



WEEKLY TRADE ACT BENEFIT REQUEST (IN TRAINING)
Questions? Call (800) 436-6191

CAT 832

Name: _____

Customer ID Number: _____

BYE: _____

I am claiming unemployment insurance benefits for the week ending: _____

1. Did you attend all scheduled classes during the week? Yes No

A. If "No" please explain: _____

B. If you are within 30 days of your approved Trade Act Training what is the start date of your approved training? _____

C. If you are on a scheduled break in training:

Start date of break: _____ End date of break: _____

2. Did you work last week, received or will receive vacation or holiday pay? Yes No

If "yes" enter the number of hours and your gross earnings (before deductions).

Number of hours worked: _____ Gross earnings for this week: \$ _____

3. Did you quit a job or were you fired or suspended from a job last week? Yes No

4. Did you receive a pension not previously reported to us? Yes No

5. Were you away from your permanent residence for more than 3 days last week? Yes No

I certify the answers above are true and to the best of my knowledge. I am aware I may be penalized for giving false information or for withholding information.

Signature: _____

Date: _____

When complete please fax: (503) 947-1335
or mail to: PO Box 14518, Salem, OR 97309

Email: EMP.TRA@state.or.us