



If you are currently approved for training benefits, you can make a one-time significant modification to your existing training plan, with the exception of unusual circumstances. All changes are subject to approval. A significant modification includes, but is not limited to, changes to any of the following conditions of your approved training program:

- Course of study or major;
- Educational institution;
- Projected start or end dates for the training; or
- Enrolled credit hours.

To approve your modification request, it must meet all the eligibility criteria we used to approve your original plan. In addition, you must:

- Be enrolled or currently attending your approved training program\*; and

**\*NOTE:** Less than full-time training may be approved if you are a dislocated worker or have a disability that prevents you from attending school full time.

- Be making satisfactory progress in your training program; and
- Notify us **before** making a significant modification to your existing training plan by completing a *Request to Modify Training Plan* form.

### **Submitting your Training Benefits Application**

To submit your application:

- Fax it to 800-301-1796. You may fax from a WorkSource employment center (find the one closest at [go2worksource.com](http://go2worksource.com));

or

- Mail it to:      Employment Security Department  
                         Training Benefits Unit  
                         PO Box 19019  
                         Olympia, WA 98507-0019

If you modify your training plan without prior approval and the modification is not approved, you will be ineligible for training benefits. Benefits paid for a modified training plan that is not approved will result in an overpayment of benefits, which you must pay back.

**IMPORTANT NOTE:** If you request to extend the training program end date and we approve your request, you are NOT necessarily entitled to more benefits. Training benefits are payable only while you are enrolled in an approved training program or until training benefits run out, *whichever comes first*.



The attached *Request to Modify Training Plan* contains four sections. Read the following information carefully so you understand what is required for us to process your request:

**1. Current training plan information:**

We make a decision to approve or deny modification of your training plan based on information you provide about your current training plan. Your request must meet the criteria we used to approve your original training benefits plan. It is important that you respond to **all** the questions in this section completely and accurately. If you are unsure about any of the information requested, contact your school advisor, employment counselor, or the claims center, as appropriate.

**2. Modification request information:**

We approve or deny your modified training plan based on your responses.

If your modified training plan involves changing schools or programs, the new school or program must be on the eligible training provider list ([www.careerbridge.wa.gov/](http://www.careerbridge.wa.gov/)) maintained by the Workforce Training and Education Coordinating Board. We will deny your request to modify your training plan if the school and the program are not on the list.

**NOTE:** Provide documentation if your school and training program are approved by the Workforce Training and Education Coordinating Board, but not yet on the Eligible Training Provider list.

If you are changing programs, it must be for a high-demand occupation or skill in your local labor market or the labor market where you are willing to move. The Workforce Development Council (<http://esd.wa.gov/employmentdata/occupations>) decides which occupations or skills are in high demand. We will deny your modification request if the new training program is not for an occupation or skill in high demand.

If your request involves extending your training plan, you need to show that you have the financial resources to complete your training, especially if your unemployment benefits will run out before you finish training. We may deny your training modification plan if you do not develop a financial plan and provide specific plan information.

**3. Requested documentation:**

We may not be able to process your request to modify your training plan if you do not provide documentation requested in this section. If you need help getting any of the documents, contact your local WorkSource employment center or school advisor. Failure to provide this documentation may result in the delay or denial of your request.

**4. Applicant & school certification:**

We cannot process your training plan modification request unless it is signed and dated by you and an authorized representative of the training facility where you are enrolled or intend to enroll. Failure to sign this form or get the signature of an authorized school representative may result in the denial or delay of your request.



**Complete this form only if you have been approved for training benefits and are requesting a change to your existing training plan.**

**You must answer all questions. We will return incomplete applications, which may delay a decision on your request or result in a denial and overpayment of training benefits. If you are denied, you must pay back benefits you were not eligible to receive. If you have questions about completing this form, contact your local WorkSource employment center or you may call 877-600-7701 or email [seacat@esd.wa.gov](mailto:seacat@esd.wa.gov) the Training Benefits Unit.**

Name:	SSN or claimant ID number:
Phone number (home or cell):	Email (optional):

**Section 1– Current approved Training Benefits plan information**

1. Please provide the following information about your **current approved** training program:

Name of school: \_\_\_\_\_  
 Name of training program: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_

2. Have you completed the program and earned a certificate or degree? Yes  No

If **yes**, date completed (mm/dd/yy): \_\_\_\_\_  
 Type of certificate or degree earned: \_\_\_\_\_

3. Are you still attending your previously approved training program? Yes  No

If **no**, date last attended (mm/dd/yy): \_\_\_\_\_  
 Why are you no longer attending? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you requested to modify your training program in the past? Yes  No   
 If **yes**, why is it necessary to modify it again?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Name:

