



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

Name: _____

Social Security Number: _____ - _____ - _____

Certification of Completion of Approved Training

You recently received or will soon receive a *Determination* stating that Unemployment Insurance Agency (UIA) has waived the eligibility requirements of being available for and seeking work in order for you to attend state approved training. Submission of this form is required at the completion of your training. If you do not return this form, you may be required to repay benefits received during the waiver period.

Upon completion of your approved semester/training, return this form with a copy of documentation showing that you have completed the semester/training. Acceptable documents include a copy of your transcript, certification of completion, a letter from the school, graduation certificate, or a record of your grade. **Provide your entire Claimant ID Number or Social Security Number on all documentation submitted.** This form must be completed, signed and dated by you. You must mail or fax this form so that it is received by UIA within 30 calendar days of the current semester/training end date. If you have any questions, call UIA at 1-866-500-0017 (TTY customers use 1-866-366-0004).

Mail form and documentation to: Unemployment Insurance Agency, PO Box 169, Grand Rapids, MI 49501-0169 or fax to 1-517-636-0427.

Certification

Current Semester/Training Beginning Date: _____
(mm/dd/yyyy)

Current Semester/Training Ending Date: _____
(mm/dd/yyyy)

I have satisfactorily pursued the approved training or courses..... Yes No

If you answered "No", provide an explanation and the dates that you were unable to participate in training:

I certify I participated in state approved training for the period shown above. The information reported on this form is true and correct to the best of my knowledge and belief. I understand that the law provides penalties of fines, and/or imprisonment, and/or community service for any false statement to secure benefits. **I understand that if I do not return this form within 30 calendar days of the current ending date shown above, I may be required to repay benefits received during the waiver period.**

Signature: _____ Date: _____

