



Fill out the attached forms to apply for training benefits. We will use your completed *Training Benefits Application* to see if we can approve you for Training Benefits or Commissioner Approved Training (CAT). Continue to seek work and keep a job search log as directed when you applied for benefits while we are making a decision about your eligibility. You may receive two decisions once we process your application: one for training benefits and the other for CAT.

TRAINING BENEFITS DEFINED

Training benefits are paid to workers who have lost their jobs and are in an approved, full-time* training program. If you apply and are approved for training benefits you will be eligible for extra weeks of benefits paid after regular unemployment benefits and Emergency Unemployment Compensation (EUC) have run out.

Training benefits and CAT do not pay for tuition, books or training fees. You can receive training benefits only while enrolled in training full-time and making satisfactory progress, as certified by the school. If you are approved for training benefits or CAT, we will send you a "satisfactory progress" report for you and your school to complete every six weeks.

You may run out of training benefits before you finish training, depending on how long your training is and the dollar amount of your unemployment benefits.

***NOTE:** For unemployment claims effective April 5, 2009, or later, we may approve less than full-time training if you have a disability that prevents you from attending school full-time.

If you file a claim effective September 13, 2009, or later, you may qualify if we decide you need training and you:

- Are a low-income worker and you are likely to earn more after training.
- Are currently in the Washington National Guard.
- Were honorably discharged from the Washington National Guard or military in the last year.
- Are disabled and we decide you are unable to return to work in your customary occupation.

DEADLINES

There are deadlines for submitting your *Training Benefit Application* and enrolling in training. **The deadlines start from the date you get the *Unemployment Claims Kit* in the mail.** This kit tells you about training benefits and is mailed to you when you open your unemployment claim.

For unemployment claims effective *before April 5, 2009:*

- You have **60 calendar days** to turn in a *Training Benefits Application* after receiving your Unemployment Claims Kit in the mail.
- You have **90 calendar days** to enroll in training after receiving your Unemployment Claims Kit in the mail, or as soon as possible if we determine the training is not available within 90 days.
- We will deny training benefits if you do not meet these deadlines.

For unemployment claims effective *April 5, 2009, or later:*

- You have **90 calendar days** to turn in a *Training Benefits Application* after receiving your Unemployment Claims Kit in the mail.
- You have **120 calendar days** to enroll in training after receiving your Unemployment Claims Kit in the mail, or as soon as possible if we determine the training is not available within 120 days.
- We will deny training benefits if you do not meet these deadlines, unless you show good cause.

If you return to work after opening your unemployment claim and are laid off again, the deadlines to apply start over the date you reopen your unemployment claim.



FILING ASSISTANCE

If you need help filling out your application, go to your local WorkSource office, your local employment center, or visit your school worker retraining counselor. To find the WorkSource office nearest you, look in your *Unemployment Claims Kit*, go to www.go2worksource.com and click on *WorkSource Offices*, or call **877-872-5627**.

To see the complete text of the training benefit laws, see Chapter 3, laws of 2009 on the Internet at www.esd.wa.gov/laws-and-regulations.php.

COMPLETING THE TRAINING BENEFITS APPLICATION

Do not fill out this application if you are already approved for training benefits and need to change your training plan. To request a change in your training plan, fill out a *Request to Modify Training Plan* form. You can get the form at your local WorkSource office, or you can download it from the Internet at www.forms.go2ui.com.

Drop off your completed application and attachments at your nearest WorkSource office or local employment center, or mail to:

**King County TeleCenter
Training Benefits Unit
P.O. Box 47076
Seattle WA 98146-7076**



Name:	SSN or ID:
Address (Mailing Address, City, State, Zip)	
Home/Message/Cell Phones:	E-Mail Address (optional):

SECTION 1 - WORKER INFORMATION

- Have you received training benefits in the last 5 years? Yes No
- Were you **honorably** discharged from the military or Washington National Guard in the last year? Yes No
- Are you currently in the Washington National Guard? Yes No
- Do you have a disability that prevents you from working in your main occupation? Yes No
If **Yes**, please explain: _____
- My main job is: _____
- My Standard Occupational Classification code, or best match (see http://www.bls.gov/soc/soc_majo.htm): _____
- My job (or closest match) is in **decline** according to the local Workforce Development Council (www.wilma.org/wdclists). Yes No
If **Yes**, attach a screen print of the web page that is the closest match to your main job whether it's listed in decline or not.
If **No**, explain why you believe you lack the skills to work in the area(s) you are willing to move or commute to work.
- What is your highest level of education? _____
- Do you have a degree or certificate? Yes No
If **Yes**, please provide the following information:
Name of school: _____
Name of training program: _____
Type of degree or certificate earned: _____
When degree or certificate earned: _____
- Did you receive a WARN notice (Worker Adjustment and Retraining Notice)? Yes No
If **Yes**, name of employer: _____
Date WARN notice mailed: _____



Name:

SSN or ID:

SECTION 2 - TRAINING PROGRAM INFORMATION

1. Is the school and training program on the Eligible Training Provider List Yes No
(www.careerbridge.wa.gov):

2. Name of training program exactly as shown on the Eligible Training Provider List
(www.careerbridge.wa.gov): _____
School name/city: _____

3. My training will **start** (Mo/Day/Yr): _____ and **end** (Mo/Day/Yr): _____

4. The school considers my training to be full-time? Yes No

5. This training will lead to a (check all that apply):
 Certificate 2-yr degree 2-yr transfer degree
 4-yr degree Higher degree Other: _____

6. Job(s) I will qualify for when I finish training:
Job Title: _____ Pay Range: \$ _____
Job Title: _____ Pay Range: \$ _____

7. Jobs listed in question #6 are in **demand** according to the Workforce Yes No
Development Council (www.wilma.org/wdclists) in the area(s) where I am
willing to move or commute to work?
If **Yes**, attach a screen print of the web page.
If **No**, attach written material showing that your training will lead to a high demand job.

