

ATTENDANCE AND PROGRESS IN TRAINING
OKLAHOMA EMPLOYMENT SECURITY COMMISSION

NOTE: The claimant is responsible for the delivery of this form to the Commission. This form is mandatory for continued payment of unemployment benefits and transportation allowances. For more efficient processing, fax the form to: (405) 962-7524. The form can also be mailed to: OESC P.O. Box 52006 Oklahoma City, OK 73152-2006. **Forms submitted after 4:00 pm will not be entered until the next working day. Incomplete forms will not be processed.**

TRAINING FACILITY VERIFICATION

_____ (Trainee's Name) _____ (Social Security Number)

___ Has ___ Has Not met satisfactory attendance and progress standards of this Training Facility for week ending _____. (Saturday date)

Days Attended (please check) S___ M___ T___ W___ Th___ F___ S___ **TRA** ___ Yes ___ No

_____ (Signature of Training Officer) _____ (Date) _____ (Name of Training Facility)

_____ (Type of Print Name of Training Officer) _____ (Address of Training Facility)

IF ON SCHOOL BREAK: Last day you attended class: _____ First day back to class: _____

TRAINEE VERIFICATION

I request subsistence and/or transportation allowance payments for attending training outside the commuting area of my regular place of residence. My mode of transportation was my own personal vehicle(s).

_____ (Year) _____ (Make) _____ (Model) _____ (Year) _____ (Make) _____ (Model)

This week I drove the following miles from my home to the facility:

	S	M	T	W	Th	F	S
Beginning Mileage							
Ending Mileage							
TOTAL							

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 made to obtain allowances to which I am not entitled.

_____ (Trainee's Signature) _____

_____ (Date) _____ (Trainee's Address)

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.