature Required**)

**Only digital or original hand written signatures will be accepted. Type written signatures are NOT valid.

Please keep all SBTCE Approved documents on file for auditing purposes.