

**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:**

Last four (4) digits of Social Security Number :			
Name & Address of Class/Training Facility:			
Name and Address of JobConnect Office or Provider (if different from above):			
Class/Training Schedule: Date classes/training begin: _____ Date classes/training end: _____			
Normal Occupation of Claimant:			
SUBJECT	HOURS	DAYS	COMMENTS
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 <b>FAX: (775) 684-0338</b>		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 <b>FAX (702) 486-7987</b>	
<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.			

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 \_\_\_\_\_

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.

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:

Date: