

Attachment II

NOMINATION FORM
UI BENEFIT FINANCING SEMINAR

State: _____

Name: _____

Title: _____ Work Phone No.: _____

E-mail Address: _____

Work Address: _____

EDUCATIONAL BACKGROUND

Years of schooling completed: 12 13 14 15 16 17 18 19 20

Degree	Date	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant education and/or training:

WORK EXPERIENCE

Length of time doing UI trust fund forecasting/analysis: _____

Length of time working in UI _____

Length of time engaged in other work in
research, statistics or related activities: _____

Describe briefly your present duties, particularly as related to this seminar:

COMPUTER AND STATISTICAL SKILLS

Do you have experience or training in the following?

Spreadsheets: Yes / No

Statistical packages: Yes / No

Regression Analysis: Yes / No

RECOMMENDED BY:

Signature

Title