

Case No:

Name:

SS# :

In your application for unemployment benefits, you indicated that you are attending school. The following information is needed to determine your eligibility for benefits.

- Please complete this form and return it by mail or fax to the office indicated on the coversheet. Your form must be received within ten (10) days or a decision will be made based on available information.

1. Name of school \_\_\_\_\_

Address of school \_\_\_\_\_

2. When did you begin attending? \_\_\_\_\_

What is your current schedule? \_\_\_\_\_

Subject	Number of credit hours	Class hours (From [am/pm] to [am/pm])	Days of week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total credit hours per semester \_\_\_\_\_

Status is:  full time  part-time

The above class schedule remains in effect until \_\_\_\_\_

3. Why are you attending school? What will be the end result of this school or training?

College degree

Certification or placement in a specific field

Other (explain) \_\_\_\_\_

When will you obtain the degree or certification? \_\_\_\_\_

What is your career objective? \_\_\_\_\_

4. How are you paying for these classes?  own money  prior employer

funds from the state or federal government (please specify program) \_\_\_\_\_

other (explain) \_\_\_\_\_

Case #:

5. Did you quit work to attend school?  Yes  No

6. While attending this school or training, are you also willing and able to accept work?  Yes  No

If yes: How many hours per week are you willing and able to work? \_\_\_\_\_

What days and hours are you willing and able to work? \_\_\_\_\_

What kind of work are you seeking? \_\_\_\_\_

7. Are you willing to drop your classes if they conflict with an offer of full time work?  Yes  No

What is the last date you can drop your classes and have your tuition refunded? \_\_\_\_\_

8. Would you be willing *and* able to transfer your classes to other days or hours if they conflict with an offer of full time work?  Yes  No

What is the last date you can change your class schedule? \_\_\_\_\_

9. Did you attend school during the past two years?  Yes  No If yes:

Name of school	Dates of attendance	No. of courses	Credit hours	Full/part time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all of your employers for the past two years.

Employer	Address	Dates worked	Hours per week	Full/part time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CERTIFICATION**

Print your name: \_\_\_\_\_ SS #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I certify that the information I have provided above is true and correct, knowing the law provides penalties for false statements or the withholding of facts. I understand that a copy of the document may be given to any interested party upon request. If my claim for unemployment compensation benefits is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts for which it is determined I am not eligible.

I WILL ADVISE THE LABOR DEPARTMENT OF ANY CHANGE IN MY STUDENT STATUS.