



Plan Time Encumbrance

Original Revised Modified Early Termination

This form contains auto-calculations

Date	Worker Name	Claim #
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Modification(s)

Time Frames Training Site Cost Other (specify)

Plan Information	
Goal	Start Date
	End Date
O'NET	Early Termination Date
DOT#	LEP Start Date
Method <input type="checkbox"/> Formal <input type="checkbox"/> OJT <input type="checkbox"/> Combined	LEP End Date

Name of Training Provider(s)	Start Dates (mm/dd/yyyy)	End Dates (mm/dd/yyyy)	Plan length (# calendar days)
1.			
2.			
3.			
4.			
Total			

Vocational Provider			
Assigned VRC Name	Signature		
Firm Provider #	Branch #	VRC #	
VRC Phone #	VRC Fax #		

Department Use Only	
VSS Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

VSS Comments