

The Training Benefits program

If you are approved for the program, it will:

- Help you train for a high-demand occupation if you can't get a job with your current skills.
- Pay additional weeks of unemployment benefits. (Training Benefits pays 52 times your weekly benefit amount, minus regular unemployment benefits paid.) You must pay for your own books, tuition, and school related fees.
- Waive your job search requirements.

Modifying an approved training plan

If you need to change your approved training plan, do not use this application. Instead, fill out a Request to Modify Training Plan application, which you can get at your local WorkSource office or from our website at esd.wa.gov/jobs-and-training/training-benefits-modification

Eligibility

You must be eligible for unemployment benefits or have used up your benefits. We will use your application to decide whether your current job skills show that you need more training. We also will make sure that at least one of the following applies to you:

- Your occupation is considered in decline in your local labor market area.
- You are currently a member of the Washington State National Guard.
- You were honorably discharged from the military or Washington State National Guard in the last 12 months.
- You are disabled and not able to return to work in your main occupation.
- You are a low-income worker.
- You are a dislocated worker, which means:
 - You were laid off because your employer permanently reduced operations; or
 - You were separated from an occupation that is considered in decline in your local labor market area; or
 - You were laid off as the result of the lease and permit restrictions relating to reducing escape of non-native finfish.

Application deadlines

- If you are a dislocated worker, you must apply for and enroll in training before the end of your benefit year (the 52-week period when you can receive unemployment benefits).
- If you are not a dislocated worker, you must apply within 90 days of applying for unemployment benefits and enroll within 120 days. If we find that the training is not available within the 120 days, you must enter training as soon as it is available.

We will deny your training benefits if you do not meet these deadlines, unless you show good reason. We always will deny your training benefits if you are a dislocated worker and you apply for training benefits after your benefit year has expired.

Training requirements

Your approved training must be:

- In preparation for an occupation that is considered in high demand in your local labor market area or in an area where you are willing to relocate.
- In a program and school that is on the Eligible Training Provider list at careerbridge.wa.gov under Find Education or on the Workforce Innovation and Opportunity Act approved Eligible Training Provider list in another state. (careeronestop.org/LocalHelp/EmploymentAndTraining/find-WIOA-training-programs.aspx)
- Full time. However, if you are a dislocated worker or have a disability, you may qualify for part-time training. Dislocated worker is defined by RCW 50.04.075 (2).
- Focused on a vocation. Generally, we do not approve benefits for academic training.

You must include these items with your application:

- Printouts from esd.wa.gov/labormarketinfo/learn-about-an-occupation showing whether your main occupation and your training occupation are in demand or decline according to your local WorkForce Development Council, or from careeronestop.org/JobSearch/Plan/whats-in-demand.aspx, if out of state.
- Printouts from Career Bridge - careerbridge.wa.gov/Search_Program.aspx showing your school and program in Washington are on the Eligible Training Provider list. If out of state, attach a printout of the page for your school and program from CareerOneStop - careeronestop.org/LocalHelp/EmploymentAndTraining/find-WIOA-training-programs.aspx
- Educational plan signed by your school advisor and, if available, your current school registration.
- Medical documents verifying if you have a disability, illness or injury.

Submitting your Training Benefits Application:

Fill out this application to apply for the Training Benefits program.

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

After you submit your application

While you are waiting to hear if you are approved, you must continue to look for a job and keep a job search log.

If we decide you aren't eligible for Training Benefits, we'll use information from your Training Benefits application to see if you qualify for the Commissioner Approved Training program. It is similar to Training Benefits, but does not provide additional weeks of unemployment benefits. If approved,

Commissioner Approved Training waives your job search requirements.

If you are not approved for Training Benefits or Commissioner Approved Training, you must keep looking for work to be eligible for regular unemployment benefits. You also must be available to work hours that are usual for your occupation. We will use your Training Benefits application to see if your school schedule conflicts with working hours that are usual for your occupation. If there is a conflict, we will deny your regular unemployment benefits.

You might get multiple letters from us about Training Benefits, Commissioner Approved Training or about if you're available for work while you're in training.

If you need help

To get help or if you have questions about the Training Benefits program:

- Visit esd.wa.gov/jobs-and-training/training-benefits-program
- Call 877-600-7701 or email trainingbenefits@esd.wa.gov and get help from the Training Benefits Unit.
- Contact a Worker Retraining representative at your school.

