|  |  |  |
| --- | --- | --- |
|  | **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** |