

**Pathway to Work**



**REQUEST TO RECEIVE UNEMPLOYMENT BENEFITS AND WORK SEARCH  
WAIVER WHILE IN A PATHWAY TO WORK SELF EMPLOYMENT ASSISTANCE PROGRAM**

Name: \_\_\_\_\_

SS #: \_\_\_\_\_

The following information is needed to determine if it is appropriate to waive the requirements in RSA 282A:31, 1(c) which provides that an individual shall be eligible to receive benefits with respect to any week only if he/she is ready, willing and able to accept and perform suitable work on all the shifts and during all the hours for which there is a market for the services he/she offers and that he/she has made an effort to find employment, while he/she is in training. (If these requirements are waived, it DOES NOT excuse you from meeting the requirement of EMP 403.06 which states that an individual who has established a benefit year must first earn an additional \$700 of wages "in employment" to be eligible for benefits in the individual's next benefit year.)

**PLEASE ANSWER ALL QUESTIONS, GIVING A COMPLETE, DETAILED STATEMENT**

I. 1. TRAINING INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
Name City/Town State Zip Code

2. NAME OF TRAINING COURSE OR PROGRAM: \_\_\_\_\_

\* LENGTH OF TRAINING PROGRAM: \_\_\_\_\_

\* START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. FUNDING SOURCE FOR TRAINING (WIA TITLE I, PELL GRANT, TRADE ACT, SELF, OTHER) circle one

4. SKILLS YOU WILL GAIN:

5. ACTIVITY RESOURCE/PROVIDER: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
Name City/Town State Zip Code

6. NAME OF ACTIVITY: \_\_\_\_\_ LENGTH OF ACTIVITY: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF HOURS PER WEEK: \_\_\_\_\_

7. NAME OF ACTIVITY: \_\_\_\_\_ LENGTH OF ACTIVITY: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF HOURS PER WEEK: \_\_\_\_\_

(If additional activities, attach information for all activities participating in)

Continued on Reverse Side

INITIAL UI DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BYE: \_\_\_\_\_

WBA: \_\_\_\_\_

WBA BALANCE: \_\_\_\_\_

NUMBER OF WEEKS REMAINING: \_\_\_\_\_

PTW APPLICATION DATE: \_\_\_\_\_

**CHECKLIST**

ATTACHMENTS:

- \_\_\_\_\_ List of courses to be taken
- \_\_\_\_\_ List of self employment assistance activities
- \_\_\_\_\_ Application
- \_\_\_\_\_ Overview of business idea
- \_\_\_\_\_ Review of Demand Occupation, Growth Occupation, Licensing Requirements

REFERRED TO:

- \_\_\_\_\_ Workforce Investment Act Representative
- \_\_\_\_\_ Small Business Development Center (SBDC)
- \_\_\_\_\_ Community College System of NH
- \_\_\_\_\_ Other Training Provider: \_\_\_\_\_

LABOR MARKET INFORMATION REVIEW

_____ Demand Occupation	Recommend	Not Recommend	Initials _____
_____ Growth Occupation	Recommend	Not Recommend	Initials _____
_____ Occupational Licensing Requirements	Yes	No	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- \_\_\_\_\_ Claimant was informed a written determination regarding this request will be made and was advised of appeal rights
- \_\_\_\_\_ Claimant was informed the duration of benefits is not affected by length of training/activities
- \_\_\_\_\_ Claimant has been instructed of the requirements to file their weekly Continued Claim Form by paper form, timely and answer all questions pertaining to the plan
- \_\_\_\_\_ Follow up date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_
- \_\_\_\_\_ SBDC recommend for approval \_\_\_\_\_ Not recommended for SBDC approval
- \_\_\_\_\_ NHES recommend for approval
- \_\_\_\_\_ Not recommended for approval. Fails to meet this/these conditions: \_\_\_\_\_

I understand and agree to the requirements that include willingness to engage in full time (37.5) hours per weeks of activities for the Pathway To Work Program.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A copy of this completed form was provided to the claimant. The original and attachments have been forwarded to Operations.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_