

# TRAINING CERTIFICATION

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_  
 Address (Street or Route No.) \_\_\_\_\_ L.O. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that during the calendar week(s) beginning Sunday \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ and ending  
 Saturday \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ and Sunday \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ and ending Saturday \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I attended \_\_\_\_\_ Name of Course \_\_\_\_\_ training at \_\_\_\_\_ Name of School or Training Facility \_\_\_\_\_ with the

exception of the days below. Enter the dates during the week(s) shown above you did not attend training when scheduled

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Enter reason for your non-attendance \_\_\_\_\_  
 \_\_\_\_\_

I hereby furnish the above information to the Virginia Employment Commission for the purpose of obtaining Unemployment Compensation. I certify that all entries filled in above are true and correct. I understand that the Law provides penalties for false statements made to obtain Unemployment Compensation Benefits.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Claimant \_\_\_\_\_

I certify that the statements made above are true and correct to the best of my knowledge

Form VEC-TB-1 (11-1-72) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Instructor of Training Facility \_\_\_\_\_