SSN or claimant ID number:

**Section 2 – Training plan modification request information**

- What changes to your training plan are you requesting? (complete all that apply):

  - Change start date from (mm/dd/yy): \_\_\_\_\_ to (mm/dd/yy): \_\_\_\_\_
  - Change end date from (mm/dd/yy): \_\_\_\_\_ to (mm/dd/yy): \_\_\_\_\_
  - Change training program to: \_\_\_\_\_
  - Change training facility to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (      ) \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Training will lead to (check all that apply):
    - Certificate                       Two-year degree                       Two-year transfer degree
    - Four-year degree                       Higher than a four-year degree
    - Other: \_\_\_\_\_
- Does the school consider this training to be full time?                      Yes     No

If **no**, how many credits is the training? \_\_\_\_\_
- Job(s) you will qualify for when you finish training:

Job Title and SOC Code: _____	Monthly Pay Range: \$ _____
Job Title and SOC Code: _____	Monthly Pay Range: \$ _____
- Are these job(s) in high demand according to the Workforce Development Council’s website (<http://esd.wa.gov/employmentdata/occupations>)?                      Yes     No
- Explain **in detail** why this modification request is needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- If you are requesting to change programs or schools, you **must** also submit the following screen prints:

  - The Workforce Training and Education Coordinating Board’s website ([www.careerbridge.wa.gov/](http://www.careerbridge.wa.gov/)) showing the new program and school are on the Eligible Training Provider list; and
  - The Workforce Development Council’s website (<http://esd.wa.gov/employmentdata/occupations>) showing that the new training program is for a high-demand occupation or skill in your labor market *or* the labor market where you are willing to move.

**NOTE: Computers are available for your use at your local WorkSource employment center to get these screen prints.**



Name:

SSN or claimant ID number:

7. Most people run out of unemployment benefits and training benefits before they finish their training program. If the modification request extends your currently approved training program, where will you get the money to pay for all of your:

Training expenses?

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Living expenses?

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8. Are you in enrolled in training under the Trade Act program? Yes  No

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### Section 3 – Rights and certification

#### Your rights

You have the right to an interview by phone or in person before we make a decision on whether you are eligible for benefits. If you want an interview, contact the Training Benefits Unit at 877-600-7701. You may have any person, including an attorney, assist you at the interview. You may present evidence, documents or witnesses; cross-examine witnesses or parties present; and ask for copies of all related records or documents.

#### Applicant certification

*I have read and understand my rights. I made this statement(s) to get training benefits, commissioner-approved training or regular unemployment benefits. The information I provided is true to the best of my knowledge.*

*I understand that the facts I give on my application may be verified, and I must immediately report any changes in my training plan to the Training Benefit Unit at 877-600-7701. If I am approved for benefits, I understand that if I later change my training program without prior approval from the Employment Security Department, **I may be denied benefits and have to pay back any benefits I was not entitled to receive.***

*I authorize my school counselor or advisor to give the Employment Security Department information about my enrollment, attendance, grades and training-program progress.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Before you submit your application, make sure to include these items:**

- Support documentation verifying disabilities (if applicable).
  - Workforce Development Council printouts of your main occupation and training occupation.
  - Career Bridge printouts showing your school and program are on the Eligible Training Provider list.
  - Current school registration.
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**Section 4 - Take this completed application packet to your school advisor or representative to complete this section.**

**Training provider certification**

1. Is the applicant's training full time?  Yes  No
2. Are the applicant's training start and end dates correct as shown?  Yes  No
3. Will your school certify the applicant's satisfactory progress and enrollment in training every six weeks?  Yes  No

If no to any of the above, please explain:

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4. Is the applicant taking English as a Second Language classes?  Yes  No
5. Is the applicant taking basic-education classes?  Yes  No
6. When did the applicant pre-register or get on a waiting list to start training?  
(mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. What is the applicant's first day of school? (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
8. When will the applicant complete their program? (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
9. Do you agree with the applicant's reason why the modification to his or her training plan is necessary, as stated in Section 2 question #5?  Yes  No

If no, please explain:

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*I have reviewed **Section 2 – Training program information**, and certify the information I provided is true to the best of my knowledge.*

**School advisor or representative - Please print your name and title**

Name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WorkSource staff**

If the application is received at a WorkSource employment center (or other American Job Center If living outside Washington), staff please date and sign below and forward to the Training Benefits Unit.

Print name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date received: \_\_\_\_\_

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.