



Claimant name

Claimant ID

You must be make satisfactory progress in your Commissioner-Approved Training (CAT), training benefits, or self-employment assistance program (SEAP) to remain eligible for unemployment benefits.

Satisfactory progress means:

- Your grade point average does not fall below 2.0 for more than one quarter;
- Your grade point average is high enough to graduate or receive a certificate in your approved area of study; and
- You are on track to finish your approved training within the time frame set in your approved training plan.

If you are in a self-paced or ungraded training program, satisfactory progress means you attend and participate in classes, pass certification examinations, or otherwise participate so you can complete your training within the time frame set in your approved training plan.

Directions: Please complete section A and B. Your training provider *must* complete section C.

A. If you are currently enrolled in a training program:

1. Name of school: _____

2. Are you attending classes or related activities full time? YES NO if no, explain (attach information if necessary): _____

3. Are you making satisfactory progress in your program? YES NO if no, explain (attach information if necessary): _____

4. Have you changed your major area of study? YES NO if yes, explain (attach information if necessary): _____

5. Have you changed training providers? YES NO if yes, explain (attach information if necessary):

B. If you are no longer in training:

1. Did you complete the training? YES NO

If yes, date completed name of certificate, degree, or license earned: _____

If no, what date did you leave training and why? (explain in detail):



C. To be completed by the training provider designee:

1. Name of the training facility _____

2. Is the above information provided by the claimant complete and correct? YES NO if no, please explain: _____

3. Name: _____ Title: _____

Telephone number: _____

Signature: _____ Date: _____

Claimant: Sign and mail this form to:

**Employment Security Department
UI Imaging
PO Box 19019
Olympia, WA 98507-0019**

Or fax to: 800-301-1796; if you do not, we may deny your benefits and you may have to pay back the benefits you received.

Signature: _____

Telephone number: _____ Date: _____