

# Eligible Job Trainee Affidavit

2025-2026 PROGRAM YEAR

## Instructions

The purpose of this affidavit is to certify the identifying information and work record for a specified Eligible Job Trainee (Trainee) on a specific Illinois Solar for All (ILSFA) project (Project). This Eligible Job Trainee Affidavit (Trainee Affidavit) is to be completed for each Trainee and submitted by the Approved Vendor as part of the Project's Part II Review process. Section One captures the relationship between the Trainee and the Approved Vendor. Section Two summarizes the Trainee's participation in the Project. Section Three reflects the current contact information for the Trainee.

The Trainee and the Trainee's direct employer and/or supervisor must sign the Affidavit. Once completed, please review this Affidavit carefully for accuracy and completeness and submit a signed PDF version of the document using the [ILSFA Approved Vendor portal](#). Incomplete forms will not be accepted. The information provided in the Affidavit will be used only by the Program Administrator to verify job trainee information. The Program Administrator may request additional information or documentation from the Approved Vendor, the Trainee, and/or the applicable training program to review and verify this Affidavit.

ILSFA job training requirements can be found in Section 15 of the [Approved Vendor Manual](#).

## DEFINITIONS :

**Eligible Job Trainee:** Individuals who have completed either: 1) a qualified, Future Energy Jobs Act (FEJA) or Climate and Equitable Jobs Act (CEJA) funded job training program (these include the Solar Training Pipeline Program, the Craft Apprenticeship Program, the Multi-Cultural Jobs Program, Clean Jobs Workforce Network Programs, Illinois Climate Works Pre-apprenticeship Program and more. See full list of qualified FEJA/CEJA programs in Section 15 of the [Approved Vendor Manual](#) and the [ILSFA website](#).) 2) 50% or more of the classroom requirements for an Other Qualifying Program or 3) 100% completion of an Other Qualifying Program and successfully obtain a NABCEP PV Associate Credential.

Eligible Job Trainee hours are eligible to meet the job training requirements for up to 48 months after meeting the criteria to be an Eligible Job Trainee.

## Section One: Trainee Hiring Information

*This section should be completed by the Approved Vendor*

| Approved Vendor Information   |               |
|---|---------------|
| Approved Vendor Name:   |               |
| Project Number:   |               |
| Project Address:  |               |
| <p>Was this Trainee directly hired and/or supervised by an entity (subcontractor/installer/agent or Aggregator Designee used to perform work associated with this project) other than the Approved Vendor?</p> <p><input type="checkbox"/> Yes (if Yes, please fill out information for that entity in the grey section below)</p> <p><input type="checkbox"/> No (if No, the Approved Vendor directly hired and/or supervised the Trainee, please skip the grey section below)</p> |               |
| Company (Entity) Employing Qualified Job Trainee for this Project   |               |
| Hiring Company Name:  |               |
| Hiring Company Type:  |               |
| <input type="checkbox"/> Aggregator Designee<br><input type="checkbox"/> Subcontractor<br><input type="checkbox"/> Other: _____   |               |
| Company's Scope of Work for Project:  |               |
| Company Address:  |               |
| Company City:   | Contact Name: |

|                   |                |
|-------------------|----------------|
| Company State:    | Contact Email: |
| Company ZIP Code: | Contact Phone: |

## Section Two: Trainee Participation Detail

***This section should be completed by the entity that directly hired and/or supervised the Trainee (includes any Subcontractor/installer/agent, or Aggregator Designee) and verified by the Trainee.***

|   |   |
|---|---|
| Project participation start date:   | Project participation end date:               |
| Trainee's Total Hours Worked: <sup>1</sup>  | Trainee's hourly wage or salary: <sup>2</sup> |
| Employee category:<br><input type="checkbox"/> Permanent (receives a W2)<br><input type="checkbox"/> Temporary (receives a W2)<br><input type="checkbox"/> Independent Contractor (receives a 1099)   |   |
| Work Performed (check all that apply and enter total hours)<br><input type="checkbox"/> System Design    Hours: _____<br><input type="checkbox"/> Installation        Hours: _____<br><input type="checkbox"/> System Commissioning    Hours: _____<br><input type="checkbox"/> Operations and Maintenance    Hours: _____<br><input type="checkbox"/> Technical Sales/Other:        Hours: _____<br><br>Describe work performed: |   |

How did the Trainee hear about the opportunity?

### Section Three: Qualified Job Trainee Contact Information

*This section should be completed by the Eligible Job Trainee.*

Information provided will be used only by the Program Administrator for verification of job trainee information.

Name:

Address:

E-mail:

Phone:

#### Qualified Job Training Program Information

Training Organization Name \*Name should match how it's listed on [illinoisSFA.com/job-training/](https://illinoisSFA.com/job-training/)

Training Program Name \*Name should match how it's listed on [illinoisSFA.com/job-training/](https://illinoisSFA.com/job-training/)

Location(s):

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Did the Trainee successfully complete the Program?

Please include a certificate of completion of the program/course from the Qualified Job Training Program. The program/course completion date must be visible. An email or letter from the instructor or a representative from the program can be accepted if a certificate of completion is not available.

## Affidavit

### Eligible Job Trainee

By participating in the Illinois Solar for All Program as an Eligible Job Trainee and signing below, I certify that the information above is true and accurate to the best of my knowledge:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approved Vendor Representative

I am a member of the Approved Vendor's staff and have been designated to oversee the completion of this affidavit. By signing this document, I certify that the information above is true and accurate to the best of my knowledge. I understand that falsification of affidavits can result in the Approved Vendor's termination from the ILSFA program.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_