|  |  |  |
| --- | --- | --- |
|  | **MAINE DEPARTMENT OF LABOR**  **Bureau of Unemployment Compensation**  **DISLOCATED WORKER BENEFITS TRAINING VERIFICATION** |  |

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **CLAIMANT DETAILS** |

Claimant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last 4 of Claimant SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION OF TRAINING ATTENDANCE FOR THE WEEK ENDING SATURDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **DISLOCATED WORKER BENEFITS (DWB) TRAINING VERIFICATION** |

1. Were you able to attend, and did you attend, all scheduled approved training during the week claimed?   
   YES\_\_\_\_ NO\_\_\_\_

**A. If “NO,” give the date(s) and reason(s) for absence in the Remarks Section below.**

1. How many days during the week are you scheduled for training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you on school vacation or a break in training? YES\_\_\_\_ NO\_\_\_\_

A. If “Yes,” give start and end dates of break in training. From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_

1. **If the training has been completed or terminated, give the last date of attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Remarks: |

**Claimant Certification:** I certify that all statements for the week covered are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State, Railroad, or Federal unemployment insurance.

|  |  |
| --- | --- |
| Claimant’s Signature | Date |

**Training Facility or Training Sponsor Certification:** The answers in questions 1, 2, 3, and 4 are in accordance with our records. Statements made by the claimant appear to be complete and correct to the best of my knowledge, unless otherwise noted.

|  |  |
| --- | --- |
| Facility/Sponsor Name: | Telephone No: |
| Signature | Date |

***Please mail or fax this form to the Unemployment Claim Center listed below:***

Maine Department of Labor

Bureau of Unemployment Compensation

97 State House Station

Augusta, ME 04333-0097

Fax No. (207) 287-5905