



APPLICATION FOR APPROVED TRAINING

SSN: _____
(Please provide when returning form)

You should complete the top portion of this form and deliver it to the school you are attending or plan to attend. Be sure to provide your name and address information before delivering it to the school representative. Please provide your social security number when returning this form to us by fax or mail.

Failure to return this completed form within 10 days of filing a claim for UI Benefits or enrollment in school may result in a loss of benefits.

STUDENT'S NAME & ADDRESS
Phone: _____

RETURN COMPLETED FORM TO:
ADJUDICATION SUPPORT
P.O. Box 91253
Baton Rouge, LA 70821-1253
FAX: (225) 346-6068

Louisiana Law (R.S. 23:1602(2)) requires that all individuals claiming unemployment insurance benefits must be available for work and conducting an active search for work unless in training with the approval of the administrator of this agency. This form is designed to be completed by the school you are attending. The information will be used to determine if your training meets the requirements for approval by the administrator.

THIS PORTION MUST BE COMPLETED BY YOUR SCHOOL. QUESTIONS LEFT BLANK MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST FOR APPROVED TRAINING.

NAME OF COURSE: _____

- 1. School Name: _____
2. Address: _____

- 3. Training Beginning Date: _____
4. Training Ending Date: _____

Note: Please include projected dates for the completion of associate degrees, or in the case of vocationally directed training, the ending date of the course, not just through any upcoming breaks for the school.

- 5. How many days during the above referenced period will the student be off due to holidays? _____
6. What hours and days of the week will the student be in class? Indicate a.m. or p.m.
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Saturday: _____

Sunday: _____

7. **Has the school been approved by the Department of Education?**

Yes No

Is the training a Workforce Investment Act (WIA) sponsored course?

Yes No

8. **What are the student's current occupational skills?**

9. **What is the student's current labor market area?**

Local Multi-Parish or County Statewide

10. **What are the present demands for the above occupational skills in the student's current labor market area?**

Good Fair Poor Non-Existent

11. **After schooling, what are the prospects of employment?**

Good Fair Poor Non-Existent

12. **What is the present hourly pay in the area for the occupation for which schooling is requested?** _____

13. **Does the schooling requested lead to a degree?** Yes No

If YES: BACCALAUREATE

ADVANCED

ASSOCIATE

If student is degreed at present, what is the degree in?

14. **If student has any particular reason for needing training, such as medical, plant closure, occupation cannot be used in other industries, etc., please explain:** _____

SCHOOL REPRESENTATIVE

TITLE

PHONE

FAX

DATE