You must be making 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): ________________________________

   ____________________________________________________________________________________

   ____________________________________________________________________________________

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   ____________________________________________________________________________________
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: ________________________________