

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF SELECTION FOR WIA TRAINING AND  
ELIGIBILITY CERTIFICATION

**I. TO BE COMPLETED BY TRAINING FACILITY**

_____		
Name of Training Institution	Address	
_____		
City	State	Zip
_____		
Name of Claimant	Social Security Number	

The above named claimant has been selected for enrollment in the following training program which has been approved in accordance with the policy and rules of the **Workforce Investment Act**.

Name of Program \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

We agree to provide the claimant with the Unemployment Insurance attendance form (BEN-598) on a weekly basis and to notify IDES of changes to the program content or duration.

_____	_____
Authorized Representative (Print or Type)	Telephone
_____	_____
Signature	Date

**II. TO BE COMPLETED BY CLAIMANT**

Job Title \_\_\_\_\_

I authorize IDES to release information concerning my current employability to the above named training institution.

_____	_____
Claimant's Signature	Date

**III. TO BE COMPLETED BY ILLINOIS DEPT. OF EMPLOYMENT SECURITY**

Yes	No	I certify that the above named claimant has little opportunity to be re-employed in the same or an equivalent occupation or skill level within our labor market area in the immediate foreseeable future.
<input type="checkbox"/>	<input type="checkbox"/>	

_____	_____
Dept. of Employment Security Representative	Telephone
_____	_____
Signature	Date