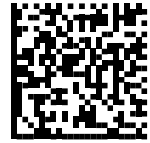


North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



Request for Allowances by Worker in Training Trade Act of 1974, Amended 2009

Name
Address
Address2
City, State, Zip

Claimant ID:
Period Ending:
Petition:

ATTENDANCE RECORD (To be completed by Training Facility Instructor)

Instructions	Course Title	Instructor's Certification	YES	NO
Please enter a check in the appropriate box to indicate whether the above student attended classes in the specified course and made satisfactory progress during the weekly period shown above.	1.		<input type="checkbox"/>	<input type="checkbox"/>
	2.		<input type="checkbox"/>	<input type="checkbox"/>
	3.		<input type="checkbox"/>	<input type="checkbox"/>
	4.		<input type="checkbox"/>	<input type="checkbox"/>
	5.		<input type="checkbox"/>	<input type="checkbox"/>
	6.		<input type="checkbox"/>	<input type="checkbox"/>

Enter the beginning and ending dates of any scheduled training facility break. _____ (Beginning Date) _____ (Ending Date)

DO NOT ANSWER THE QUESTIONS BELOW IF THE WEEK SPECIFIED WAS FILED BY TELEPHONE.

Instructions to Student: Deliver, mail, or fax the completed form to your local office as instructed. Failure to return the completed form in a timely manner may delay payment of benefits. Be sure to date and sign the form below. In addition to answering the questions below, you must obtain a weekly certification from each of your instructors regarding your class attendance and progress. You must present the form(s) signed by your instructors to your local office as instructed.

Week Ending Saturday _____

	Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Did you do any work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. A. If YES, enter your earnings before anything such as taxes was taken from your pay in the space to the right.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Did you receive holiday, vacation, bonus or severance pay during the indicated week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A. If YES, enter the amount before anything such as taxes was taken from your pay in the space to the right.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Did you quit a job or were you fired from a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you attend all scheduled training during the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you discontinue training during the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student/Claimant's Signature:

Date

Mail or fax completed form to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

Help us prevent UI Fraud
by responding accurately and timely
to requests for information

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