IOWA WORKFORCE DEVELOPMENT

Application For Approved Training

60-0192 (06-09)

Social Security Number | O.C. Date

Employer Account Number | ANDS | REF

Variable 1 | Variable 2

Sunday through Saturday

☐ **DAT @ LO** ☐ **TEB @ UISC**

I hereby make application for following Unemployment Insurance Benefits: ☐ **DAT** ☐ **TEB**

My most recent occupation: _____ Occupational Goal: _____

☐ I am attending training at: ☐ I plan on attending training at: _____
(Name of School)

Location of School: (Street Address, City, State, Zip Code)

Length of entire training program:

_____ Start Date (Month, Day, Year)

_____ End Date (Month, Day, Year)

School Registrar Phone Number: _____

☐ I have attached the class schedule. **The application is incomplete without the class schedule and will not be approved.**

☐ I do certify that the statements above are true and with my knowledge that it will be made a part of the claim record file. I also understand that any statement made herein may be used as evidence in the determination of eligibility for Unemployment Insurance Benefits.

☐ I understand that I must report my weekly claim by phone or web reporting

☐ I understand that **AFTER COMPLETION OR DISCONTINUING THIS TRAINING PROGRAM** the following eligibility conditions will apply in order to be eligible for Unemployment Insurance Benefits if available.

- I must not place any restrictions on my employability.
- I must able to work, be available for work and be searching for work after training.
- I may be subject to disqualification for Unemployment Insurance Benefits for any refusal of suitable work.
- I must make and keep a record of at least 2 work search contacts and provide the information upon request to Iowa Workforce Development.
- I must contact Iowa Workforce Development to report my availability and my training outcome.

Your application and schedule will be reviewed and you will receive an appealable decision in the mail.

First Name | MI

Last Name

Claimant Signature: _____ Date Signed: _____ Phone: (____)_____
(Include Area Code)

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711