To apply for the TUI Program, Follow These Steps:

1. Complete the Training UI Application:
   - Section 1 to be completed by claimant
   - Section 2 to be completed by the training institution
   When the application is completed, dated and signed, fax all sections to the UI Training Programs Unit at: (503) 947-1335.

2. Contact the UI Training Programs Unit at (503) 947-1800 or (800) 436-6191 if you have any questions or need assistance.

3. You must remain able, available and actively seeking work, until approved training begins.

4. Failure to complete the application in its entirety may cause a delay or denial of TUI benefits.

5. Any weeks claimed prior to approval of this application are subject to adjudication and possible denial of UI benefits.

Note: To be eligible for Unemployment Insurance, you must continue to be Able, Available, and Actively seeking work until you are notified by the UI Training Programs Unit that you are approved for the TUI Program.
TRAINING UI APPLICATION

1. To be completed by applicant – Please Print

Name: (First, Middle Initial, Last)  Social Security Number:

Applicant’s Mailing Address: (Number, City, State, Zip)

A. Training facility name: ____________________________________________

B. Starting Date of Training: ___________________________ (month/day/year)

   Date of graduation or completion of training: ___________________________ (month/day/year)

C. Occupation goal for this training? ______________________________________

D. Is your program of instruction intended to lead to a higher degree?  □ Yes  □ No

   1. If yes, mark one:  □ Bachelors  □ Masters  □ Doctorate

   2. If “Yes” is checked, attach a separate sheet of paper explaining why this training is your
      best course of action for becoming re-employed.

   3. How many credits are needed to complete the program? _____________________

E. Are you a full-time student?  □ Yes  □ No

F. Job History: The Oregon Employment Department requires your complete employment history for the
   past 2 years. Include work for temporary or employee leasing agencies, for any employers with in and
   outside USA, including the federal government and the military. To list more employers, use a
   separate piece of paper and attach it to this form. This information may be verified with your employer.

   Employer: ___________________________________ Phone Number: _______________

   Address: ________________________________________________________________

   Job Title/Duties: __________________________________________________________


   Employer: ___________________________________ Phone Number: _______________

   Address: ________________________________________________________________

   Job Title/Duties: __________________________________________________________


   Employer: ___________________________________ Phone Number: _______________

   Address: ________________________________________________________________

   Job Title/Duties: __________________________________________________________


WorkSource Oregon Employment Department * www.WorkingInOregon.org * FORM 700ª (02-12)
1. To be completed by applicant – Continued

______ (initials) I certify the above information is true and accurate to the best of my knowledge. I understand that I may run out of unemployment insurance benefits before the ending date of my training. I am financially prepared to complete my training if this occurs.

______ (initials) I authorize the Employment Department, WIA Title 1-B providers and training providers to share information necessary for the facilitation and administration of my training.

______ (initials) Eligibility for TUI is not retroactive for weeks of school attendance prior to date of approval. Eligibility for regular unemployment insurance for any week prior to approval requires that an individual be able to work, available to work, and actively seeking work for that week.

Applicant's Signature: ___________________________ Date: __________________

2. To Be Completed By Training Facility Staff

<table>
<thead>
<tr>
<th>Training facility name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (Number, City, State, Zip)</td>
<td></td>
</tr>
</tbody>
</table>

A. In what program of instruction is the applicant enrolled? ______________________________

B. Is the applicant considered a full-time student? □ Yes □ No

C. Number of classroom hours scheduled per week: ______________________________

D. Is the program intended to lead to a higher degree? □ Yes □ No
   1. If yes, mark one: □ Bachelors □ Masters □ Doctorate
   2. How many credits are needed to complete the program? _________

E. Does the applicant have the aptitude to complete the program? □ Yes □ No

F. What are the training dates (mm/dd/yy):

   From: _________ To: _________ From: _________ To: _________
   From: _________ To: _________ From: _________ To: _________
   From: _________ To: _________ From: _________ To: _________
   From: _________ To: _________ From: _________ To: _________

I certify the information in Section 2 is true and accurate to the best of my knowledge.

Training Facility Authorized Representative: Position: Date: