



Technical College System of Georgia
Approval Application
Georgia Retraining Tax Credit Program

Complete this application and submit to the TCSG Designated Approver.

Name of Training Program:

1. Company Name: _____

Division (if applicable) _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Number of years operating in GA: _____ Number of employees at facility: _____

2. Type of business and nature of operations

3. Describe relevant equipment or technology changes in your workplace:

Change from: _____

Change to: _____

4. Describe purpose and overall objectives of this retraining program.

5. Provide estimated retraining costs: _____

6. Are employees unable to function effectively on the job as a result of the skill deficiencies identified in item 3?

YES NO

Will the deficiencies result in employee displacement if skills are not enhanced? YES NO

7. Name of training provider: _____

Signature of Company Chief Executive

Title

Date

This is to certify that the Retraining Program for the above named company is in compliance with standards established by the Technical College System of Georgia. This approval is subject to review and/or audit by the Department of Revenue and the Technical College System of Georgia.

Signature of TCSG Official

Print

Date

Program Approval Application Checklist

For training program approval, provide access to the following documentation:

Name, address, and phone number of training provider _____

Qualifications of provider _____

Training objectives _____

Training outline _____

Instructional materials _____

Estimated total hours of instruction _____

Training schedules _____

Training qualifications of instructors _____

Training location(s) _____

Criteria for employee performance evaluation and a copy of the evaluation form _____
