

Training Unemployment Insurance (TUI)

Date:

CID:

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 institutionWhen 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.

Contact the UI Training Programs Unit at (503) 947-1800 or (800) 436-6191 if you have any questions pertaining to the TUI Program.

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.

WorkSource Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, alternate form and language services are available to individuals with disabilities and limited English proficiency free of cost upon request.

WorkSource Oregon Departamento de Empleo es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del ingles, a pedido y sin costo.



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: _____

Dates of Employment: Start: _____ End: _____ Reason for Separation: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title/Duties: _____

Dates of Employment: Start: _____ End: _____ Reason for Separation: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title/Duties: _____

Dates of Employment: Start: _____ End: _____ Reason for Separation: _____

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

Training facility name:	Phone:
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Address: (Number, City, State, Zip)

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:
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