

SCHOOL ATTENDANCE

SE00AFI 10-17D 10-17D

MAIL:	Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539
FAX:	(785) 296-3249
EMAIL*:	Submit

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 HOURS	FROM							
	TO							
EVENING HOURS	FROM							
	TO							
ONLINE HOURS	FROM							
	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 2nd and 3rd 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. 10-17)

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: (_____) _____

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