



Application for Department Approved Training

69-0018 (03-19)

Social Security Number

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Office Use Only														
Detection Date:														
O.C. Date				REF		Employer Account Number								
Deputy		ANDS		Variable 1				Variable 2						

Sunday through Saturday

First Name Middle Initial Last Name

I hereby make application for Department Approved Training. I understand that while attending the approved training I will not have to be available for work or actively seeking work, but must be able and available to attend the training.

I do certify that the following statement is true and that it is being made of my own free will, and with my knowledge that it will be made a part of the claim record file. I also understand that any statement made herein may be used as evidence in the determination of eligibility for Unemployment Insurance Benefits.

My training will be conducted at:

Provide first date of training: _____
Month, Day, Year

Training Facility Name

Provide estimated training completion date: _____
Month, Day, Year

Training Facility Street Address

Indicate days of the week your training is scheduled and class times on these days (i.e. 8 am - 10 am, 12 pm - 2 pm, etc):

City State Zip Code

Mon Tues Wed Thurs Fri

My training prepares me for the following occupation:

Class Time Class Time Class Time Class Time Class Time

Occupation Name

Course Schedule (check one): Full-Time Part-Time
Online Courses: Yes No

Initial Training Application

Provide approximate hours of employment during the last 18 months: _____
(i.e. 8 am - 5 pm, 10 am - 7 pm, etc.)

Continued Training Application

If training was approved during the prior semester, did you make satisfactory progress? No Yes

If Yes, please provide proof (i.e. grades, school letter, etc.)

Additional Information and Signature

If you have received Department Approved Training for the past semester, attach the class schedule and grades you received. This application is considered incomplete without submission of your previous class schedule and grades and will not be approved.

NOTE: During your weekly claims, as long as you are attending training, you may respond that you are able and available for work.

I understand that, after completion of this training or if I quit training, the following eligibility conditions will apply in order to be eligible for unemployment insurance benefits.

- I must not place any restrictions on my employability, and am required to meet all "able and available requirements of the law."
- I must contact Iowa Workforce Development or IowaWORKS Center if I complete or quit school.

If benefits are paid to you, that you were not eligible to receive, you will be required to repay those benefits.

Phone: Alt Phone: Email:

Claimant Signature: Date Signed: