



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.

2. How many days during the week are you scheduled for training? _____

3. 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 _____

4. **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