



Incumbent Worker Training Program  
1001 North 23<sup>rd</sup> Street  
Post Office Box 94094  
Baton Rouge, LA 70804-9094

(O) 225-342-8989  
(F) 225-342-8991  
[www.laworks.net](http://www.laworks.net)

**Bobby Jindal**, Governor  
**Curt Eysink**, Executive Director

**Office of Workforce Development**

**Incumbent Worker Training Program (IWTP)  
- Customized Training -  
Employer Instructions for Customer Satisfaction Report:  
Revised: 03/17/2010**

**Note: Employer Customer Satisfaction Reports must be completed by all employers participating in an approved IWTP contract on a calendar quarterly basis (March 31, June 30, September 30, and December 31) whether or not training has begun and are due no later than 15 calendar days following the end of each calendar quarter. Although this report is to be completed by employers, Primary Training Providers are responsible for seeing that these reports are completed each quarter.**

- A) The Employer must Log-in to the IWTP Customized Training Web site @ <https://iwtp.laworks.net/Launch/LaunchPage.asp?CET=Y>
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- B) The Employer may then be prompted with a notification of entering a 'secured site' and should respond affirmatively.
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- C) At the Customized Training Log-in screen the Employer is presented with the following options:
1. If the Employer is an existing user, he will enter his username and password.
  2. If the Employer is a new user, he will click on the 'New user?' link.
  3. If the Employer is an existing user and has forgotten his username, he will click on the 'Forgot Username?' link.
  4. If the Employer is an existing user and has forgotten his password, he will enter his username and click on the 'Forgot Password?' link.
  5. If the Employer is an existing user and would like to change his password, he will enter his username and password and click on the 'Password Maintenance' link.

**New User Account Creation**

The Employer will be asked if the account will be for a training provider, an employer or a consortium. The Employer will then select a username and password, create a secret question and answer to be used for password retrieval should the password be forgotten, provide their first and last names, federal ID number and unemployment insurance number. The username must be at least six characters long. The password must be at least six characters long, and have at least one number, one uppercase letter and one lowercase letter.

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Upon validation of username and password, the Employer will select:

1. Select an Application/Contract below (or Enter Case # below)

Selecting an existing application or contract directs the Employer to the Customized Training Main Menu.

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**The IWTP Customized Training Main Menu will consist of the following options:**

- A. Employer Maintenance
- B. Primary Training Provider Maintenance
- C. Display Current Status & View Details
- D. Quarterly Report Menu
- E. Customer Satisfaction Report
- F. Amendment Request
- G. Revision Request
- H. Invoice
- I. Scope of Training
- J. Current Summary of Line Item Costs
- K. View/Print Entire Application

L. Select Another Application/Contract

Note: **Log-Off** is located in the upper right hand corner of the screen(s).

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**Option A: Employer Maintenance** (Allows employers to edit their information)

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**Option B: Primary Training Provider Maintenance** (Allows primary training providers to edit their information.)

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**Option C: Display Current Status & View Details** (Tracks status of application)

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**Option D: Quarterly Report Menu** (Allows entry of Quarterly Report by Training Provider)

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**Option E: Customer Satisfaction Menu**

**The Customer Satisfaction Report Options will consist of items:**

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**Item 1:** Select the Quarter Ending Date for which the report is being completed by clicking on the arrow in the drop down box and then clicking on the appropriate date.

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**Item 2:** Answer Question 1 by clicking on the arrow for the drop down box to view all options. Click on the option that best describes your overall satisfaction with the services provided.

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**Item 3:** Answer Questions 2-6 by clicking Yes or No.

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**Item 4:** Answer Questions 7-9 by typing in your answers in the box provided.

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**Item 5:** Answer Question 10 by clicking Yes or No.

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**To end the session:**

Click on the “Save & Submit” button to verify requirements, to submit the information for Louisiana Workforce Commission review/approval and to print **OR**  
Click on the “Save Only” button to save the entered data for later editing and submission.

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**NOTE:** The employer contact person for single employers and consortiums is the person who will complete the Customer Satisfaction Report. Make sure the employer contact information is correct because the Customer Satisfaction Report will automatically put the employer contact person’s name and title at the bottom of the report. If the information is not current, then the information will need to be updated in the Employer Maintenance (Consortium Maintenance) section.

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**Option F: Amendment Request** (Allows entry of an Amendment Request)

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**Option G: Revision Request** (Allows entry of Revision Requests)

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**Option H: Invoice** (Allows entry of Invoices)

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**Option I: Scope of Training** (Displays Scope of Training)

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**Option J: Current Summary of Line Item Costs** (Displays the Current Summary of Line Item Costs)

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**Option K: View/Print Entire Application** (Displays/Prints Entire Application)

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**Option L: Select Another Application/Contract** (Allows Training Provider to pick another application/contract)

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...End of Instructions...