

TRAINING CERTIFICATION AND ELIGIBILITY INVESTIGATION RECORD

C1 C2 C4 Social Security Number _____ Name Check _____
 Issue Code _____ Issue ID (C2) _____ Deputy ID _____
 PGM _____ Issue Status _____ Resolution Code **04**
 Count _____ Untimely _____ Redetermination Date _____
 Redetermination Reason (2) _____
 Disqualification Start _____ Disqualification End _____ Statement 1 _____
 Statement 2 _____ ER Charge Statement **N/A** C5 _____
 C9 Release Date _____ Letter No _____
 Date Issue Detected _____ 1st Affected BWE Date _____ Process Date _____

CLAIMANT INFORMATION

Claimant's Name (*Last, First, M.I.*) _____
 Training Course Name _____
 Name of Training Facility _____ Campus Attending (*If different*) _____
 Training Facility's Address (*No., Street, City, State, ZIP*) _____
 Campus' Address (*No., Street, City, State, ZIP*) _____
 No. of Weeks _____ Start Date _____ End Date _____
 1. a. Enter the cost of training: Tuition \$ _____ Books and Supplies \$ _____
 Other \$ _____ (*specify what the cost is for*) _____
 b. Enter the amount(s) and source(s) of financial assistance for costs shown in item 1.a (*if applicable*):
 Source _____ Amount \$ _____
 Source _____ Amount \$ _____
 Source _____ Amount \$ _____
 2. Are you receiving, or have you applied for a training or retraining allowance from any source (*other than Unemployment Insurance under the approved training provision, i.e., Pell, SSIG, SEDG, VA, etc.*)? Yes No
 If yes, answer the following questions:
 Source of allowance _____
 Amount of allowance \$ _____ per _____ (*week or month*)

I hereby apply for Unemployment Insurance under the approved training section of the Employment Security Law (*A.R.S. § 23-771.01*).

I know that in order to qualify for Unemployment Insurance under this section of the law, **I must attend and make satisfactory progress in each course**. I agree that I will make myself available for counseling or other interviews as required.

I certify I obtained the following information from the parties named.

Deputy's Name _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.

FINDINGS OF FACT

Basis for Adjudication: Availability/Eligibility for Approved Training.

1. The claimant is participating in training administered by *(Check applicable boxes)*:
 - a. Workforce Investment Act of 1998; **OR** Yes No
 - b. The Trade Adjustment Assistance or NAFTA Transitional Adjustment Assistance Program; **OR** Yes No
 - c. A vocational rehabilitation program sponsored or administered by the Department or another public agency; **OR**
 Yes No
 - d. One or more programs of DES Yes No *Program(s)* _____
2. Is the training designed to assist the claimant's understanding of English (ESL) or will it result in the claimant obtaining his/her G.E.D. *(Cannot be enrolled in and attending a public or private secondary educational institution)?*
 Yes No
3. Is the claimant being referred to training by his/her base period employer who is subject to charges for benefits paid to the claimant? Yes No

If **YES** on items 1, 2, or 3 – complete R&C and attach WIA, TAA/NAFTA TAA or vocational rehabilitation or other authorization documents.

IF NO ON ITEMS 1, 2, OR 3 – COMPLETE ITEMS 4 THROUGH 7 AS APPROPRIATE.

4. a. Have both the training facility and the training course been approved by a Department or similar agency of Arizona (DOE) or another state? **AND** Yes No *
- b. Is the training objective attainable within 52 weeks *(Lasting a minimum of 4 weeks)*? **AND** Yes No *
- c. Complete applicable items:
- d. If the training occurs in a vocational facility, does it require a minimum of 20 hours per week of supervised participation? Yes No *
- e. Daily hours of attendance from _____ to _____ Days per week _____ **OR**
- f. If the training occurs in an academic institution, does it require a minimum of 12 semester credit hours during Fall or Spring sessions or 6 semester hours during Summer sessions and result in a training certification? Yes No *
5. a. Are prospects for continuing employment for which the claimant is suited by training and experience minimal and not likely to improve in the foreseeable future? **OR** Yes No *
- b. Does the claimant's prior work history establish a history of minimum wage or within \$1.00 of the minimum?
 Yes No *
6. Does the claimant possess aptitudes or skills which can be usefully supplemented by retraining and have the qualifications and aptitudes necessary to reasonably assure successful completion of the training course?
 Yes No *
7. Is the training course likely to prepare the claimant for an occupation for which there are or are expected to be reasonable full-time employment opportunities in the locality in which the claimant lives or is seeking work?
 Yes No *

***GO TO R&C (IF NO TO ANY QUESTION, THE CLAIMANT IS NOT ELIGIBLE FOR APPROVED TRAINING).**

BPR: A.A.C. R6-3-1809.

The claimant is **NOT** available for work but **IS ELIGIBLE** for Unemployment Insurance benefits while satisfactorily attending Approved Training.

The claimant is **NOT ELIGIBLE**. *(See UB-100, Determination of Deputy)*