

# SCHOOL ATTENDANCE

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MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
EMAIL\*: kdolforms@dol.ks.gov

Claimant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

You have indicated that you are currently attending or enrolled to attend school or training. In order to determine your eligibility for unemployment benefits, you must complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.** If it is determined that you are eligible for the Approved Training Program, you will receive a letter explaining requirements and benefits.

If you are **NOT** currently attending or enrolled to attend school or training, check this box, sign the certification on page 2 and return this form as directed above.  
**NOTE:** *If you have dropped school since answering "yes" on your weekly claim, complete this entire form including last day attended.*

A school clearance requires that you look for work and are able and available to work while attending school. The Approved Training Program waives the work search, but requires that the training facility verify you are fully attending and making satisfactory progress in your training program. To be considered for Approved Training, the program must meet the following three criteria: **a program length of 24 months or less, technical or vocational in nature, and a full-time course schedule.**

Name of school/training facility: \_\_\_\_\_

Mailing address of school/training facility: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**(NOTE: You MUST include month, day and year. Leaving this information blank could further delay unemployment benefits.)**

Dates of **ENTIRE PROGRAM:** Begin (mm/dd/yyyy): \_\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_\_

Dates of **CURRENT SEMESTER:** Begin (mm/dd/yyyy): \_\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_\_

Degree or certificate you will receive and in what field: \_\_\_\_\_

Were you placed in school or training by the Workforce Investment Act (WIA) or Trade Adjustment Assistance (TAA)?

YES  NO

If YES, attach, email or fax a copy of your approval for training from your WIA representative or approval letter for training under TAA.

WIA representative name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

| CLASS SCHEDULE: |      | SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------|------|-----|-----|-----|-----|-----|-----|-----|
| DAYTIME         | FROM |     |     |     |     |     |     |     |
| HOURS           | TO   |     |     |     |     |     |     |     |
| EVENING         | FROM |     |     |     |     |     |     |     |
| HOURS           | TO   |     |     |     |     |     |     |     |
| ONLINE          | FROM |     |     |     |     |     |     |     |
| HOURS           | TO   |     |     |     |     |     |     |     |

Claimant Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Are you an online-only student?  YES  NO

If offered a job, would you **ADJUST YOUR CLASS SCHEDULE** or **DROP CLASS(ES)** so it will not conflict with your work hours?

YES  NO If NO, explain: \_\_\_\_\_

Is your current school schedule considered full time as defined by your academic institution?  YES  NO

Prior to filing for unemployment insurance benefits, did you work full time?  YES  NO

Number of hours you worked each week: \_\_\_\_\_ Was this considered full time?  YES  NO

Did you work full time during the last 18 months?  YES  NO

If you were a part-time employee, how many hours did you work per week? \_\_\_\_\_

Days/hours worked for your most current employer(s):

| EMPLOYER | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|-----|-----|-----|
|          |     |     |     |     |     |     |     |
|          |     |     |     |     |     |     |     |

Are you available to work hours each week comparable to the number of hours you worked during the last 18 months?

YES  NO If NO, what is the total number of hours you are currently available for per week? \_\_\_\_\_

What shifts are you willing to work? \_\_\_\_\_

Have you worked 2<sup>nd</sup> and 3<sup>rd</sup> shifts in the past?  YES  NO

Type of work you are presently seeking: \_\_\_\_\_

Do you have the necessary qualifications to do this work without taking this schooling or training?  YES  NO

List your efforts to seek work in the past seven days:

| Contact Date | Name of Employer | Method of Contact | Results of Contact |
|--------------|------------------|-------------------|--------------------|
|              |                  |                   |                    |
|              |                  |                   |                    |

If no contacts were made, explain:

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\*NOTE: Protecting claimants' identity is important to us. Please be advised that: (1) email communication is not a secure method of communication; (2) any email that is sent between you and this agency may be copied and held by various computers it passes through as it is transmitted; (3) persons not participating in the communication between you and KDOL may intercept the communication by improperly accessing your computer or this agency's computer or even some computer unconnected to either of us that this email passes through. If you do not want to communicate with KDOL through email, please call KDOL or mail your communication to KDOL, instead of using email.

**School Attendance**

K-BEN 317 (Rev. 3-17)

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Claimant Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

I am requesting to apply for Approved Training:  YES  NO

How will the training improve your opportunity for reemployment? \_\_\_\_\_

What is your main occupation? \_\_\_\_\_

Length of experience: \_\_\_\_\_ years \_\_\_\_\_ months

Why are you unable to obtain employment in your main occupation? \_\_\_\_\_

What other experience, skills, or training do you currently have? \_\_\_\_\_

Length of experience: \_\_\_\_\_ years \_\_\_\_\_ months

Are there medical or other reasons why you cannot do the kind of work you have done or been trained for?  YES  NO

If YES, explain: \_\_\_\_\_

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**SUBMIT**

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