Rhode Island Workforce Pell Employer Validation & Industry Support Form

Program Information:

To be filled out by institution prior to sending for industry validation

Name of Workforce-Pell eligible provider:

_____

Name of Program submitted for Workforce Pell approval:

_____

Credential awarded through program:

_____

Brief description of competencies aligned with the credential:

- Competency 1:

- Competency 2:

- Competency 3:

Employer Information:

To be filled out by employer/Industry association (IA)

_____ is a _____.

Employer/IA Name *Brief company/IA description – industry, location(s), size, and primary operations*

As an employer or IA within this sector, we have seen sustained demand for individuals with the technical skills, workplace competencies, and industry-aligned training needed for the roles described below:

- Occupation/Role 1: _____
- Occupation/Role 2: _____
- Occupation/Role 3: _____

To be filled out by IA if applicable

If this is being submitted by an industry association, please list at least 3 key employers that demonstrate the hiring needs articulated above:

- Employer 1: _____
- Employer 2: _____
- Employer 3: _____

Employer/Industry Association Attestation

This program aligns with workforce needs within our industry and reflects relevant technical and occupational competencies, and awards a credential recognized by this industry.

This letter is intended to demonstrate workforce demand within the sector and the alignment of the _____ training with the skills needed to address that need. It does not
Program Name

constitute a guarantee of employment, placement, or future hiring levels.

Name: _____

Signature: _____

Title: _____

Employer/IA Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____