

TRAINING ENROLLMENT VERIFICATION

In order to determine potential eligibility for California Training Benefits (CTB) while in training, the following information must be provided to the Employment Development Department (EDD) for the enrolled program participant named below after the participant begins attending the training. By completing, signing and submitting this form, the participant is applying for CTB.

This form is to be completed by the program representative who authorized EDD Director-Approved Training and signed by the participant. Please complete on-line or print and complete by hand using black or blue ink (all copies must be legible).

COMPLETED BY AUTHORIZED PROGRAM REPRESENTATIVE

A. PARTICIPANT INFORMATION

Participant Name: _____ SSN: _____

Participant's Contact Phone Number during School or Training: _____

Participant's Current Occupational Title: _____ O*NET-SOC: _____

Participant's Training Occupational Title: _____ O*NET-SOC: _____

B. TRAINING INFORMATION

New Training Program Resubmitted Form with Requested Corrections Amendment to CTB Eligible Training

Training Facility Name _____

Training Facility Contact Person: _____ Phone No.: _____

Training Facility Street Address: _____

City: _____ County: _____ State: _____

Date Training Started: _____ Date Training Ends: _____

Days and Times of School Attendance: _____

Dates of School Breaks/Recess Periods during Approved Training Period: _____

Summer Break: Will the participant attend school during the months of June, July, and August? Yes No Not Applicable

If no, enter dates of the training facility's summer session/semester: Start Date: _____ End Date: _____

If there is a definite job promise or union membership requirement for the participant after the training is completed, provide the details in the **Additional Comments or Information** section on the back of this form.

C. PROGRAM INFORMATION

Program Authorizing Training: WIOA ETP TRA CalWORKs Date Participant Applied to this Program: _____

Program Representative: _____ Title: _____ Phone No.: _____

Is the participant receiving any discretionary funds paid by the training program as provided in Section E? Yes No

If yes, mark the box in Section E, advise the participant to sign the waiver as a condition of CTB eligibility, and indicate the purpose of the compensation and amount paid: _____

AUTHORIZED PROGRAM REPRESENTATIVE CERTIFICATION

I certify that the information above is true and correct and the authorization and waiver (if applicable) was signed and dated by the individual who is the subject of this request. The original copy of this Training Enrollment Verification form is available for EDD inspection upon request and will be made part of the case file.

Signature of Authorized Program Representative Date Signed Date Training Attendance Verified

Printed Name Title Phone Number LWIOA Code

A fax or photocopy of this form is deemed as valid as the original Training Enrollment Verification form. Personal Information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit.

COMPLETED BY TRAINING PARTICIPANT

Participant SSN: _____

Read the attached *Rights and Responsibilities for the Training Enrollment Verification* before signing this form. School attendance may affect your eligibility for UI payments unless you are approved for the CTB program. This completed and signed form authorizes the sponsoring program to send your training enrollment information and your request for a CTB eligibility decision to the EDD. It is your responsibility to verify all of the participant information provided in Section A and B on the front of this form.

After this completed form is processed by EDD, you will be notified by mail whether you are eligible for CTB or if other actions are necessary. UI payments can not be paid until you are determined eligible and your continued claim form is received.

TRAINING ENROLLMENT AUTHORIZATION AND DISCRETIONARY FUNDS WAIVER

D. Mark this box if you have received and read the Rights and Responsibilities for the Training Enrollment Verification

I hereby apply for a decision of eligibility for the CTB program under Article 1.5 of the California Unemployment Insurance Code (CUIC) and authorize _____, the designated representative of the _____
(Authorized Training Representative Name) (Authorizing Program)

program to provide my training information to the EDD on my behalf. I understand that UI payments are payable under CTB only while I attend approved training and I am otherwise eligible for UI payments. I understand that I am authorizing EDD to make a determination of eligibility based on the information provided on this form and that I may potentially be denied approval for the CTB program if I am not otherwise eligible for benefits. I understand that if I am denied CTB approval, I may be scheduled for a telephone eligibility appointment to determine my availability for work while attending school or training.

Participant Signature

Date Signed

E. Discretionary Funds Waiver Required (If this box is marked, you must waive receipt of discretionary funds by completing the certification below in order to be eligible for CTB).

I elect to waive the discretionary from the _____ program as long as I am collecting UI benefits under the CTB program.
(Authorizing Program)

Section 1273 of the CUIC prohibits CTB eligibility for claimants receiving any training or retraining benefits, allowances, or stipends, which are for discretionary use and not intended as direct or indirect compensation for tuition, books, supplies, and transportation.

Participant Signature

Date Signed

ADDITIONAL COMMENTS OR INFORMATION

Enter any additional details that UI may need to know about the training (e.g., additional school schedule, recess or break information) or relevant post training information.

CONFIDENTIALITY NOTICE: The disclosure of your training information is voluntary. This notice is for the sole use of the intended recipient. It contains confidential information. Under Penal Code 502 and Civil Code 1798.53 any unauthorized review, use, disclosure, or distribution of the content of this document is prohibited and subject to criminal penalties and fines.