8. Is your training paid for under a special grant or program, such as WIA, Trade Yes No
Act, or Worker Retraining?
If **Yes**, provide the following information:
Name of grant/program: _____
Counselor/advisor name: _____
Counselor/advisor office (town/city): _____
Counselor/advisor phone no.: _____

If you are turning in this application past the deadlines explained at the beginning of this packet, please explain why it is late:

Financial Planning

You must show that you have a financial plan to complete your training, especially if you will run out of unemployment benefits and training benefits before you finish training. Tell us how you plan to pay for training and meet living expenses while you are in training:



Name: _____

SSN or ID: _____

SECTION 3 – WORK HISTORY

Record your work history for the past two years, starting with your last employer. In your job description for each employer, include in detail all the skills, tools and equipment you used. If you held different job titles for the same employer, please specify the job title, duties and dates of employment (approximate the month, day and year you worked in each position.)

Last Employer:		Job Title:	
Mailing Address (Street # or PO Box #)	City:	State:	Zip:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Description of primary responsibilities:			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month	
Next Employer:		Job Title:	
Mailing Address (Street # or PO Box #):	City:	State:	Zip:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Description of primary responsibilities:			
Reason you are no longer working for this employ (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month	
Next Employer:		Job Title:	
Mailing Address (Street # or PO Box #):	City:	State:	Zip:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Description of primary responsibilities:			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month	



Name:

SSN or ID:

SECTION 4 - STUDENT ELIGIBILITY QUESTIONNAIRE

If we do not approve you for training benefits or commissioner approved training (CAT), you must be able, available and actively seeking work each week you file a claim. You must be available to work all hours, days and shifts required for your usual occupation. If you are not, or if you restrict your availability for work, we may deny your benefits.

You must attach a copy of your Job Search Log for all weeks you have claimed benefits showing you looked for work.

You must meet the following requirements each week you file a weekly claim or you may lose your benefits for the week:

- Make at least three employer contacts each week, **or**
- Participate in three approved in-person job-search activities at your WorkSource office or local employment center, **or**
- Have a combination of employer contacts and in-person activities, for a total of three.

Approved in-person job-search activities at the WorkSource office or local employment center include workshops on topics such as job-finding tips, interviewing skills and using the Internet to find a job. Other activities that qualify may be offered by your local office.

School Plans

1. What are your job search and employment plans if you are **not** approved for training benefits or CAT?

2. Are you currently attending or registered in training? Yes No

3. Number of credits you are taking or will be taking? _____
(Attach a copy of your current registration.)

4. I have spent \$ _____ in tuition, books, fees, and expenses.

Availability for Work

1. Have you been and are you now looking for full-time work during the weeks/days we were making a decision about training? Yes No

a. If **No**, when did you stop looking for full-time work? _____

b. Do you limit your job search in any way, such as hours you are available to work, only available until training starts, type of work willing to do? Yes No

2. I can work the normal hours of my main occupation? Yes No

3. I can work _____ hours per week, _____ days per week.

4. I spend or will spend a total of _____ hours each day in class, class preparation and studying.



Name:

SSN or ID:

5. I can take my classes other hours and the school will let me change at this stage of the school term: Yes No

6. Until my training plan has been approved by the Training Benefit Unit, I am willing to change or drop my classes if offered full-time work: Yes No
If **No**, explain: _____

7. If offered full-time work that conflicts with my training and I can't change my training schedule and my training plan is still in review by the Training Benefit Unit, I will:

8. I am willing to forfeit my tuition if the school will not give me a refund: Yes No

9. In the past I have worked full-time and attended training: Yes No
If **Yes**, explain how you managed it: _____



Name:

SSN or ID:

SECTION 5 - CERTIFICATION

Applicant Certification

I understand that the facts I have given on my application may be verified and that I must report any changes in my training plan to the Unemployment Claims TeleCenter (800-318-6022) as soon as possible. If I am approved for training benefits, I understand that if I later change my training program without prior approval of the Employment Security Department, I may be denied training benefits and have to pay back any benefits I was not entitled to receive.

I authorize my school counselor or advisor to give the Employment Security Department any information about my enrollment, attendance, grades, and training program progress.

Signature: _____

Date: _____

THIS SECTION IS TO BE COMPLETED BY THE SCHOOL ONLY.

Training Provider Certification

I have reviewed Section 2, **Training Program Information**, and certify the following is correct to the best of my knowledge:

- Training is full-time? Yes No
- Training start and end dates are correct as shown? Yes No

If **No** to any of the above, please explain: _____

This facility will certify to applicant's satisfactory progress and enrollment in training? Yes No

Date applicant pre-registered or on waiting list to start training? Mo _____ Date _____ Yr _____

Signature: _____

Date: _____

Title/Position: _____

Phone No.: _____

If application received at WorkSource office or local employment center:

Specialist Name: _____

Date Received: _____