**VIRGINIA DEPARTMENT OF EDUCATION**

**OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION**

# WORKPLACE READINESS SKILLS FOR THE COMMONWEALTH AND/OTHER INDUSTRY CERTIFICATION ASSESSMENTS REIMBURSEMENT REQUEST FORM

School Division Number:       School Division Name:

Please check appropriate reimbursement period:

June 2023 ***(May 20, 2023 to June 30, 2023)*** ☐

School Year 2023-2024 (***July 1, 2023 to May 17, 2024)*** ☐

CERTIFICATION: I certify to the best of my knowledge and belief that the reimbursement is true, complete, and accurate, and the expenditures and disbursements are for the purposes and objectives set forth in the terms and conditions of the State award. I further certify that documentation has been retained in the office of the educational agency/organization and is available upon request to support the claim. It is understood that this claim is subject to state audits. By submitting and approving this request, the educational agency/organization submitter and approver(s) acknowledge the certification and agree to its provisions.

| **Examinations** | **Number of Exams** | **Amount Claimed** |
| --- | --- | --- |
| Workplace Readiness Skills for the Commonwealth  Examination |  | $ |
| Workplace Readiness Skills for the Commonwealth  Examination Pretest |  | $ |
| Other Industry Certification Assessments |  | $ |
| **Total Amount Claimed for all WRS Exams and Pretests, and/or Other Industry Certification Assessments:** |  | **$** |

Preparer’s Name:       Telephone Number:

CTE Administrator Signature:            Date:

Superintendent’s or Authorized Designee’s Signature:

Date:

Amount of Payment:

Approved for Payment:

Dr. J. Anthony Williams, Director

Office of Career, Technical, and Adult Education

Date:

Payee Code:

Project Code: APE62988

Program Code: 178-002

If you have any questions, please contact the CTE Grants Manager at (804) 225-3349 or [CTE@doe.virginia.gov](mailto:CTE@doe.virginia.gov).

**Email the completed and signed form by May 17, 2024 to** [**CTE@doe.virginia.gov**](mailto:CTE@doe.virginia.gov)**.**

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**(Original required)**

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School Division Number:            School Division Name:

Please check appropriate Reimbursement Period: **June 2023** ☐ **SY 2023-2024** ☐

***((May 20, 2023 to June 30, 2023) (July 1, 2023 to May 17, 2024)***

| **Specific Name of Other Industry Certification Assessments**  **(As listed on the Board of Education approved list of industry credentials)** | **Number of Students Taking This Credential** | **Total Expense Related**  **to This Credential** |
| --- | --- | --- |
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