

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF SELECTION FOR WIOA 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 Innovation and Opportunity 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      |