

Self-Employment Assistance
Program Unit
Harriman State Office Campus
Building 12, Room 222
Albany, NY 12226

WE ARE YOUR DOL



Department
of Labor

The Self-Employment Assistance Program (SEAP) Individual Services Verification Form

Instructions: The purpose of this form is to verify your attendance at the workshops/classes listed on your Individual Services Plan. Please make additional copies of this form for each class you attend. Your instructor must sign this form. For online classes, submit the certificate of completion along with this form.

Submit this form online at www.labor.ny.gov/signin by scanning the completed form and upload it through your online account, by fax to (518) 402-6586 or mail to the above address. If this form is not received by the due date, you will not be eligible for SEAP benefits from the date the form was due until the date the form was received.

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Name: _____ Last four digits of Social Security Number:

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School/Agency: _____

School/Agency Phone Number (including area code): _____

Workshop or Class: _____

Dates of Attendance: _____ Total Number of Hours: _____

Instructor's Name/Title

Instructor's Signature*

I certify that I attended the workshop/class that is listed on this form.

Participant Signature

Date