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| --- | --- | --- |
| Department of Labor and IndustriesClaimsPO Box 44291Olympia WA 98504-4291 | **state seal** | **Plan Modification** |

|  |  |
| --- | --- |
| Worker Name | Claim Number |
| Worker Name | Claim Number |

|  |  |  |  |
| --- | --- | --- | --- |
| Vocational Firm | Provider Number | Branch Number | Report Date |
|       |       |       |       |
| Assigned VRC Name | VRC Provider Number | VRC Signature |
|       |       |  |
| VRC Phone Number with Extension | VRC Fax Number |
|       |       |

**1. Description of Current Plan**

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| Briefly describe the most recently approved plan or plan-modification. Requested changes are to be addressed in Box 3 or 5 per instructions |
|       |

**2. Type of Plan Modification Request**

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| --- | --- | --- | --- | --- | --- |
| **2a.** | Is this request in response to a non-cooperative behavior situation? | [ ]  | Yes | [ ]  | No |
| **2b.** | Will Additional Vocational Assistance (AVA) beyond the statutory limitations be required? | [ ]  | Yes | [ ]  | No |
| **2c.** | Will changes be made to the curriculum? | [ ]  | Yes | [ ]  | No |
|  | (to include but not limited to changes in schools, dates, sequencing and adding or removing classes). |  |  |  |  |
| **If “no” to ALL of the above questions, please continue with Sections 3 and 4 ONLY** |
| **If “yes” to ANY of the above questions, then please complete Sections 4 and 5 ONLY.** |

**3. Standard Plan Modification Request**

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| Briefly describe the requested changes, including rationale as to why the requested changes are necessary. |
| ⦁ | If changes directly affect the Worker, attach copy of a new signed Option 1 Plan Modification Accountability Agreement (F280-056-000). |
| ⦁ | If requesting a computer or other relevant tools/equipment, please attach a signed ownership agreement and corresponding itemized quote. |
| ⦁ | Please do not include information unless it pertains to the requested changes. |
|       |

**4. Time and Costs**

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| Attach a copy of the Plan Time/Cost/Travel Encumbrance form(s) - **Required** |
| **Time** |
| Most Recently Approved Plant Start/End Dates | New Start/End Dates |
| From |       | From |       |
| To |       | To |       |
| **Cost** |
| Billing Codes | Most Recently Approved Costs | Requested New Totals |
| Tuition and Fees (R0310) |       |       |
| Books, Equipment, Supplies, Other (R0312) |       |       |
| Licensed Childcare (R0390) |       |       |

**5. Non-Cooperative Behavior Scenario, Curriculum, and/or AVA Request**

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| Complete only if answering ‘yes’ to 2a, 2b or 2c |
| 5a | Give a brief description of the requested changes including the reasons why changes are needed. |
| ⚫ | If appropriate, provide a newly signed copy of the Option 1 Plan Modification  |
|  | Accountability Agreement (F280-056-000) |
| ⚫ | If requesting a computer or other relevant tools/equipment please attach a signed ownership agreement and |
|  | Corresponding itemized quote |
|       |
| 5b. | Provide the skills/abilities/qualifications required per the original labor market survey, and how the skills |
|  | will be provided. If the course/training was completed, please mark in the completed column. Attach a copy of the original LMS. |
| Skills/Abilities required per LMS | Courses that will provide required skills | Completed? |
|       |       | [ ]  Yes |
|       |       | [ ]  Yes |
|       |       | [ ]  Yes |
|  |       | [ ]  Yes |
|       |       | [ ]  Yes |
|  |
| 5c | List the updated schedule/curriculum to include courses already completed. |
|  | Include date range (e.g. by quarter, semester, calendar dates, etc.), course number, title and the number of  |
|  | credits per quarter/semester. Identify prerequisites with an asterisk. Submit course descriptions as attachments. |
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| **ATTACHMENTS** *Submit ONLY documents relevant to the Plan Modification Request.*  |
| **A** | [ ]  | F245-374-000 Plan Time/Cost/Travel Encumbrance – **REQUIRED**  |
| **B** | [ ]  | F245-372-000 Plan Room and Board Cost Encumbrance  |
| **C** | [ ]  | Entire Revised/Modified Curriculum  |
| **D** | [ ]  | F280-056-000 Option 1 Plan Modification Accountability Agreement  |
| **E** | [ ]  | Labor Market Contacts/Survey  |
| **F** | [ ]  | F245-351-000 Signed Ownership Agreement |
| **G** | [ ]  | Tools/Equipment Itemized Quote |
| **H** | [ ]  | School Transcripts |
| **I** | [ ]  | Mileage Documentation |
| **J** | [ ]  | Other (describe below)  |
| Other:       |