

	New Jersey Workforce Innovation Notice		WD-PY22-14.2
	Issued By:	Workforce Development Division of Career Services	
	Approved By:	Dr. Yolanda Allen, Assistant Commissioner Workforce Development	
	Issued Date:	May 23, 2023; Updated October 25, 2023; updated November 13, 2023	

SUBJECT: Additional Benefits During Training (ABT)

EFFECTIVE DATE: This NJWIN is effective **Immediately**.

POLICY RESCISSIONS: None

FOR MORE INFORMATION: Questions about this policy may be directed to WIOAPOLICY@dol.nj.gov.

POLICY OVERVIEW

Additional Benefits during Training (ABT) authorized by the Workforce Development Partnership Act (N.J.A.C. Title 12, Chapter 23, Sub chapter 5) is a state funded program. ABT enables eligible unemployed customers to receive additional unemployment benefits paid to them while they are in an approved training program.

The law provides two (2) key benefits:

- It allows the waiver of an active work search for New Jersey Unemployment Insurance (UI) claimants who meet certain eligibility criteria. Customers receiving UI benefits from another state are not eligible for ABT, even if New Jersey residents.
- It also allows New Jersey UI claimants to receive an extension of UI benefits for up to twenty-six (26) weeks if the approved training program extends past the duration of the regular unemployment insurance benefits, and all other federal or state benefits have been exhausted.

This policy provides operational guidelines, performance expectations, and clarification regarding the implementation of the ABT Program in New Jersey's One Stop Career Center network.

Each One Stop Career Center (OSCC) must ensure the standardization of programs regardless of the delivery location. The same forms, referral processes, policies, and procedures will be used regardless of the delivery site.

Program Requirements

In order to receive ABT, a participant must work with a One Stop Counselor who will help to determine the eligibility of the individual for ABT. The counselor must guide the customer through appropriate assessments and the development of an Individual Employment Plan (IEP).

Through this assessment and IEP development the counselor and customer must:

- Verify that the customer is currently receiving UI benefits; the customer must be in good standing with UI.
- Verify that the customer was permanently separated from employment and unlikely to return to their job because of a reduction in work opportunities in the individual's job classification; any evidence that a customer voluntarily quit their last job disqualifies them from ABT eligibility.
- Identify a specific training program as part of an individual's employment plan for supporting the customer in obtaining employment in an occupation with high labor demand; any identified training programs must be on New Jersey's Eligible Training Provider List (ETPL). A customer may participate in remedial training IF the remedial training is clearly documented as part of an individual training plan leading to employment. Providers of such remedial training do not need to be on the ETPL.

The One Stop counselor and customer must share a clear understanding of the: (1) name and location of training institution, (2) descriptions of the courses including length of program, (3) start and end dates and (4) occupational outcomes.

In summary, to receive ABT, the counselor and customer must establish that a work search waiver is appropriate, i.e., that the individual is unlikely to find work with current experience and skills, additional training is necessary to support the job readiness of the customer, and the specific details and expectations of the training experience.

Additionally, only training programs that are full time training programs (including remedial training programs as noted above) will be eligible for ABT. Full time training programs include:

- Vocational training with at least 20 hours or more per work of supervised classroom hours
- Undergraduate programs with at least 12 credit hours per semester (offered by a recognized college)
- Graduate programs with a least 9 credit hours per semester (offered by a recognized college)
- Summer school sessions – determinations of what constitutes a fulltime schedule must be made on an individual basis

Training programs delivered in formats other than classroom instruction (including but not limited to online classes or self-paced instruction) must still meet these hourly requirements.

Please note, if a training program includes a practicum or internship in addition to classroom hours, the program will be approved only for time needed to complete state or federal state certification or licensing requirement.

Additionally, if the customer has enrolled in training prior to the assessment and plan development with the One Stop Counselor, this training will not be approved for ABT.

ABT Determination Documentation

One Stop Counselors must submit one of two forms depending on whether a customer is found eligible or ineligible for ABT.

- Form WD-24 is completed to document ABT eligibility and details regarding approved training, including ongoing updates each semester of a training – see Appendix A for this form
- Form WD-25 provides “Notice of Ineligibility for Additional Benefits During Training (ABT)” and is completed to document ABT ineligibility and appeals processes – see Appendix B for this form

Additional details about eligibility and ineligibility documentation are included below.

Documentation of Customer Eligibility

If a customer is determined to be eligible for ABT, the One Stop counselor must complete the WD-24 form which is included as Attachment A in this policy. This form must be submitted to ABT@dol.nj.gov.

Please ensure that the following in completing the WD-24 form:

- ABT and Work Search Waiver must be checked off on the initial WD-24 form submission.
- The start and end dates of the total length of the program including all of the school information must be completed.
- The form includes the overseeing One Stop Counselor’s signature

Please note, if a training is in multiple semesters, the counselor and customer must schedule an appointment to go over the customer’s IEP and progress before registering in each new term. An updated WD-24 form must be submitted with every new semester by checking “update” at the top of the form with any additional or new details.

