



**NUCS-4345N UC Training Waiver Instructions:**

1. Enter Claimant Name and Last four digits of the Social Security Number.
2. Enter the Name of the Training Provider and the location of training.
3. Enter your agency name and address.
4. Enter training start and end date.
5. Enter your client's normal occupation if applicable.
6. Enter the following:
  - a. Subject: Name of Training.
  - b. Hours: Number of hours of training per week.
  - c. Days: Number of days of training per week.
7. Sign the form as the Provider on page 2.
  - a. The participant is not required to sign this form.
  - b. The form can be scanned and e-mailed to [internethelp@detr.nv.gov](mailto:internethelp@detr.nv.gov) or faxed to 775-684-0338.
8. After the form is reviewed, you will receive a response indicating if the Waiver has been approved or denied. Place a copy of the approval in the participant file. If the form is denied, please contact your Nevadaworks Program Specialist.

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