

**ATTENTION UNEMPLOYENT INSURANCE CLAIMANTS**

If you are currently receiving Unemployment Insurance Benefits you must complete this form and mail or fax it to Nevada Employment Security Division one week prior to beginning school or training. Failure to complete and submit this form, may result in failure to receive your benefits in a timely manner.

# SCHOOL / TRAINING ATTENDANCE NOTIFICATION

### Claimant Name:

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| --- | --- | --- | --- | --- |
| Claimant ID or Last four (4) digits of Social Security Number: | | | | |
| Name & Address of Class/Training Facility: | | | | |
| Name and Address of JobConnect Office or Provider (if different from above): | | | | |
| Class/Training Schedule:  Date classes/training begin:       Date classes/training end: | | | | |
| Normal Occupation of Claimant**:** | | | | |
| SUBJECT | HOURS | DAYS | | **COMMENTS** |
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| Return this form to: State of NevadaEmployment Security Division U.I. Operations Center  500 East Third Street  Carson City, Nevada 89713 FAX: (775) 684-0338 | | | | |
| WORK SEARCH WAIVER APPROVED FROM       to  Client’s work search requirements are waived for the above period while attending this training/school. | | | | |
| WORK SEARCH WAIVER DENIED  The dates and classes noted in the waiver request do not meet the requirements for work search waiver. There has not been adequate proof submitted which shows a restriction on client availability. The above claimant is required to continue to seek work while attending school/training. | | | | |
| Work search information has been updated and noted in the claimant file to allow claimant to report school or training with no disruption of UI benefit payment. Claimant must meet work search requirements as noted above.  UI Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I have been advised that I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.** | | | | |
| **I have been advised that my work search requirements have been waived from\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_. After this period of time if I remain unemployed, I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.** | | | | |
| **CERTIFICATION:** The above statements are true to the best of my knowledge and belief. I understand the law provides penalties for making false statements to obtain benefits. I will promptly report any change in my schooling or circumstances as stated above. | | | | |
| Claimant Signature: | | | Date: | |
| JobConnect Staff or Provide Signature: | | | Date: | |

**INFORMACIÓN EN ESPAÑOL**

Este comunicado contiene información importante acerca de sus beneficios de desempleo. Si usted tiene problemas para leer y comprender inglés, puede comunicarse con un representante de la División para que le ayuden con la traducción.

El Norte de Nevada…............1-775-687-8148

El Sur de Nevada……............1-702-486-2957

Número de teléfono gratuito...1-888-687-8147

Si está recibiendo Beneficios del Seguro de Desempleo, debe completar este formulario y enviarlo por correo o fax a la División de Seguridad Laboral de Nevada una semana antes de comenzar la escuela o entrenamiento. Si no completa y envía este formulario, podría no recibir sus beneficios al tiempo debido.