

TRAINING ENROLLMENT VERIFICATION (TEV) LINE ITEM INSTRUCTIONS

(Internal Use Only)

The *Training Enrollment Verification (TEV)* form, DE 3422D, is completed by the authorized program representative who approves the participant for training that is pre-approved under the California Training Benefits (CTB) program. The following table provides a line item description of the information needed for each field on the TEV. All information is required by the EDD in order to accept the TEV, process CTB approval, and meet reporting requirements. Use the “Tab” key to navigate between the fill-in fields when completing the TEV.

TRAINING ENROLLMENT VERIFICATION (TEV) INSTRUCTIONS	
COMPLETED BY AUTHORIZED PROGRAM REPRESENTATIVE	
Section A - PARTICIPANT INFORMATION	
Line Item	Description of Field Entries
Participant Name	Participant’s first and last name.
SSN	Participant’s social security number.
Participant’s Contact Phone Number during School or Training	Phone number where the participant can be reached during school or training in case EDD staff need additional information to process the TEV.
Participant’s Current Occupational Title/O*NET-SOC	Title of the participant’s most recent or primary occupation and the related O*NET-Standard Occupation Code (SOC) for that occupation.
Participant’s Training Occupational Title/O*NET-SOC	Title of the training occupation and the related O*NET-SOC for that occupation.
Section B – TRAINING INFORMATION	
<p>You must check <u>only one</u> of the following boxes in this section:</p> <ul style="list-style-type: none"> • <u>New Training Program</u> is used only for the initial TEV request. • <u>Resubmitted Form with Requested Corrections</u> is used to correct errors on previously submitted TEV forms when EDD staff request a resubmitted form or when the sender finds errors on the same day the initial TEV was submitted. • <u>Amendment to CTB Eligible Training</u> is used to amend information on a previously submitted TEV where CTB has already been approved (e.g. extension of end date, change in training facility, etc.). 	
Training Facility Name/Contact Person’s Name and Phone number	Training facility name, contact person’s name, and contact’s phone number at the training facility for attendance verification.
Training Facility Street Address, City, County, State	Training facility physical street address and location (Zip code not necessary).
Date Training Started	The first date the participant attended authorized school or training under the program indicated under Section C.
Date Training Ends	The last date the participant will attend classroom training or any unpaid internship or externship required to complete the training, after which the participant will be required to seek or start work.
Days and Times of School Attendance	Days and hours the participant is attending school or training. This helps EDD staff to know when the participant can be contacted or when the participant is available for any future telephone interviews.
Dates of School Breaks/Recess Periods during Approved Training Period	Beginning and ending dates of any breaks or recess periods when the participant will not be attending school or training (e.g., spring break, between terms) other than summer break. This helps EDD staff know when the participant will not be able to get a signature from the training facility on the continued claim form, which is required for UI payments.
Summer Break/Start and End Dates	Mark “yes” if the participant will be attending school or training during the months of June, July, and August. Mark “no” if the participant is not attending school until after the summer break and also enter the beginning and ending dates of the training facility’s summer session. This helps EDD staff identify the period the participant may be required to seek work or will be ineligible for training extension benefits. Mark “not applicable” if training ends before the summer break.
Section C – PROGRAM INFORMATION	
Program Authorizing Training	Mark the box for the program which is authorizing, funding or monitoring the participant for training, even if direct program funding is not provided to pay for the school or training costs.
Date Participant Applied to this Program	The date the participant applied for services of the pre-approved training program marked in the box. This date may be used to determine Training Extension eligibility when the claimant was not able to contact the EDD to inquire about CTB.

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Section C – PROGRAM INFORMATION (CONT.)	
Line Item	Description of Field Entries
Discretionary Funds/Purpose, Compensation and Amount Paid	Payment of discretionary funds is very uncommon; however, if any discretionary funds are being paid to the participant, mark yes and enter the purpose, amount, and frequency of the payment, and mark the box in Section E. NOTE: Direct payments and reimbursements for training costs to the individual, such as transportation, tuition, books, and supplies are not discretionary funds. Indirect payments made to training facilities such as student loans, Montgomery GI Bill, or Pell Grants are also not discretionary funds.
AUTHORIZED PROGRAM REPRESENTATIVE CERTIFICATION	
Signature of Authorized Program Representative, Date Signed, and Date Training Verified	This section must be signed and dated after the authorized program representative has reviewed and certified that all information submitted is true and correct. Enter the date the participant's training attendance was verified with the training facility or the participant. This date must be on or after the training start date in Section B or EDD staff will be unable to accept the TEV.
Authorized Program Representative Name, Title, and Contact Number	The full name, title, and phone number of an authorized program representative or designated staff who can be contacted by EDD staff for information on the participant's attendance, progress, and changes in enrollment. This individual is an authorized representative for the training program marked in the box above.
LWIA Code	Enter the CTB ID Code to authenticate that the form was sent by a One-Stop Center. Refer to the CTB ID Code list to locate the correct code for the office submitting the TEV.
COMPLETED BY TRAINING PARTICIPANT	
Section D – TRAINING ENROLLMENT AUTHORIZATION	
The participant must be provided with and advised to read the Rights and Responsibilities form and CTB Fact Sheet, DE 8714U Rev. 11, before completing this Section. To complete this Section, re-enter the participant's SSN at the top of the page and enter the authorized program representative's name and the authorizing program in the appropriate fields. Instruct participants to verify their SSN, and mark the box indicating receipt of the Rights and Responsibilities form. Make sure that the participant reads, signs, and dates the TEV.	
Section E – DISCRETIONARY FUNDS WAIVER	
If the participant is receiving discretionary funds, mark this box and enter the title of the training program in the appropriate field. Advise the participant the funds must be waived as a condition of CTB eligibility. Once the participant understands and agrees to the requirement to waive the receipt of any discretionary fund (as described in the Rights and Responsibilities form), instruct the participant to sign and date the waiver.	
ADDITIONAL COMMENTS OR INFORMATION	
Enter any additional details that EDD staff may need to know about the training (e.g., additional school schedule, recess or break information) or relevant post training information, including: <ul style="list-style-type: none"> • If the participant has a definite job promise, enter the employer name, start-to-work-date, occupation, and number of hours per week. • If the participant will be required to join a labor union that controls occupational hiring, enter the union name, local number, and effective date (e.g. pre-apprenticeship). 	

FAXING INSTRUCTIONS

The fax number provided for the CTB Streamline process is for internal use only and for the sole purpose of submitting the TEV by authorized program representatives. The fax number is not valid for any other documents and must **not** be shared with the participants and training providers or distributed to the public.

1. Before faxing this form, verify:
 - a. The participant's SSN is provided on both the front and the back of the TEV.
 - b. Section D is completed and signed including the check box acknowledging reading the *Rights and Responsibilities for the Training Enrollment Verification*.
 - c. Section E is completed and signed **if** the Discretionary Funds Waiver Required box is marked.
2. **After** the participant has started school or training, fax this form to the EDD at **1-888-288-8334**.

If you are sending multiple TEV forms at the same time, please include a fax transmittal with a list of participants included in the fax transmission and a contact name and number in case of fax transmittal failure.

The TEV will not be accepted and processed if any required entries are missing or appear to be incorrect. If required, EDD staff will contact the office that submitted the TEV and ask that the form is resubmitted with the required corrections within 24 hours, or the participant may be scheduled for a telephone interview.