



**DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION**  
**Employment Security Division**  
**SCHOOL ATTENDANCE QUESTIONNAIRE**

Claimant Name \_\_\_\_\_

1. SSA Number			
2. Name & Address of Facility			
3. Your Present Class Year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other			
4. Class Schedule: Date classes began		Date classes end	
SUBJECT	HOURS	DAYS	OTHER TIMES/DAYS CLASS OFFERED
5. Who is paying for or sponsoring the schooling?			
6. Can you and will you change your schedule if it conflicts with work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is the last day you can change your class schedule?			
8. What hours/days are you willing and able to work?			
9. What hours/days do you look for work?			
10. Are you willing and able to work full time (40 hours)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. What is your normal occupation(s)?			
12. What types of work are you seeking?			
13. Will you quit school to accept work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13a. If "No" please explain			
14. CERTIFICATION: The above statements are true to the best of my knowledge and belief. I understand the law provides penalties for making false statements to obtain benefits. I will promptly report any change in my schooling or circumstances as stated above. <b>I UNDERSTAND THAT I MAY BE DENIED BENEFITS IF I AM NOT AVAILABLE FOR WORK BECAUSE OF MY ATTENDING SCHOOL.</b>			
15. Claimant Signature			Date
Examiner Comments: Prevailing conditions for claimant's occupation			
Reason for decision			
Return this form by _____ to: <b>State of Nevada Employment Security Division</b>			
Department Representative			Date