Name: _____ Social Security number: _____

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

Physical address (if different than mailing address): _____

Primary daytime phone number: _____

Email address (optional): _____

Section 1 – Your information

1. Have you received Training Benefits in the last five years? Yes No
2. Were you honorably discharged from the military or Washington State National Guard in the last 12 months? Yes No
3. Are you currently in the Washington State National Guard? Yes No
4. Do you have a disability, illness or injury that prevents you from working in your previous occupation? Yes No
If yes, please explain and include medical documents: _____

5. In the past three years, what has been your main occupation? _____

6. What is your standard occupational classification code (SOC), or best match for your main occupation based on your employment in the past three years? (use the ONet Autocoder - onetsocautocoder.com/plus/onetmatch)

- a. Is your main occupation in decline, balanced or in demand, according to the local Workforce Development Council (esd.wa.gov/labormarketinfo/learn-about-an-occupation) or to [Careeronestop.org/ JobSearch/Plan/whats-in-demand.aspx](http://Careeronestop.org/JobSearch/Plan/whats-in-demand.aspx) (if you live outside Washington state)?
- In decline Balanced In demand

b. Attach a printout of the web page for your main occupation.

c. If your main occupation is in demand or balanced, provide written information explaining why you need training to find suitable employment.

7. Are you willing to commute for your main occupation? Yes No

a. If yes, attach a printout of the web page showing whether your main occupation is in demand or decline in the county or counties where you are willing to commute.

b. List the county or counties where you would be willing to commute for your main occupation: _____

Name: _____ Social Security number: _____

8. Are you willing to move for your main occupation? Yes No
- a. If yes, attach a copy of the web page showing whether your main occupation is in demand or decline in the county or counties where you are willing to move.
- b. List the county or counties beyond where you live that you would be willing to move for your main occupation: _____

- c. If you are not willing to move, please explain why: _____

9. What is your highest level of education? _____
10. Do you have a degree or certificate? Yes No
If yes, please provide:
Name of school: _____
Name of training program or major: _____
Type of degree or certificate earned: _____
Date degree or certificate was earned: _____
11. Did you receive a Worker Adjustment and Retraining Notice (WARN)? Yes No
If yes, please provide:
Name of employer that issued the WARN: _____
Date notice was issued: _____

Section 2 – Training program information

1. What is the exact name of your training program: _____
- a. List the school name and city where the campus is located: _____
- b. Is both your school and training program on the Eligible Training Provider list at careerbridge.wa.gov/Search_Program.aspx? If your school is out of state: careeronestop.org/LocalHelp/EmploymentAndTraining/find-WIOA-training-programs.aspx Yes No
- c. Attach a printout showing that your school and training program are on an approved Eligible Training Provider list.
2. What date does your training start (mm/dd/yy): _____/_____/_____
What date does your training end (mm/dd/yy): _____/_____/_____
3. Does your school consider your training to be full time? Yes No
4. This training will lead to a (choose one):
 Certificate Two-year degree Two-year transfer degree
 Four-year degree Higher than four-year degree Other: _____

Name: _____ Social Security number: _____

Financial planning

10. Training Benefits pays 52 times your weekly benefit amount minus regular unemployment benefits paid (usually 26 weeks). It's possible you will run out of your unemployment benefits and your Training Benefits before finishing your training program. If you run out of benefits, how will you pay for:

a. Training? _____

b. Living expenses? _____

11. If you are turning in this application past any of the deadlines, explain why it is late:

Section 3 – Work history

Record your work history for the past three years, starting with your most recent employer. In the job description, provide a thorough explanation of the tasks you performed. Include details about all skills, tools and equipment you used. If you held different positions for the same employer, specify the job title, duties and dates of employment for each position. We may use this information to update or correct your main occupation on your unemployment claim.

Last employer: _____ Job title: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Dates worked in this position: _____ Job location: _____

Description of tasks and responsibilities _____

Next employer: _____ Job title: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Dates worked in this position: _____ Job location: _____

Name: _____ Social Security number: _____

Description of tasks and responsibilities _____

Next employer: _____ Job title: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Dates worked in this position: _____ Job location: _____

Description of tasks and responsibilities _____

Section 4 – Availability for work

If we do not approve you for the Training Benefits or Commissioner Approved Training program, you might still be eligible for regular unemployment benefits. While you are in training, you must be:

- Able to work.
- Available for work and actively looking for work, unless we tell you otherwise.
- Available to work all hours, days and shifts required for your main occupation. Attending training might make you not available for work and not eligible for unemployment benefits.

