Employment Security Division
UI Claims Center
500 East Third Street
Carson City, NV 89713-0035
Tel (775) 684-0350 Fax (775) 684-0338
Tel (702) 486-0350 Fax (702) 486-7987

DETR
Nevada Department of Employment, Training and Rehabilitation
ONE NEVADA – Growing A Skilled, Diverse Workforce

ATTENTION UNEMPLOYMENT INSURANCE CLAIMANT

If you are currently receiving Unemployment Insurance Benefits you must complete this form and email (UISS-Benefits-Support@detr.nv.gov), mail or fax it to Nevada Employment Security Division one week prior to beginning school or training. Failure to complete and submit this form, may result in failure to receive your benefits in a timely manner.

SCHOOL / TRAINING ATTENDANCE NOTIFICATION

Claimant Name:

Claimant ID or Last four (4) digits of Social Security Number:
Name & Address of Class/Training Facility:
Name and Address of the EmployNV Career Hub Office or Provider (if different from above): Select Office Location
Class/Training Schedule: Date classes/training begin: Date classes/training end:
Normal Occupation of Claimant**:**

SUBJECT	HOURS	DAYS	COMMENTS

Return this form to:
State of Nevada
Employment Security Division
Unemployment Insurance Support Services
500 East Third Street
Carson City, Nevada 89713
Email: UISS-Benefits-Support@detr.nv.gov

☐ WORK SEARCH WAIVER APPROVED FROM to
Client's work search requirements are waived for the above period while attending this training/school.

☐ WORK SEARCH WAIVER DENIED
The dates and classes noted in the waiver request do not meet the requirements for work search waiver. There has not been adequate proof submitted which shows a restriction on client availability. The above claimant is required to continue to seek work while attending school/training.

☐ Work search information has been updated and noted in the claimant file to allow claimant to report school or training with no disruption of UI benefit payment. Claimant must meet work search requirements as noted above. UI Representative_____ Date_____	
☐ **I have been advised that I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.**	
☐ **I have been advised that my work search requirements have been waived from_____ to _____. After this period of time if I remain unemployed, I must continue to actively seek and accept work. I must use those methods a prudent person anxious to find work would use.**	
CERTIFICATION: The above statements are true to the best of my knowledge and belief. I understand the law provides penalties for making false statements to obtain benefits. I will promptly report any change in my schooling or circumstances as stated above.	
Claimant Signature:	Date:
EmployNV Career Hub Staff or Provider Signature:	Date:

INFORMACIÓN EN ESPAÑOL

Este comunicado contiene información importante acerca de sus beneficios de desempleo. Si usted tiene problemas para leer y comprender inglés, puede comunicarse con un representante de la División para que le ayuden con la traducción.

El Norte de Nevada…....1-775-687-8148
El Sur de Nevada…….....1-702-486-2957
Número de teléfono gratuito...1-888-687-8147

Si está recibiendo Beneficios del Seguro de Desempleo, debe completar este formulario y enviarlo por correo o fax a la División de Seguridad Laboral de Nevada una semana antes de comenzar la escuela o entrenamiento. Si no completa y envía este formulario, podría no recibir sus beneficios al tiempo debido.