



**Approved School / Training Form**

Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 ID or SSN: \_\_\_\_\_

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

It is your responsibility to complete the information in Section A and B and have the school complete Section C and D.

The Week Ending Dates must be entered in the space on this form following Week Ending Date 1 and 2 below.

**Week 1 Ending Date:**

**Week 2 Ending Date :**

<b>Section A: School/Training Information</b>		
Name of Training Institution Attending: _____		
Address 1: _____		Address 2: (Apt., Floor, Suite, etc.) _____
City: _____	State: _____	Zip Code: _____
Attendance for this Training Requires _____ hours per day and _____ days per week.		
<b>Section B: Student Signature</b>		
I certify that my answers to the questions on this form are true and correct. I understand that the law provides fines and imprisonment for false statements to obtain benefits.		
Student Signature: _____		Date: _____
Name (printed): _____		Telephone Number: _____

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

The above named individual has filed a claim for unemployment insurance benefits. This individual may be eligible for such benefits while attending approved training. This eligibility, in part, depends upon the information that you provide about his/her attendance. Students must have provided all information requested above and give this form to instructor/official for completion and signature. Once completed and returned to the student, the form must be maintained by the student and provided to the Agency upon request.

<b>Section C: Attendance Information</b>		
Course Title(s)		
Attended all scheduled training courses.      Yes      No      If no, provide dates not in attendance: _____		
<b>Section D: Instructor(s) Signature</b>		
Instructor Signature: _____		Date: _____
Name (printed): _____		