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: ____________________________________________________________________

LWC-UI 130
Rev. 04/10
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

LWC-UI 130
Rev. 04/10