



State of Utah
Department of Workforce Services
Unemployment Insurance

REQUEST FOR EXTENSION OF APPROVED TRAINING

First Name: _____ Last Name: _____

Date of Birth: _____

Please read all questions and instructions below carefully. If you fail to follow all instructions, answer all questions, or fail to submit all the necessary documents, your request could be denied or delayed, causing a delay in the payment of your unemployment benefits. Return this completed form **within 10 business days. RETURN TO: Utah Department of Workforce Services, P.O. Box 45266, Salt Lake City, UT 84145-0266, Phone 801-526-4400 or Fax 801-526-4402. Please do not send a cover sheet.**

I request an extension of department approved training for the next school term.

The next term begin date: _____ End date: _____

School name: _____

Listed below are the documents you must submit with this request.

Copy of registration shows all the classes you will be taking for the next school term.

Additionally, you will need 1 of the following:

An official grade report from the school for the previously completed school term.

A certification of progress for the classes for the current school term. (See Certification of Progress below).

CERTIFICATION OF PROGRESS

You must submit evidence of your satisfactory performance in training to continue your department approval while receiving unemployment benefits. You must present an official report of your grades or have this Certification of Progress completed by your instructors.

CERTIFICATION BY INSTRUCTOR: I certify this individual is satisfactorily attending training in my class and is receiving a passing grade.

	Attendance/ Passing Grade (C or Better)	Class	Instructor	Signature /s/	Telephone #	Date
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No					

CERTIFICATION: I know that the law provides penalties for falsifying statements in order to obtain unemployment benefits. I certify that the above statements, the Certification of Progress, and other information I have submitted are true and correct to the best of my knowledge and belief.

Signature: /s/ Date: _____



Equal Opportunity Employer/Program

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.