



MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
 TRA TRAINING VERIFICATION



Worker's Name and Mailing Address

Last 4 digits of Social Security No.

Week Ending Date (Saturday)

TRAINING VERIFICATION

1. Did you attend approved training as scheduled for the week claimed? YES NO
 If "NO," explain why:

2. Have you applied for or received TRA, DWB or any other program allowance from another state, for the week claimed? YES NO
 If "YES," Name of Program _____ Date Received _____ Amount Received \$ _____

3. Other than Maine TRA or Maine UI, have you filed, intended to file, or received unemployment insurance under any other state or federal program for the week claimed? YES NO

4. **TRAVEL AND SUBSISTENCE:** Are you eligible for daily travel allowances or subsistence? YES NO
 If "YES," please check box(es) when you used your own vehicle or nights away from residence.
If "NO," do not check boxes.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daily Travel							
Name of School Attended							
Subsistence							

✓ **STUDENT CERTIFICATION:** I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements. I authorize deduction for any advance made to me.

Sign Here _____ Date _____

TO BE COMPLETED BY TRAINING FACILITY (Check whether attended or absent)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Attended							
Absent							
Reason for Absence							
Scheduled Break (give the dates of the ENTIRE school break)							
Student Terminated/Graduated (give dates)							

Number of days scheduled for training_____.

✓ **TRAINING FACILITY CERTIFICATION:** THE ABOVE INFORMATION IS IN ACCORDANCE WITH OUR RECORDS. Statements made by the student appear to be complete to the best of my knowledge.

1st School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

2nd School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

MAIL OR FAX THIS FORM TO:

**Maine Department of Labor
Bureau of Unemployment Compensation
Special Program Unit
47 State House Station
Augusta, ME 04333-0047
Fax: (207) 287-3395**

QUESTIONS?

Call: 1-800-593-7660 between 8:00 AM and 12:30 PM Monday through Friday