



CONNECTICUT DEPARTMENT OF LABOR
Approved Training Questionnaire
IMPORTANTE – TENGA ESTO TRADUCIDO INMEDIATAMENTE

You have indicated that you are enrolled in school or training or are contemplating enrolling in school or training. The following information is needed to determine your eligibility for a waiver of the weekly work search requirement generally required by law in order to be eligible for unemployment compensation benefits. The work search requirement may be waived by the Labor Commissioner for any week during which an individual is attending school or training that is found to meet the definition of *approved training* under § 31-236b-1 of the Regulations of Connecticut State Agencies.

Please return your completed form with the documentation requested below by mail or fax to (860) 263-6768. If mailing, return to: CT Dept. of Labor, Office of Program Policy, 200 Folly Brook Blvd., Wethersfield, CT 06109.

CLAIMANT INFORMATION

Claimant's name:	Social security number:
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Name of school or training facility:

Address:

Program start date:		Program end date:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
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Fill in all applicable days and times of school/training attendance (indicate a.m. or p.m.):

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From							
To							

Nature of training/
Course of study

This school or training will lead to a: Certificate Degree Immediate job placement Other (explain)

Type of work for which you will be qualified upon completion of training:

Most recent occupation:	Reason for unemployment:
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List all other occupations worked in the last five years:	Primary language:
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Highest grade completed (select one) 1 2 3 4 5 6 7 8 9 10 11 12 Other (explain):

List post secondary degrees or certificates:

PLEASE READ AND SIGN BELOW:

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 this 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 understand that I must promptly notify the Unemployment Compensation Department of any change in my student status.

Signature: _____ Date: _____

Telephone numbers - Home : _____ Cell: _____

**Documentation
required:**

Submit this form with a description of the program as published in writing by the training facility or school. This may include a copy of program information from the school's Website, a course pamphlet or outline or other school materials that explain the nature of the program and its intended result.