

**REQUEST BY CLAIMANT  
FOR TRAINING APPROVAL**

**FOR OFFICE USE ONLY**

DATE OF REQUEST:	LOCAL OFFICE NAME:	L.O. NO.:	TYPE OF CLAIM:
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**PART A: TO BE COMPLETED BY CLAIMANT**

1. CLAIMANT'S NAME (LAST, FIRST, MIDDLE):		2. SOCIAL SECURITY NUMBER:	
3. MAILING ADDRESS (NO., STREET, CITY, COUNTY, STATE, ZIP CODE):			
4. NAME AND ADDRESS OF LAST EMPLOYER:			5. LAST DATE WORKED:
6. REASON FOR SEPARATION:			
7. WHAT TYPE OF WORK ARE YOU QUALIFIED TO PERFORM?		8. WHAT TYPE OF WORK DID YOU DO ON YOUR LAST JOB?	
9. WHAT TYPE OF WORK ARE YOU SEEKING?		10. DO YOU HAVE PROSPECTS OF FINDING WORK IN YOUR REGULAR OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, EXPLAIN:			
11. WHAT IS/ARE YOUR OCCUPATIONAL GOALS?  PRIMARY: _____ ALTERNATIVES: _____			
12. WHAT SKILLS DO YOU POSSESS THAT WILL HELP YOU REACH YOUR OCCUPATIONAL GOALS?			
13. WHAT QUALIFICATIONS AND/OR SKILLS DO YOU NEED IN ORDER TO REACH YOUR OCCUPATIONAL GOALS?			
14. HOW LONG WILL IT TAKE YOU TO GET THE NECESSARY QUALIFICATIONS AND/OR SKILLS TO REACH YOUR OCCUPATIONAL GOALS?			

**PART B: I REQUEST APPROVAL OF THE FOLLOWING TRAINING BELOW:**

1. NAME OF TRAINING PROGRAM:	2. NAME AND ADDRESS OF TRAINING FACILITY:		
3. NUMBER OF WEEKS TRAINING SCHEDULED:	4. BEGINNING DATE:	ENDING DATE:	
5. HOW WILL THE ABOVE TRAINING HELP YOU IN REACHING YOUR OCCUPATIONAL GOALS?			
6. IF YOU HAVE A PROMISE OF WORK TO START UPON COMPLETION OF TRAINING, SUPPLY YOUR LOCAL OFFICE A LETTER FROM THE EMPLOYER WITH THE FOLLOWING INFORMATION : 1. <u>EMPLOYER NAME AND ADDRESS</u> ; 2. <u>WORK HAS BEEN PROMISED</u> ; 3. <u>WHAT KIND OF WORK PROMISED</u> ; AND 4. <u>WHEN WORK IS TO START</u> .			

**PART C: CLAIMANT CERTIFICATION**

*I give this information to support my request for the Arkansas Department of Workforce Services to approve \_\_\_\_\_ training. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation of a material fact.*

SIGNATURE:	DATE:
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**PART D: TO BE COMPLETED BY LOCAL OFFICE INTERVIEWER**

1. Is there a demand in your labor market for this claimant's present skills and qualifications, as reflected in Part A, items 7, 8, 9 and 12?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the training in an occupation which is listed on the most recent statewide demand occupation list?  Yes  No

3. Is there substantial and recurring demand in your labor market for the occupation for which the claimant is in training?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the training is not on the recent demand occupation list, has a letter been provided from an employer stating that the claimant has a definite promise of a job once he completes training?  Yes  No

If yes: Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Date to Start \_\_\_\_\_

**INTERVIEWER RECOMMENDATION:**

Approval Recommended Effective Date: \_\_\_\_\_

Approval Not Recommended

Reason: \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER'S SIGNATURE:

DATE:

**PART E: TO BE COMPLETED BY LOCAL OFFICE MANAGER**

Approved Effective Date: \_\_\_\_\_

Disapproved

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LOCAL OFFICE MANAGER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE