

## **Attachment A**

### **Workforce Innovation and Opportunity Act: Workforce Flexibility (Workflex) Plan Collection Form**

Required Elements to Request Workflex  
Workflex Quarterly Report Requirements  
OMB No. 1205-0432, Expiration Date: xx/xx/xx

#### **I. Workflex Plan Instructions**

States requesting designation as a Workflex State under WIOA section 190 and 20 CFR 679.630(b) must submit to the Department of Labor, Employment and Training Administration, a Workflex plan which includes descriptions of:

1. The process by which local areas in the State may submit and obtain State approval of applications for waivers of requirements under title I of WIOA;
2. A description of the criteria the state will use to approve local area waiver requests and how such requests support implementation of the goals identified State Plan;
3. The statutory and regulatory requirements of title I of WIOA that are likely to be waived by the State under the workforce flexibility plan;
4. The statutory and regulatory requirements of sections 8 through 10 of the Wagner-Peyser Act that are proposed for waiver, if any;
5. The statutory and regulatory requirements of the Older Americans Act that are proposed for waiver, if any;
6. The outcomes to be achieved by the waivers described in 20 CFR 679.630(b)(1) through (5) including, where appropriate, revisions to adjusted levels of performance including in the State or local plan under title I of WIOA, and a description of the data or other information the State will use to track and assess outcomes; and
7. The measures to be taken to ensure appropriate accountability for Federal funds in connection with the waivers.

#### **II. Quarterly Report Template**

For approved Workflex plans, WIOA regulations at 20 CFR 679.640(b) require a State to demonstrate that it has met agreed-upon outcomes contained in its Workflex plan. This can be demonstrated by describing how waivers and Workflex are used. States with an approved Workflex plan should submit a quarterly report containing the following information:

1. Waiver (assigned by State)
2. Regulation/Statue affected
3. Date received
4. Date granted
5. Local area(s) requesting waiver
6. Purpose and goals of each waiver, proposed outcomes, and outcomes to date
7. State-imposed conditions of waiver use, as appropriate

**PRA Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 hours for a waiver application and 8 hours per quarterly report, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is

required to obtain or retain benefit (20 CFR 679.630 and 20 CFR 679.640). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1205-0432.