PYXX Request for Approval
Incentive Payments to WIOA Adult and Dislocated Worker Participants

Contractor: _____
Address: _____
Contact Person: _____
Email Address: _____
Phone Number: _____

This request is for:
☐ Initial Request
☐ Subsequent Request – No changes in local policy, business case, or circumstances
☐ Subsequent Request – Changes in local policy, business case, or circumstances

Please attached the following documents to this request form for initial requests and any subsequent requests that involve changes to local policy, business cases, or circumstances:

- Contractor's local incentive policy for the Adult and Dislocated Worker programs
- An explanation of the business case for the incentive payments (i.e., how and why they are important to the success of the participant and the grant); and
- Brief description of the situations in which the Contractor anticipates the need to provide incentive payments to participants.

_____ _____
Authorized Signature Date