

FORM#3



Florida ReBuilds Incentive Payment Request



Employer wage reimbursement is requested for providing retained employment, job skills training or retention in an approved Apprenticeship Training Program, as outlined in detail in the Florida rebuilds Incentive Agreement executed and on file with WorkNet Pinellas, Inc.

This is a statement to certify that: (check from the following)

Employer Retention Incentive:

Date _____ #1 _____ Florida reBuilds Participant has completed 8 weeks of employment. Employer is requesting \$1000.00 Retention Incentive 1. *Note: Participant and Employer Profile must be on record with WorkNet*

Date _____ #2 _____ Florida reBuilds Participant has completed Jobs Skill Training, received a certificate issued by the employer, and completed 2nd 8 weeks of employment. Employer is requesting \$1500.00 Retention Incentive 2. *Note: Ensure "Employer created" Certificate is attached for payment.*

NOTE: Optional when submitting multiple Florida reBuilds Participants for payment may include Attachment C Itemized Request for Payment form

Florida rebuilds Participant Name: _____

SSN: _____ Training or Retention Incentive Date: _____

Employee Job Title: _____ Wage: _____

Employer Name Address & Phone Number: _____

This Florida rebuilds Participant is in excellent standing and presently in employment with this company.

Employer's Representative

Phone Number

Date