

UTAH DEPARTMENT OF WORKFORCE  
SERVICES  
Unemployment Insurance  
PO Box 45266, Salt Lake City, UT 84145-0266  
FAX: (801) 526-4402

**VERIFICATION OF TRAINING AND FUNDING FOR DEPARTMENT APPROVAL**

Printed Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

NOTICE: You have indicated that your training is being funded by a special program such as TAA, Vocational Rehabilitation, etc. Written verification of this funding must be submitted to this Department to help determine your eligibility for unemployment benefits while in training.

Please complete the upper portion of this form. Have the lower portion completed by your training sponsor. Return this completed form to this Department. Payment of your unemployment benefits cannot begin until after they have been received and approved.

Name of Training Institution \_\_\_\_\_

Training Course \_\_\_\_\_

Program Funding Your Training \_\_\_\_\_  
(TAA, NAFTA, WIA, Voc. Rehab., etc.)

Date You Will Start Training \_\_\_\_\_

Ending Date of the First Term \_\_\_\_\_

Estimated Completion Date of Entire Course  
\_\_\_\_\_

I certify the above information is true and correct. I am providing this information for the purpose of receiving unemployment benefits while in training. I know the law provides penalties for making false statements or withholding material facts.

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

**CERTIFICATION BY TRAINING OFFICIAL**

I certify this individual is scheduled to enter training and will have this training funded as he or she has stated above.

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Telephone \_\_\_\_\_