STATE OF TENNESSEE
WORKFORCE INVESTMENT ACT
QUARTERLY REPORTING EXEMPTION CLAIM FORM

CONTACT INFORMATION

1) Institution Name _____

2) Institution Phone Number (include area code) _____

3) Institution Mailing Address (street, city, state, zip) _____

4) Contact Person _____

EXEMPTION CLAIM CATEGORY

5) Specify which category of exemption your institution is claiming for the WIA quarterly reporting obligation.

Exemption 1: New Provider - Approved During Report Quarter **Date Approved:**_____

☐ *The Local Workforce Investment Board approved our initial WIA application during the reporting quarter, and we did not receive a WIA student during that period.*

Exemption 2: Never Receiving a WIA Student

☐ *Our institution has **NEVER** received a WIA student.*

Exemption 3: Dormant Training Provider

☐ *Our institution has received WIA students in the past, but we have not received a new WIA student in the previous 8 consecutive quarters and we currently do not have any WIA students enrolled.*

If you are requesting exemption #3, it is required that you answer questions 6-9. If you chose exemption #1 or #2, please skip to the signature section below.

WIA STUDENT INFORMATION

6) Do you currently have any WIA students from Tennessee enrolled at your institution? ☐ Yes ☐ No

7) What was the enrollment date of the last WIA student that you received?

Date: _____/_____/_____
Month Day Year

8) What was the completion or withdrawal date of the last WIA student that you received?

Date: _____/_____/_____
Month Day Year

9) What are the last four digits of the SSN for the last WIA student that you received? ☐☐☐☐

BY SIGNING AND SUBMITTING THIS FORM (ELECTRONICALLY OR VIA THE MAIL), YOU ARE ACKNOWLEDGING THAT ALL OF THE INFORMATION PRESENTED IS ACCURATE AND NOT FRAUDULENTLY REPORTED.

SIGNATURE

Electronic Signature (for Electronic Submissions) ☐ **Yes** ☐ **No** **Date:** _____

If submitting this form by mail, then a signature is required below.

_____ Date: _____/_____/_____
Signature

VERIFICATION

All exemption claims are verified with the 13 Local Workforce Investment Boards in the state of Tennessee. You will receive a follow-up response within 10-12 business days from the time of submission. Until you receive confirmation of the approval of this form, you should continue to submit your quarterly performance reports. If a provider intentionally submits a false exemption claim, the institution will be removed from the *ETPL* for a period of four consecutive quarters.