In addition to documenting eligibility for ABT through the WD-24 form, the WD-24 or WD-25 form should be uploaded into AOSOS.

Please see Appendix C for an overview of data entry requirements – including the requirement to submit comments and/or counseling statements that provide a clear overview of training details and information about ongoing eligibility and justification for ABT. Documentation in AOSOS must be updated every semester in an IEP comment. For customers who are seeking an extension of training time, appropriate documentation such as a letter from the school explaining reason for extension and a breakdown of hours of the training (how many hours learning new material and if there is any practice or studying involved) must be uploaded or included in the IEP comment.

Documentation of Customer Ineligibility and Appeals Process

If a customer is determined to be ineligible for ABT and an extension of benefits, the One Stop Counselor must complete and sign the “Notice of Ineligibility for Additional Benefits during Training” (WD-25), included as Appendix B, submit this to ABT@dol.nj.gov and share this form with the customer.

In addition to submitting and sharing this form, the denial and appeal process must be explained to the customer.

A claimant should be informed of:

- Their right to appeal the decision to Division of Unemployment Insurance (UI) and receive a hearing
- The appeals process – specifically that appeals hearings are conducted as a telephone hearing scheduled by the Division of UI and that details regarding the appeals process are included on their WD-25 form
- The need to continue to certify their claim as directed by UI until their ABT eligibility or ineligibility has been determined

In addition, just as with eligibility for ABT, documentation in the form of comments and/or secured counseling statements must be included in AOSOS providing details regarding justification for ineligibility determinations, see Appendix C for data entry details.

If a customer provides evidence that their standing with UI and/or their reason for separation may result in a change in eligibility for ABT after a determination has been made, they may request a reconsideration of their eligibility. The counselor should resubmit the WD-24 form with the reasons for redetermination and add a comment in AOSOS, as described in the Appendix of this document.

Additional Counselor and Customer Responsibilities

In addition to determining eligibility, the counselor and customer must engage in ongoing communication to monitor progress aligned with the customer’s IEP, as well as adjust and/or make any changes based on additional service needs or changes that emerge. Additionally, the customer and counselor are jointly responsible for ensuring the experience continues in alignment with ABT expectations.

The table below provides an overview of core counselor and customer responsibilities:

Counselor Responsibilities	Customer Responsibilities
<p>The One Stop Counselor must explain to the customer and oversee that ABTs are paid in compliance with the following requirements:</p> <ol style="list-style-type: none"> 1. ABTs are paid for a maximum of 26 additional weeks but only for the time that the customer is attending full-time training. ABT will end prior to 26 weeks when the customer completes school or if the customer drops out or changes to part-time status during that period. 2. ABT will not be paid for any week during which the customer receives a training allowance or stipend. 3. ABT will not be paid to a customer during a break between training sessions of more than four weeks. 	<ol style="list-style-type: none"> 1. Customer must attend approved training leading to a labor demand occupation; 2. Customer must contact One Stop Counselor if there are any changes to the customer’s status, class schedule, or school attendance; 3. Customer must continue to engage with One Stop Counselor throughout training. 4. Customer must present proof of registration that includes school name and location, schedule and hours/credits at follow-up meeting. 5. Customer must provide final transcripts, copy of certifications received.

ABT and Interstate Claims and Commuter Claimants

A customer with an interstate claim with a Local office # 999 must be assessed for ABT and a Work Search Waiver. The customer must contact WIOAPOD@dol.nj.gov and the customer will be contacted.

Commuter claimants are customers living in border states who are collecting New Jersey UI benefits. NJ One Stop Counselors are responsible for determining the customer's ABT eligibility. The customer can attend training in their home state or in New Jersey.

ADDITIONAL MATERIALS

In addition to this policy, an ABT course is available on NJDOL's Learning Management System (LMS) with access to a recorded training on ABT that includes more details about the program and AOSOS entry, as well as fillable versions of the forms attached as Appendices. All NJDOL Workforce staff have access to the LMS. External users can fill out the LMS User Request form to obtain access: <https://forms.office.com/g/1Lg1vsX4f5>.

Appendix A – Form WD-24



State of New Jersey
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Initial Update (UI to take necessary Corrective Actions – C015/C016, A300, P600, Claims Examiner Referral, etc.)

