

CONTINUED CLAIM

CLAIMANT'S NAME _____
(Last, First, M.I.)

SOC. SEC. NO. _____ WEEK ENDING DATE _____

A. To be completed by the claimant for the Week Ending Date shown above.

Yes No

1. Did you work or earn any money?
 - a. If yes, enter gross earnings: \$ _____
 - b. Employer Name: _____
 - c. Employer Address: _____
 - d. Are you still working?
 - e. If no, reason for separation: _____
2. Did you apply for or receive any training related assistance *(other than tuition, cost of books or training costs)*?
 - a. If yes, give amount: \$ _____
 - b. Give source: _____
3. Did you miss any scheduled training?*(Give dates and reason for absence)*

4. Did your address or phone number change during this training week? If yes, enter your new address and phone number.

CLAIMANT CERTIFICATION: I am claiming benefits under the Approved Training Provisions of the Employment Security Law of Arizona for the calendar week ending as shown above. I certify that the information given is correct. I understand that the law provides penalties for false statements made in connection with this claim.

CLAIMANT SIGNATURE _____ DATE _____

B. To be completed by the Training Facility for the Week Ending Date shown above.

Yes No

1. Was the claimant enrolled in training? a. If no, please explain: _____

2. Was the claimant satisfactorily pursuing the training course? a. If no, please explain: _____

TRAINING FACILITY CERTIFICATION: To the best of my knowledge and according to our records, the above answers are correct and complete. Furthermore, the entry of item B.2. is based on established facility standards and procedures.

FACILITY NAME _____ PHONE NO. _____

AUTHORIZED SIGNATURE _____ DATE _____

PAYMENT UNIT AUTHORIZATION:

DEPUTY SIGNATURE _____ DATE _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.