

## COMPLETION INSTRUCTION FOR APPROVED TRAINING CONTINUED CLAIM, UB-106-T

All claims for Unemployment Insurance are for the calendar weeks beginning SUNDAY and ending at MIDNIGHT on the following SATURDAY. Do not complete, sign or mail the form until the SUNDAY or MONDAY following the week for which you are claiming. Claims signed or mailed prior to midnight of the Saturday week ending date will be returned to you and payment will be delayed. Please print and sign clearly in black ink.

**Approved Training weekly continued claims are not accepted by telephone.**

If, while participating in the Approved Training Program, you run out of forms or you need help, please call the APPROVED TRAINING UNIT at 602-364-4119. If you are not within the Phoenix metropolitan area and the call would be long-distance, phone the nearest ARIZONA@WORK Job Centers, and they will relay a message to the APPROVED TRAINING UNIT to return your call.

**PENALTIES:** Any person who knowingly makes a false statement or representation believing it to be false or who knowingly fails to disclose a material fact in order to obtain or increase a benefit or other payment under Chapter 4 of the Employment Security Law either for self or for another person, or under an employment security law of another state, the federal government, or a foreign government, is guilty of a class six felony. Each such statement or representation or failure to disclose a material fact shall constitute a separate offense.

### SECTION A. COMPLETED BY THE CLAIMANT

Print your NAME, SOCIAL SECURITY NUMBER and WEEK ENDING DATE (SATURDAY) in the spaces indicated at the top of the form.

- Question 1: Mark the "No" box if during the week claimed you did not work or perform services for which you were paid. If you worked or were self-employed during the week, mark the "Yes" box and complete part "a" (gross earnings), part "b" (name of employer), part "c" (address of employer), and part "d" (if still working). If you are no longer working, complete part "e" (enter reason why you are no longer employed).
- Question 2: Mark the "No" box if during the week claimed you did not receive payment or subsistence of any kind of participating in training. Mark the "Yes" box if you received any allowances, benefits, wages or other payments for participating in training (other than unemployment insurance benefits received). If you mark the "Yes" box, complete part "a" showing the source and part "b" showing the amount of the assistance payment received for the week claimed.
- Question 3: Mark the "Yes" or "No" box. **If you missed training**, you must include the scheduled dates you missed, and the reason for your absence.
- Question 4: Mark the "Yes" box if your address has changed since you last submitted a weekly claim form, and print the new address and your current phone number.

### SECTION B. TO BE COMPLETED BY A REPRESENTATIVE OF THE TRAINING FACILITY

- Question 1: Mark the "Yes" or "No" box indicating whether or not the claimant was enrolled in training during the week being claimed. If the "No" box is marked, please give a brief explanation. If more space is required, use the reverse side of the weekly claim form.
- Question 2: Mark the "Yes" or "No" box indicating whether or not the claimant was "satisfactorily pursuing" the training course. NOTE: IF, FOR ANY REASON THE CLAIM-ANT WOULD NOT COMPLETE THE TRAINING PROGRAM AS ORIGINALLY SCHEDULED, HE/SHE SHOULD NOT BE CONSIDERED AS "SATISFACTORILY PURSUING" THE COURSE.

Your training facility: \_\_\_\_\_

Take your continued claim form to: \_\_\_\_\_  
*Authorized Representative*

**ANSWER ALL QUESTIONS BELOW**

UB-106-T (9-17)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Unemployment Insurance

**CONTINUED CLAIM**

Print your name here →  
Print your Social Security Number here →

CLAIMANT'S NAME \_\_\_\_\_  
(Last, First, M.I.)  
SOC. SEC. NO. \_\_\_\_\_ WEEK ENDING DATE \_\_\_\_\_

Enter the week-ending date you are filing for. Remember, this must be a Saturday 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.

Sign your name here →

CLAIMANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Enter the date you are submitting your claim. Remember, this must be at least one day after the week-ending 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 \_\_\_\_\_

Training facility will complete and sign this section.

**Certification by the Training Facility:** The authorized Training Facility Representative shall sign and date the weekly claim form. Claim forms signed by someone other than the Authorized Training Facility Representative cannot be accepted for payment. Incomplete or incorrect forms will be returned for correction and will cause a delay in the payment of the claimant's benefits. Claimants who have completed the Approved Training Program and wish to continue to file for Unemployment Insurance should file through the Internet at [www.azui.com](http://www.azui.com), or by telephone at 602-364-2722 (Phoenix), 520-791-2722 (Tucson) or 1-877-600-2722 (outside of Maricopa and Pima counties).

Mail the completed form to:  
Approved Training Unit, Mail Drop 589C  
P.O. Box 6666  
Phoenix, AZ 85005

Or fax to: (602) 495-3135

**Do not mail claims in the regular Unemployment Benefits envelope**

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.