



**SOUTHWEST TECH**



**2017-2018 Custom Fit Training Agreement**

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ UTAH \_\_\_\_\_  
Street City Zip

Industry \_\_\_\_\_ Website \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

**Company Owners and/or Employees Receiving Training:**

Name \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_  
Please Print

Name \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_  
Please Print

Name \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_  
Please Print

*Additional employees can be listed separately with full name and last 4 digits of SS#*

**TRAINING NEEDS AND/OR REQUEST**

**Purpose of Training CHOOSE ONE:**

**Expand or Prepare for Growth**

**Enhance Productivity**

**Maintain Competitive Edge**

This agreement is between Southwest Technical College and its Custom Fit Training Program, to coordinate training for "Employer" as provided herein. "Employer" agrees to provide the employees full name, and the last 4 digits of SS# for each employee receiving Custom Fit Training. "Employer" will contribute to the training cost as agreed (60%), and will provide any additional information required by Custom Fit staff, which may include training attendance records and evaluations. This agreement will close on or before June 30, 2018.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Employer Representative Date Custom Fit Manager Date

PLEASE RETURN THIS AGREEMENT TO CUSTOM FIT TRAINING DEPARTMENT AT  
customfit@stech.edu