



E-Mail to: CSS Workforce New York, Administrative Offices, ATTN: Lori Haner
 20 Denison Parkway W. Corning, NY 14830 to metrix@csswfnny.com

Metrix Renewal Form

Print Legibly. No pencils please.

TRAINEE INFORMATION:

Last Name _____ First Name _____ MI _____ SS# _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ E-mail Address _____ Male Female
 Date of Birth _____

CURRENT OR MOST RECENT EMPLOYMENT:

Start Date _____ End Date _____ Hourly Wage _____
 Employer _____ Job Title _____
 Address _____ City _____ State _____ Zip _____

COURSES COMPLETED AND/OR PROVE-IT ASSESSMENTS PASSED IN PREVIOUS 30 DAYS:

Course or Prove-It	Name of Item	Date Completed

TRAINING PLAN:

I have met with my supervisor and have developed the following plan to begin an electronic training regimen:

Career Path _____ Course(s) _____
 Place of Employment _____

I understand that I will receive a Login Name and Access Code via e-mail to begin my training plan. I understand that the vouchers are limited and I agree to complete the training to the best of my ability.

 Signature Date

Staff Use ONLY – Business Liaison _____
 NY# _____ Start Date _____ Completion Date _____
 Login Name _____ Access Code _____

95919

InitAssess ____
 IEP ____
 CompAssess ____
 CDS ____
 ServiceEntry ____
 ServiceComp ____
 Outcomes ____