Job Search Requirements

You must attach a copy of your job search log(s) for all weeks you have claimed benefits so far, showing you looked for work. Visit esd.wa.gov and enter "job search log" in the search box for a blank job search log.

- To meet our job search requirements, you must:
- Make employer contacts; or
- Participate in job search activities in person at WorkSource.

Unless and until you are approved for training, make sure you do at least three total job search activities each week. For example, contact one employer and go to two workshops at your local WorkSource office.

Name: _____ Social Security number: _____

Approved in-person job search activities are free services at a WorkSource office or American Job Center (in another state) to help you with your job search efforts. Learning about job search strategies, resumes, and interview techniques are examples of in-person job search activities.

School plans

1. What are your job search and employment plans if you are not approved for Training Benefits or Commissioner Approved training? _____

2. Are you currently:

a. Attending training? Yes No

b. Registered for training? Yes No

3. How many credits are you or will you be taking? _____

4. How much have you spent on tuition, books, fees and expenses for this training? _____

5. What is your class schedule this quarter or term?

Class name	Course number	Credit hours	Class times	Class days
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. How do you attend? (check all that apply) Online In person Correspondence

a. If you attend online, are you required to be available for class at a specific time? Yes No

b. If yes, what days and times? _____

7. How many hours do you or will you spend studying, both during and outside of class each week? _____

Availability

1. Have you been and are you now looking for full time work? Yes No

a. If no, when did you stop looking for full time work? _____

2. Have you limited your job search in any way, such as the hours you are available for work, working only until training starts, or the type of work you are willing to do? Yes No

a. If yes, please explain: _____

Name: _____ Social Security number: _____

3. What shifts are you available to work? (Check all that apply)
Days Swing Graveyard
4. How many hours per day and days per week can you work? _____ hours per day
_____ days per week
5. What days can you work each week? (Check all that apply)
 Sun Mon Tue Wed Thu Fri Sat
6. Are your classes available other hours? Yes No
7. If we do not approve Training Benefits or allow Commissioner Approved Training and you are offered work that conflicts with your class schedule, will you drop classes to accept it? Yes No
- a. If yes, will you still drop out of training if the school will not give you a refund? Yes No
- b. If no, explain: _____

8. If we do not give you a job search waiver, what would you do if you were offered employment that requires you to work at the same time that you normally go to your classes?

9. In the past, have you worked full time while attending school? Yes No
How did you manage working full time while attending school? _____

10. What will you tell employers about your availability for work when you apply for or are offered a job? _____

Section 5 – 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 for benefits. **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.

Name: _____ Social Security number: _____

Applicant certification

- I have read and understand my rights. I am submitting this application to get 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 may 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: _____

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.

Before you submit your application, make sure to include:

- Printouts from esd.wa.gov/labormarketinfo/learn-about-an-occupation showing whether your main occupation and your training occupation are in demand or decline. If out of state, attach a printout from careeronestop.org/JobSearch/Plan/whats-in-demand.aspx.
- Printouts from Careerbridge - careerbridge.wa.gov/Search_Program.aspx showing your school and program in Washington are on the Eligible Training Provider list. If out of state, attach a printout of the page for your school and program from Careeronestop - careeronestop.org/FindTraining/find-training.aspx
- Educational plan signed by your school advisor and, if available, your current school registration.
- Medical documents verifying if you have a disability, illness or injury.

Name: _____ Social Security number: _____

**Take this completed 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)
_____ / _____ / _____
- I have reviewed Section 2 (Training program information) and I 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: _____

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WorkSource Staff (optional)

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

Print Name: _____ Date received: _____

Signature: _____ Email: _____

Name: _____ Social Security number: _____

Submitting your Training Benefits Application:

There are two ways for you to submit your application:

- Fax it to 800-301-1796. You may fax from a WorkSource employment center (find the one closest to you at WorkSourceWA.com);

OR

- Mail your application to: Employment Security Department
Training Benefits Unit
P.O. Box 19019
Olympia, WA 98507-0019