

**OKLAHOMA EMPLOYMENT SECURITY COMMISSION
FACT FINDING REPORT
ATTENDANCE AND PROGRESS IN TRAINING**

NOTE: Mail this completed form to OESC P.O. Box 52006, Oklahoma City, OK 73152-2006 or fax to (405) 962-7524. This form is mandatory for continued payment of unemployment benefits and transportation allowances. **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___ T___ 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	T	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.