****

**LETTER OF COMMITMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

Have been selected for and agree to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This training will be provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I will be working towards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certification.

The training is located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The hours of training are: \_\_\_\_\_\_\_ am/pm until \_\_\_\_\_\_ am/pm

Classes are held: Monday through Friday or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training will begin on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ with a scheduled end date of: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that training will last a total of \_\_\_\_\_\_ days/weeks/months. I am expected to attend all classes/lab hours as scheduled, complete all homework assignments, and study class materials in order to prepare for classroom/certification exam(s).

Upon completion of training, I am expected to promptly take any required certification exam(s) and to notify my counselor of the date of my exam and give him/her a copy of my test results/certifications as soon as they are available.

After I have obtained certification, I will search for employment and my case manager will be available for assistance.

I agree to maintain contact with my case manager at least once very \_\_\_\_\_\_\_\_\_\_\_. It is my responsibility to report **any changes** in status (new employment, salary, address, phone number, e-mail address or ANY circumstance that would affect my participation) within **2** business days of occurrence.

I agree to provide follow-up employment information to my case manager for up to 1 year after employment.

I understand that these training programs are demanding. I am aware that the One-Stop (Arlington Employment Center or the Alexandria Workforce Development Center) is agreeing to pay for the cost of training upon completion, therefore, if I fail to complete training I may be held financially responsible.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Date Employment Services Specialist Date**