

# 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 verified and signed by the training institution representative  
When the application is completed, signed, and dated, submit all the section to the OED Contact us form at <https://oedcontactus.oregon.gov/hc/en-us/requests/new> or by fax at 503-947-1833
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 benefits.

**Contact the Special Programs Center 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 (UI), you must continue to be able, available, and actively seeking work until you are notified by the Special Programs Center that you are approved for the TUI Program.

WorkSource Oregon is an equal opportunity employer/program. Free auxiliary aids and services are available to individuals with disabilities, and free language assistance is available to persons with limited English proficiency.

WorkSource Oregon es un programa/empleador que respeta la igualdad de oportunidades. Ayudas auxiliares y servicios están disponibles gratuitamente para personas discapacitadas, y asistencia de idiomas está disponible gratuitamente para personas con inglés limitado.



# Training UI Application

## 1. To be completed by applicant

Last Name:	First Name:	MI:	SSN:
Applicant's Mailing Address (Street or PO Box):			
City:	State:	Zip:	
Email:			

- A. Name of Training Facility or Institution: \_\_\_\_\_
- B. Starting date 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:  Bachelor's  Master's  Doctorate
2. How many credits are needed to complete the program? \_\_\_\_\_
- E. Will you be a full-time student?  Yes  No

### Please initial the following statements:

- \_\_\_\_\_ 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.
- \_\_\_\_\_ I authorize the Oregon Employment Department, WIOA Title 1-B providers and training providers to share information necessary for the facilitation and administration of my training.
- \_\_\_\_\_ I understand that 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:
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**2. To be completed or verified by training facility staff**

Section 2 must be completed for this application to be considered. Submitting with incomplete information will result in a delay or denial of benefits.

Training Facility Name:	Phone:
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Mailing Address (Street or PO Box):

City:	State:	Zip:
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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 weekly?

D. Is the program intended to lead to a higher degree?  Yes  No

1. If yes, mark one:     Bachelor's     Master's     Doctorate

2. How many credits are needed to complete the program?

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

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 that the information in Section 2 is true and accurate to the best of my knowledge.**

Training Facility Authorized Representative (Printed):	Position Title:
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Training Facility Authorized Representative:	Date:
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**Space for any additional information applicant wishes to provide.**