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**Training Extension
Benefits**

60-0192 (10-17)

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

Most Recent Occupation

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

Training Facility Name

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

City State Zip Code

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):

My training prepares me for the following occupation:

Mon Tues Wed Thurs Fri

Occupation Name

Class Time Class Time Class Time Class Time Class Time

Provide approximate hours of employment during the last 18 months:

Course Schedule (check one): Full-Time Part-Time

(i.e. 8 am - 5 pm, 10 am - 7 pm, etc.)

Work schedule was (check one): Full-Time Part-Time

Additional Information and Signature

I hereby make application for training extension benefits. 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.

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 I must attach the class schedule. I understand the application is incomplete without an attached class schedule and will not be approved.

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

I understand I must report my weekly claim online in order to be paid training extension benefits and I should indicate I am able and available each week as long as I attended classes.

I understand the maximum amount of training extension benefits is 26 weeks and is only available when all other types of benefits are exhausted. I also understand the training extension benefits end when my unemployment claim has exceeded the end of my benefit year. I understand this could mean I would receive less than the 26 week maximum listed on my decision letter.

I understand if I discontinue or complete training that I no longer qualify for the weekly training extension benefits and should discontinue submitting weekly unemployment insurance claims immediately.

I understand that if benefits are paid to me, and I am not eligible to receive them, then I will be required to repay those benefits.

I understand I must contact Iowa Workforce Development or IowaWORKS Center if I complete or quit school.

Phone: Alt Phone: Email:

Claimant Signature: Date Signed: