**Virginia Department of Education**

**Office of Career and Technical Education**

# Workplace Readiness Skills for the Commonwealth and/Other Industry Certification Assessments

School Division Number:       School Division Name:

Please check appropriate reimbursement period:

 June 2024 ***(May 18, 2024 to June 30, 2024)*** ☐

 School Year 2024-2025 (***July 1, 2024 to May 2, 2025)*** ☐

CERTIFICATION: I certify to the best of my knowledge and belief that the reimbursement is true, complete, and accurate, and the expenditures and disbursements are for the purposes and objectives set forth in the terms and conditions of the State award. I further certify that documentation has been retained in the office of the educational agency/organization and is available upon request to support the claim. It is understood that this claim is subject to state audits. By submitting and approving this request, the educational agency/organization submitter and approver(s) acknowledge the certification and agree to its provisions.

| **Examinations** | **Number of Exams** | **Amount Claimed** |
| --- | --- | --- |
| Workplace Readiness Skills for the Commonwealth Examination  |  | $ |
| Workplace Readiness Skills for the Commonwealth Examination Pretest |  | $ |
| Other Industry Certification Assessments |  | $ |
| Site Licenses and other preparation expenditures  |  | $ |
| **Total Amount**  |  | **$** |

Preparer’s Name:       Telephone Number:

CTE Administrator Signature:            Date:

Superintendent’s or Authorized Designee’s Signature:
**(All signatures must be in BLUE INK.)**

Date:

Amount of Payment:

Approved for Payment:

 Dr. J. Anthony Williams, Director

 Office of Career and Technical Education

Date:

Payee Code:

Project Code: APE62988

Program Code: 178-002

**Email the completed and signed form by May 1, 2025 to** **CTE@doe.virginia.gov****.**

If you have questions, please contact the Budget, Grants, and Program Support Specialist at (804) 750-8163 or CTE@doe.virginia.gov. .

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**(Original required)**

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School Division Number:            School Division Name:

Please check appropriate Reimbursement Period: **June 2024** ☐ **SY 2024-2025** ☐

 ***(May 18, 2024 to June 30, 2024)*** (***July 1, 2024 to May 2, 2025)***

| **Name of WRS Exams and Pretests, Other Industry Certification Assessments, Site Licenses and other Preparations****(As listed on the Board of Education approved list of industry credentials)**  | **Number of Exams** | **Total Expense**  |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **Total Exams (total must equal number of Exams on first page)** |  | **$** |

**Email the completed and signed form by May 1, 2025 to** **CTE@doe.virginia.gov****.**