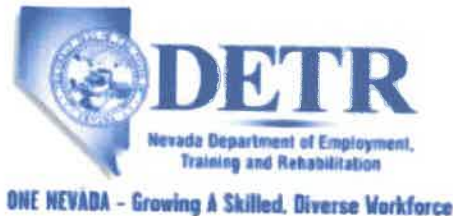


Employment Security Division

UI Claims Center
500 East Third Street
Carson City, NV 89713-0035
Tel (775) 684-0350 Fax (775) 684-0338
Tel (702) 486-0350 Fax (702) 486-7987



ATTENTION UNEMPLOYMENT INSURANCE CLAIMANTS

If you are currently receiving Unemployment Insurance Benefits you must complete this form and mail or fax it to Nevada Employment Security Division one week prior to beginning school or training. Failure to complete and submit this form, may result in failure to receive your benefits in a timely manner.

SCHOOL / TRAINING ATTENDANCE NOTIFICATION

Claimant Name: Ihabod Crane

Claimant ID or Last four (4) digits of Social Security Number: 9999			
Name & Address of Class/Training Facility: Truckee Meadows Community College - Dandini Blvd. Reno, NV			
Name and Address of JobConnect Office or Provider (if different from above): Nevadaworks, 639 Isbell Rd., Suite 420, Reno, NV 89509			
Class/Training Schedule: 08/01/2019		09/20/2019	
Date classes/training begin:		Date classes/training end:	
Normal Occupation of Claimant: Equestrian			
SUBJECT	HOURS	DAYS	COMMENTS
Clinical Medical Assistant	25 per week	5 per week	
In Northern and Rural Nevada return this form to: State of Nevada Employment Security Division U.I. Operations Center - North 500 East Third Street Carson City, Nevada 89713 FAX: (775) 684-0338		In Southern Nevada return this form to: State of Nevada Employment Security Division U.I. Operations Center - South P.O. 43147 Las Vegas, NV 89116 FAX (702) 486-7987	
<input type="checkbox"/> WORK SEARCH WAIVER APPROVED FROM _____ to _____ Client's work search requirements are waived for the above period while attending this training/school.			
<input type="checkbox"/> WORK SEARCH WAIVER DENIED The dates and classes noted in the waiver request do not meet the requirements for work search waiver. There has not been adequate proof submitted which shows a restriction on client availability. The above claimant is required to continue to seek work while attending school/training.			

<input type="checkbox"/> Work search information has been updated and noted in the claimant file to allow claimant to report school or training with no disruption of UI benefit payment. Claimant must meet work search requirements as noted above.	
UI Representative _____ Date _____	
<input type="checkbox"/> I have been advised that I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.	
<input type="checkbox"/> I have been advised that my work search requirements have been waived from _____ to _____. After this period of time if I remain unemployed, I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.	
CERTIFICATION: The above statements are true to the best of my knowledge and belief. I understand the law provides penalties for making false statements to obtain benefits. I will promptly report any change in my schooling or circumstances as stated above.	
Claimant Signature:	Date:
JobConnect Staff or Provide Signature: <i>Claudia Crawford-Sant</i>	Date: <i>8/23/19</i>

INFORMACIÓN EN ESPAÑOL

Este comunicado contiene información importante acerca de sus beneficios de desempleo. Si usted tiene problemas para leer y comprender inglés, puede comunicarse con un representante de la División para que le ayuden con la traducción.

El Norte de Nevada.....1-775-687-8148
El Sur de Nevada.....1-702-486-2957
Número de teléfono gratuito...1-888-687-8147

Si está recibiendo Beneficios del Seguro de Desempleo, debe completar este formulario y enviarlo por correo o fax a la División de Seguridad Laboral de Nevada una semana antes de comenzar la escuela o entrenamiento. Si no completa y envía este formulario, podría no recibir sus beneficios al tiempo debido.