


CLAIMANT'S NAME	F.S.O.

BYE	SOCIAL SECURITY NUMBER

Print or Type Change of Address for Payment :

Street Address _____
 City _____ State _____ ZIP Code _____

WEEK ENDING DATE

Complete the questions below, date and mail on SUNDAY or MONDAY immediately following the **date entered here** 
 I claim unemployment insurance for the week ending shown above during which I attended a training course approved by the Georgia Department of Labor.

During this week, did you work or earn wages? (If Yes, give the information requested below.) Yes No

DATE(S) WORKED	EMPLOYER'S NAME AND ADDRESS	NO. HOURS WORKED	PAY BEFORE DEDUCTIONS	STATE USE

Reason for separation from any employment shown above: Job Ended Quit Discharged Still Working

Except for this claim, I am not seeking or receiving unemployment insurance or Workers' Compensation or training allowance under the Law of any State or of the United States. I understand that it is a criminal offense to make false statements in connection with filing this claim, and I certify to the truth of the above statements.

Date Signed _____ Claimant's Signature _____

Georgia Department of Labor **WEEKLY U. I. CLAIM FOR VOCATIONAL TRAINEE** DOL-460 (R-01/01)

CERTIFICATION BY TRAINING FACILITY

This is to certify that the above individual is enrolled in a training course at this facility.

This trainee's record of attendance and progress has been satisfactory: Yes No
 (If No, explain below.)

 AUTHORIZED SIGNATURE

 NAME OF TRAINING FACILITY

 DATE