

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

SY 2024-2025
(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)		\$

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