|  |  |  |
| --- | --- | --- |
|  | **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:

1. 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 $\_\_\_\_\_\_\_\_\_

1. 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
2. **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 |  | |  | 2nd School |  | |
| Name of Training Facility | | |  | Name of Training Facility | | |
| Name of Training Official (Print or Type) | | |  | Name of Training Official (Print or Type) | | |
| Signature of Training Official | | Date |  | 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** |