



If you are currently approved for Training Benefits, you can make a one-time significant modification to your existing training plan, with the exception of unusual circumstances. All changes are subject to approval. A significant modification includes, but is not limited to, changes to any of the following conditions of your approved training program:

- Course of study or major;
- Educational institution;
- Projected start or end dates for the training; or
- Enrolled credit hours.

To approve your modification request, it must meet all the eligibility criteria we used to approve your original plan. In addition, you must:

- Be enrolled or currently attending your approved full-time* training program; and
 ***NOTE:** For unemployment claims effective April 5, 2009, or later, less than full-time training may be approved if you have a disability that prevents you from attending school full-time.
- Be making satisfactory progress in your training program; and
- Notify us **before** making a significant modification to your existing training plan by completing a *Request to Modify Training Plan* form.

Mail the completed form to:

**Seattle UI Claims Center
Training Benefits Unit
P.O. Box 47076
Seattle, WA 98146-7076**

If you modify your training plan without prior approval and the modification is not approved, you will be ineligible for Training Benefits for at least five (5) years. Benefits paid for a modified training plan that is not approved will result in an overpayment of benefits, which you must pay back.

IMPORTANT NOTE: If you are requesting to extend the end date of your training program and that request is approved, it does NOT necessarily entitle you to more benefits. Training Benefits are payable only while you are enrolled in an approved training program or until Training Benefits run out, *whichever comes first*.



The attached *Request to Modify Training Plan* contains four (4) sections. Read the following information carefully so that you understand what is required for your request to be accepted and processed:

1. Current training plan information:

We make a decision to approve or deny your request to modify your training plan, based on the information you provide about your current training plan. Your request to modify your training plan must meet the criteria we used to approve your original Training Benefits plan. It is important that you respond to all the questions in this section completely and accurately. If you are unsure about any of the information requested, contact your school advisor, employment counselor, or the claims center, as appropriate.

2. Modification request information:

We will use your responses in this section to decide if we can approve your modified training plan.

If your modified training plan involves changing schools or programs, the new school or program must be on the eligible training provider list (www.careerbridge.wa.gov/) maintained by the Workforce Training and Education Coordinating Board. We will deny your request to modify your training plan if the school and the program are not on the list.

NOTE: Provide documentation if your school and training program are approved by the Workforce Training and Education Coordinating Board, but not yet on the Eligible Training Provider list.

If you are changing programs, it must be for a high-demand occupation or skill in your local labor market or the labor market where you are willing to move. The Workforce Development Council (<http://esd.wa.gov/employmentdata/occupations>) decides which occupations or skills are in high demand. We will deny your modification request if the new training program is not for an occupation or skill in high demand.

If your request involves extending your training plan, you need to show that you have the financial resources to complete your training, especially if your unemployment benefits will run out before you finish training. Failure to develop a financial plan and provide specific information about it will result in the denial of your modification request.

3. Requested documentation:

Your request to modify your training plan cannot be processed without the documentation requested in this section. If you need help getting any of the documents, contact your local WorkSource office or school advisor, as appropriate. Failure to provide this documentation will result in the delay or denial of your modification request.

4. Applicant & school certification:

Your request to modify your training plan cannot be processed unless it is signed and dated by you and an authorized representative of the training facility where you are enrolled or intend to enroll. Failure to sign this form or get the signature of an authorized school representative may result in the denial of your modification request.



Complete this form only if you have been approved for Training Benefits and are requesting a change to your existing training plan.

You must answer all questions. We will return incomplete applications, which may delay a decision on your request or result in a denial and overpayment of Training Benefits. If you are denied, you must pay back benefits you were not eligible to receive. If you have questions about completing this form, contact your local WorkSource office, or call the Training Benefits Unit at 877-600-7701.

Name:

ID:

Home/message/cell phones:

Email (optional):

Section A – Current training plan information

1. Please provide the following information about your **current approved** training program:

School: _____

Program: _____

Start date: _____

End date: _____

2. Have you completed the program and earned a certificate or degree? Yes No

If "Yes", date completed (MM/DD/YY): _____

Type of certificate or degree earned: _____

3. Are you still attending your previously approved training program? Yes No

If "No", date last attended (MM/DD/YY): _____

Reason no longer attending: _____

4. Have you requested to modify your training program in the past? Yes No

If "Yes", why is it necessary to modify it again?

Name:

ID:

Section B – Modification request information

1. I am requesting the following change(s) to my training program (complete all that apply):
 - Change start date from (MM/DD/YY): _____ to (MM/DD/YY): _____
 - Change end date from (MM/DD/YY): _____ to (MM/DD/YY): _____
 - Change training program to: _____
 - Change training facility to: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____
 - Other: _____
 - Training will lead to (check all that apply):
 - Certificate 2-yr degree 2-yr transfer degree
 - 4-yr degree Higher degree Other: _____
2. The school considers this training to be full-time? Yes No
3. Job(s) I will qualify for when I finish training:

Job Title/SOC Code: _____	Pay Range: _____
Job Title/SOC Code: _____	Pay Range: _____
4. Explain **in detail** why this modification request is needed. For example, the end date of training must be extended due to class cancellations.

5. If the modification request extends your training program, what is your financial plan to meet living and school expenses if unemployment benefits run out before you complete training? **Please include specifics, e.g., grants, loans, savings, etc., without including dollar amounts associated with any of these financial resources.**

- Will these financial resources be enough to complete training? Yes No
6. Are you in enrolled in training under the Trade Act program? Yes No
 If "Yes", please attach a copy of your approved Trade Act training plan (CT-3).

Name:

ID:

Section C – Required documentation

1. Attach a copy of your:
 - School transcript(s);
 - Current class registration;
 - Registration for the next school term.

2. If you are requesting to change programs or schools, you must also submit the following screen prints:
 - The Workforce Training and Education Coordinating Board’s Web site (www.careerbridge.wa.gov/) showing the new program and school are on the Eligible Training Provider list; and
 - The Workforce Development Council’s Web site (<http://esd.wa.gov/employmentdata/occupations>) showing that the new training program is for a high-demand occupation or skill in your labor market *or* the labor market where you are willing to move.

NOTE: Computers are available for your use at your local WorkSource office to obtain these screen prints.

Section D – Training provider & applicant certification

1. **Training provider certification**

a. I have reviewed the above modification request and certify the following is accurate to the best of my knowledge:

- Training is full-time? Yes No
- Date applicant is enrolled or on a waiting list to start training (Mo/Date/Yr): _____
- Date applicant will complete modified training program (Mo/Date/Yr): _____
- This facility will be able to certify to the applicant’s satisfactory progress in training every six weeks? Yes No

If “No” to either of the above, please explain: _____

b. Do you agree with the applicant’s reason why the modification to his or her training plan is necessary, as stated in Section B? Yes No

If “No”, please explain: _____

Name of training provider representative (please print)

Title

Signature of training provider representative

Date

Phone number

Email address (optional)

Name:

ID:

2. Applicant certification

I have completed this request to modify my training plan and understand that any changes to my training program *without the prior written approval from the Employment Security Department* may result in a denial of unemployment benefits and an overpayment that I must pay back.

I authorize the school/training facility and my counselor/advisor to release information to the Employment Security Department about my enrollment, participation in training, grades, attendance, and other measures of program progress.

Applicant signature

Date

Filing instructions

Retain a copy of this modification request for your personal records. Mail the original to:

**Seattle UI Claims Center
Training Benefits Unit
P.O. Box 47076
Seattle, WA 98146-7076**

You can return the completed form to your local WorkSource office.

If application received at WorkSource office or local employment center:

Specialist name:

Date received:

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.