|  |  |  |
| --- | --- | --- |
| Department of Labor and Industries  Claims  PO Box 44291  Olympia 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**

|  |
| --- |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | |