

About modifying your Training Benefits plan

If you are currently approved for Training Benefits, you could be approved for a significant modification to your existing training plan. Except in unusual circumstances, significant modifications to an existing training plan can only be approved one time. A significant modification includes, but is not limited to, changes to your:

- Course of study or major.
- Educational institution.
- Projected start or end dates for the training.
- Enrolled credit hours.

You must complete a Request to Modify Training Plan before changing your existing training plan. In order to approve your request, you must meet all the eligibility criteria we used to approve your original plan. Plus, you must:

- Be enrolled or currently attending your approved training program.
- Include with this request a copy of your unofficial school transcripts.
- Include with this request a copy of your current school registration.
- Be making satisfactory progress in your training program, which means:
 - Your grade point average does not fall below 2.0 for two consecutive terms.
 - You maintain a grade point average sufficient to graduate from or receive certification in your approved area of study.
 - You are completing sufficient credit hours to finish your approved course of study within the time established under your approved training plan.

If you modify your training plan without prior approval and then we don't approve the change, you will no longer be eligible for Training Benefits. Plus, you will need to pay back benefits we already paid you on that modified training plan.

The attached Request to Modify Training Plan contains four sections. We will approve or deny your modified training plan based on your responses. Please read the following information carefully so you understand what is required for us to process your request.

Eligibility and training requirements

Your Training Benefits plan modification request must meet all the same criteria that were used to approve your original Training Benefits plan.

To determine if you are still eligible for Training Benefits we will review:

- Your previous occupation to verify it is still in decline in your labor market area.
- You are still a dislocated worker as defined by RCW 50.04.075(2).

Section 1 – Current training plan information

It is important that you respond to all the questions in this section completely and accurately. If you are unsure about any of the information requested, contact your school advisor, employment counselor, or the Training Benefits Unit hotline at 877-600-7701.

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. We provide free help in many languages. People who need hearing or speech help can dial 711 for the Washington Relay.

Section 2 – Modification request information

If your modified training plan involves changing schools or programs, the new school or program must be on the Eligible Training Provider at careerbridge.wa.gov/Search_Program.aspx or on the Workforce Innovation and Opportunity Act (WIOA) approved Eligible Training Provider list at careeronestop.org/LocalHelp/EmploymentAndTraining/find-WIOA-training-programs.aspx (if your training is in another state). We will deny your request to modify your training plan if either the school or the program is not on the Eligible Training Provider list.

If you are changing programs, it must be for a high-demand occupation in your local labor market area or in the area(s) where you are willing to relocate. The Workforce Development Council esd.wa.gov/labormarketinfo/learn-about-an-occupation decides which occupations are in high demand. We will deny your modification request if the new training program is not for an occupation in high demand.

If your request involves extending your training plan, you need to show that you have the money to complete your training, especially if your unemployment benefits will run out before you finish training. We will deny your training modification plan if you do not develop a financial plan and provide specific plan information.

If you request to extend the end date of your training program and we approve your request, you will NOT necessarily get more benefits. Training Benefits are payable only while you are enrolled in an approved training program or until they run out, whichever comes first. Training Benefits pay 52 times your weekly benefit amount, minus regular unemployment benefits paid.

Section 3 – Requested documentation

In order to approve your request to modify your training plan, you need to provide the documents requested in this section. If you need help getting any of the documents, contact your local WorkSource office or school advisor. Computers are available at WorkSource offices. For locations near you, go to WorkSourceWA.com.

We might approve part-time training if you are a dislocated worker or have a disability that prevents you from attending school full time. If you attend school part time because of a disability, you will be required to submit supporting medical documents to verify the disability.

Section 4 – Applicant and school certification

In order to approve your training plan modification this request must be signed and dated by you and an authorized representative of the training facility where you are enrolled or intend to enroll.

Submitting your Request to Modify Training Plan

Two ways to submit:

- Fax: 800-301-1796. You may fax from a WorkSource employment center. Find the one closest to you at WorkSourceWA.com.
OR
- Mail: Employment Security Department Training Benefits Unit
P.O. Box 19019
Olympia, WA 98507-0019

Request to Modify Training Plan

Name: _____ Claim ID number: _____

Mailing address, including city, state and ZIP code: _____

Physical address (if different than mailing address): _____

Primary daytime phone number: _____

Email address (optional): _____

Complete this form only if you have been previously approved for Training Benefits and are requesting to modify your existing training plan.

You must answer all questions. We will contact you if your application is not complete, which might delay our decision and cause us to deny your request. If we deny your request, you must pay back benefits you were not entitled to receive. If you have questions about completing this form, contact the Training Benefits Unit hotline at 877-600-7701, or contact your local WorkSource office or the worker retraining representative at your school.

Section 1 – Current training plan information

1. Please provide the following information about your currently approved training program:

Training facility name: _____

Name of training program: _____

Address of training facility: _____

State: _____ ZIP code: _____

Start date of program: _____

End date of program: _____

Training will lead to:

- Certificate
- Two-year degree
- Two-year transfer degree
- Four-year degree
- Higher than a four-year degree

Other _____

2. Have you completed the program and earned a certificate or degree? Yes No

If yes, date completed program (mm/dd/yy): _____

Type of certificate or degree earned: _____

3. Are you still attending your previously approved training program? Yes No

If no, date last attended (mm/dd/yy): _____

Why are you no longer attending? _____

4. Have you requested to modify your training program in the past? Yes No

If yes, why is it necessary to modify it again? _____

Name: _____ Claim ID number: _____

Section 2 – Modification request information

1. Please provide the following information about the changes you want to make:

Training facility name: _____

Name of training program: _____

Address of training facility: _____

State: _____ ZIP code: _____

Start date of program: _____

End date of program: _____

Training will lead to:

- Certificate
- Two-year degree
- Two-year transfer degree
- Four-year degree
- Higher than a four-year degree

Other _____

2. Does the school consider this training to be full time? Yes No

If no, how many credits is the training? _____

3. Job(s) you will qualify for when you finish training:

(use the ONet Autocoder - onetsocautocoder.com/plus/onetmatch)

Job title and SOC code: _____

Job title and SOC code: _____

4. Are the job(s) you listed above in demand where you live, according to the Workforce Development Council list at - esd.wa.gov/labormarketinfo/learn-about-an-occupation or at

- careeronestop.org/JobSearch/Plan/whats-in-demand.aspx if you live outside

Washington state? Yes No

a. Attach a copy of the web page(s) showing whether the training occupation is in demand or decline in the county where you live.

5. Explain in detail why this modification is needed. _____

6. Many people run out of unemployment benefits and Training Benefits before they finish their training program. If the modification request extends your currently approved training program, where will you get the money to pay for all of your:

a. Training? _____

b. Living expenses? _____

7. Are you enrolled in training under the Trade Act Program? Yes No

Name: _____ Claim ID number: _____

Section 3 – Rights and certification

Your rights

You have the right to an interview by phone or in person before we make a decision on whether you are eligible to modify your training program. If you want an interview, contact the Training Benefits Unit at 877-600-7701. You may have any person, including an attorney, help you at the interview. You may present evidence, documents or witnesses; cross-examine witnesses or parties present; and ask for copies of all related records or documents.

Tell the truth

If you make a false statement or withhold information about your claim, we consider that fraud. If you commit fraud, you may be denied benefits for future weeks, have to pay back benefits you already received, and pay a penalty.

Applicant certification

I have read and understand my rights. I am submitting this application to modify my current training program. I understand this may affect my eligibility for Training Benefits, Commissioner Approved Training or regular unemployment benefits. The information I provided is true to the best of my knowledge.

I understand that the facts I give on my application will be verified, and I must immediately report any changes in my training plan to the Training Benefits Unit at 877-600-7701. If I am approved for benefits, I understand that if I later change my training program without prior approval from the Employment Security Department, I may be denied benefits and have to pay back any benefits I was not entitled to receive.

I authorize my school counselor or advisor to give the Employment Security Department information about my enrollment, attendance, grades and training-program progress.

Signature: _____ Date: _____

Phone: _____

Before you submit your application, make sure to include these items:

- Printouts from showing whether your main occupation and your training occupation are in demand or decline.
- Printouts showing your school and program are on the Eligible Training Provider list.
- Current school registration.
- Unofficial school transcripts.
- (If relevant) Medical documents verifying if you have a disability, illness or injury.

Name: _____ Claim ID number: _____

Section 4 – Take this application packet to your school advisor or representative to complete this section

Training provider certification

1. Is the applicant's training full time? Yes No
2. Progress reports will be issued to the student every six weeks while in training.
Will you certify the applicant's satisfactory progress and enrollment status? Yes No
3. Is the applicant taking English as a Second Language or English Language Learner courses? Yes No
4. Is the applicant taking basic education classes? Yes No
5. What date did the applicant enroll or get on a waiting list to start training? (mm/dd/yy) _____
6. What date is the applicant's first day of training? (mm/dd/yy) _____
7. What date will the applicant complete their program? (mm/dd/yy) _____
8. Do you agree with the applicant's reason why the modification to his or her training plan is necessary, as stated in Section 2, Question #5? Yes No

If no, please explain: _____

I have reviewed Section 2 (Training program information) and certify the information I provided is true to the best of my knowledge.

School advisor or representative – please print your name and title

Name: _____ Title/Position: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

WorkSource staff (optional)

If the application is received at a WorkSource office or other American Job Center, please fill out the information below and forward the application to the Training Benefits Unit.

Print name: _____ Date received _____

Signature: _____ Email: _____

Name: _____

Claim ID number: _____

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OR

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Training Benefits Unit
P.O. Box 19019
Olympia, WA 98507-0019