

599 TRAINING RECOMMENDATION

DATE: _____ SSN: _____

FIRST NAME: _____ LAST NAME: _____

A. To be approved for 599, all of the following criteria must be met:

- | | YES | NO | |
|-----|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1). | <input type="checkbox"/> | <input type="checkbox"/> | Training is needed – if yes <i>check at least one.</i> |
| | | | a). <input type="checkbox"/> Training will upgrade the claimant’s existing skill. |
| | | | b). <input type="checkbox"/> Training will train the claimant for an occupation likely to lead to more regular long term employment. |
| | | | c). <input type="checkbox"/> Employment opportunities in claimant’s regular occupation are limited. |
| 2). | <input type="checkbox"/> | <input type="checkbox"/> | Claimant will participate in 12 or more hours or credit hours per week. |
| 3). | <input type="checkbox"/> | <input type="checkbox"/> | Training to be completed within 24 months. |
| 4). | <input type="checkbox"/> | <input type="checkbox"/> | Training is offered by a competent and reliable agency. |
| 5). | <input type="checkbox"/> | <input type="checkbox"/> | Training provides the skills and qualifications required to work in claimant’s occupational goal. |
| 6). | <input type="checkbox"/> | <input type="checkbox"/> | There are expected to be in the near or immediate future reasonable employment opportunities in the claimant’s occupational goal. |
| 7). | <input type="checkbox"/> | <input type="checkbox"/> | Claimant has the required qualifications and aptitude to complete the training successfully. |

B. Occupational Information:

Regular Occupation: _____ O*NET Code: _____

Occupational Goal: _____ O*NET Code: _____

C. ONE STOP RECOMMENDATION:

SEE PAGE TWO ATTACHED

APPROVAL _____

DISAPPROVAL _____
 Issue with Availability _____

SUPPORTING DOCUMENTATION:

	YES	NO	If “YES”, Describe the Documents Provided
1. At least 12 classroom/credit hours per week	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Training Acceptance Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Training Start Date and Training End Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Transcript/ Grades <input type="checkbox"/> N/A <input type="checkbox"/> Or, if Required:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

Is Application/Receipt of Documentation considered “Timely” for 599.2 Calculation? Yes No
 (If no, should be supported by OSOS activities/comments)

Training Disclosure Date, if already in Training. DATE: _____

One Stop

Submitted Name: _____ Office: _____

By: _____

Phone: _____ Email: _____

599 TRAINING RECOMMENDATION

DATE: _____

SSN: _____

FIRST NAME: _____

LAST NAME: _____
