



State of Utah
Department of Workforce Services
Unemployment Insurance
**VERIFICATION OF TRAINING AND FUNDING
FOR DEPARTMENT APPROVAL**

First Name: _____ Last Name: _____

Date of Birth: _____

You have indicated your training is funded by a program such as TAA, Vocational Rehabilitation, etc. Please submit written verification to determine your eligibility for unemployment benefits while training.

Payment of your unemployment benefits cannot begin until after a determination has been made. You must complete this form and **return it within 10 days. RETURN TO: Utah Department of Workforce Services, CO Claims, P.O. Box 45277, Salt Lake City, UT 84145-0277, call 801-526-4400, or fax 801-526-9394. Please do not send a cover sheet.**

Ending date of the first term: _____

Name of school: _____

Training course: _____

Program funding your training (TAA, NAFTA, WIOA, Vocational Rehabilitation, etc.):

Date you will start training: _____

Estimated completion date of the entire course: _____

The law provides penalties for making false statements or withholding material facts. I am providing this information to receive unemployment benefits while training. I certify the information is correct.

Signature: /s/ _____ Date: _____

CERTIFICATION BY TRAINING OFFICIAL OR SPONSOR

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: /s/ _____ Date: _____

Printed Name and title: _____ Phone: _____

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Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

DO NOT WRITE BELOW THIS LINE