

DATE: _____

TO: Unemployment Insurance Department, VEC (_____ Office)

FROM: _____, Case Manager

Subject: Verification of WIA Training Enrollment as a Certified WIA Participant.

The individual listed below has been certified eligible for WIA Services and will be enrolled in training as described under Section 134 of the Workforce Investment Act.

Customer Name:	
SS#:	
Place of Layoff:	
Date of Layoff:	
Date of Program Enrollment:	
Dates of Training:	
Beginning Date:	
Projected Ending Date:	
This training will be conducted at:	

If you have questions, or I can be of further assistance, please feel free to call our office.