



EDD UI Toll-Free Telephone Numbers:
 English 1-800-300-5616
 Spanish 1-800-326-8937
 Cantonese 1-800-547-3506
 Mandarin 1-866-303-0706
 Vietnamese 1-800-547-2058
 TTY (Non Voice) 1-800-815-9387
 EDD Web site: www.edd.ca.gov

Dear Training Provider:

*****KEEP THIS DOCUMENT FOR YOUR RECORDS*****

This informational letter is to advise you that the individual presenting this document has applied for or is currently participating in the California Training Benefits (CTB) program through the Employment Development Department (EDD) and requests your assistance as his/her training provider.

The CTB program is designed to assist unemployed workers acquire new skills to enable them to effectively compete in today's job market. Those who meet the eligibility criteria receive unemployment insurance (UI) benefits while attending school or training for a designated period of approved training. In order to properly administer the CTB program, the EDD depends on your cooperation to provide the necessary information for ongoing enrollment verification.

EDD will obtain all required initial eligibility information from the participant and an authorized program representative if the participant is receiving assistance from the following government programs:

- Workforce Investment Act (WIA) Employment Training Panel (ETP)
- Trade Adjustment Assistance (TRA) California Work and Responsibilities to Kids (CalWORKs)

Once approved for the CTB program, the participant must submit signed biweekly certifications from the training provider in order to receive their UI benefits and maintain eligibility. The California Unemployment Insurance Code, Section 1272 (b), requires the certification to be signed by a responsible person connected with the training or retraining program that verifies the participant has acceptable attendance and is making progress each week, which will enable the successful completion of the training within the CTB approved training period.

Certification of Continued Enrollment Instructions for Training Facility

The reverse side of the UI claim form contains a training certification in Section C, as shown in the facsimile below, which the participant will ask you to sign every two weeks. Return the signed and completed form to the participant, who will submit the UI claim form to EDD. The certification should **not be signed** when absences or grades or other achievement measurements affect progress to the extent of requiring an extension of the approved training period.

SECTION C/ Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.	Signature/Title _____ Date _____ Name of Training Institution _____
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When providing a certification, enter the following information in the appropriate field on the UI claim form:

- Signature and job title of the authorized representative or training provider
- Date certification is signed by the authorized representative or training provider
- Name of training institution where the participant is attending and making satisfactory progress

It may be necessary on occasion to determine the participant's ongoing eligibility for CTB and request information concerning dates when the participant will not be attending training (e.g., scheduled breaks, between terms or recess periods) and/or reasons why training was extended or not completed. If your organization requires an authorization by the participant prior to releasing information to EDD by telephone, the "Release of Training Information" on the back of this letter may be used. **Keep the signed release for your records.**

*****DO NOT RETURN THIS LETTER TO EDD*****

Participant's Agreement to Release of Training Information by the Training Facility to EDD

I hereby authorize _____ (training facility) to provide required training information to the Employment Development Department for the purpose of determining my eligibility for the California Training Benefits program.

Participant signature _____ Date _____

If you have any questions, contact EDD by calling our toll-free telephone number listed on the reverse side of this letter or by using the "Contact Us" link on the EDD Web site, www.edd.ca.gov.