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT – DATE ENTRY FORM WD-24 (R-11-2013)

Customer's SSN: <input type="text"/>	UI PC: <input type="text"/>	UI DOC: <input type="text"/>	Customer's Name: <input type="text"/>
LWD Training Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No (No LWD data entry, A300 only)	Name of Training Institute: <input type="text"/>		
Training Start Date: <input type="text"/>	Training End Date: <input type="text"/>	School Address: <input type="text"/>	
LWD Training REG: <input type="text"/>	SYN: <input type="text"/>	CIP Code: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

Benefits	Approved	Disapproved	N/A	Status: <input type="checkbox"/> Full-Time Training <input type="checkbox"/> Part-Time Training
ASW Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WDP <input type="checkbox"/> WIA <input type="checkbox"/> Tuition Waiver <input type="checkbox"/> DVRS <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> TRA / TRA Training Started: <input type="text"/> <input type="checkbox"/> TRA Exhausts Week Ending: <input type="text"/>
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type: <input type="checkbox"/> College (credit courses) <input type="checkbox"/> College (non-credit courses) <input type="checkbox"/> Non-College				
Status Change: <input type="checkbox"/> Withdrew From School On: <input type="text"/> <input type="checkbox"/> Reduced To Part-time Training Status On: <input type="text"/>				

Training Schedule	Start Date:	End Date:
1. LWD Training	<input type="text"/>	<input type="text"/>
<i>Break of less than 4-weeks</i>	<input type="text"/>	<input type="text"/>
2. LWD Training	<input type="text"/>	<input type="text"/>
<i>Break of less than 4-weeks</i>	<input type="text"/>	<input type="text"/>
3. LWD Training	<input type="text"/>	<input type="text"/>
<i>Break of less than 4-weeks</i>	<input type="text"/>	<input type="text"/>
4. LWD Training	<input type="text"/>	<input type="text"/>
<i>Break of less than 4-weeks</i>	<input type="text"/>	<input type="text"/>

Refer to UI Claims Examiner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason / Remarks: <input type="text"/>		

One-Stop Counselor Signature: <input type="text"/>	Today's Date: <input type="text"/>
One-Stop Office Location: <input type="text"/>	UI Representative Signature: <input type="text"/>

Appendix B – WD-25 “Notice of Ineligibility for Additional Benefits for Training”

NJ Department of Labor & Workforce Development

**Notice of Ineligibility
for Additional Benefits During Training (ABT)**

Customer's Last Name	First Name	M.I.
Address	Today's Date (mm/dd/yy)	
	Date of Claim (DOC) (mm/dd/yy)	
Claimant ID Number	Date of Delivery (mm/dd/yy)	
Phone Number	Date of Mailing (mm/dd/yy)	

Reason(s) for Denial of Additional Benefits During Training

(Check all that apply.)

- Training is not full time.
- You voluntarily quit your job.
- You were disqualified for unemployment insurance benefits because you were separated from your last employer due to misconduct.
- You do not have a valid New Jersey unemployment insurance claim.
- You did not enroll in training in a labor demand occupation on the LWD Demand List.
- You did not enroll in an approved training facility.
- You enrolled yourself in school before receiving approval from a One-Stop Counselor and did not develop an Individual Employability Development Plan (EDP).
- Other reason (state):

Right of Appeal

If you disagree with this determination, you may file a letter of appeal in writing. Send your written letter of appeal to the address below, and include a copy of this notice.

Appeal Tribunal
New Jersey Department of Labor & Workforce Development
P.O. Box 907
Trenton, NJ 08625-0907

Your appeal must be received or postmarked within 7 calendar days after you receive this determination notice, or within 10 calendar days after the date of mailing of this notice. The appeal period will be extended only if good cause for late filing is shown. Good cause exists in situations where it can be shown that the delay was due to circumstances beyond the control of the appellant, and that could not have been reasonably foreseen or prevented.

One-Stop Staff Signature	Print Name
One-Stop Office	Email Address

Appendix C: AOSOS Documentation for ABT

The following provides guidance on documenting ABT eligibility and ineligibility in AOSOS (America's One Stop Operating System) which serves as the system of record for New Jersey's One Stop Career Center network.

All documentation regarding program participants must be completed in AOSOS.

ABT & Work Search Waiver Required Data Entry

1. If the customer is *eligible* for ABT, proceed to the "General Info" tab and click on the "Activity" button. From the drop-down menu:

Test, Second SSN: ***-**-0042 OSOS ID: NJ001953252

General Info Eligibility Add'l Info Resume Data Planning Comp Assess Programs Outcomes Saved Searches Services Tests Comments

Customer Info

Customer Data

*SSN: Active *Status: Active *Job Seeker: Active *Ethnic Heritage and Race

*Username: st0042 *Password: 0042st Merge

*Last Name: Test *First Name: Second MI

*Date of Birth: 03/04/1948 *Gender: Male *Portfolio Level: Job Source User

*Address 1: 123 Any Street

Address 2:

*City: Trenton *State: New Jersey *ZIP Code: 08625

County: Mercer Country: United States Metro:

Phone: 609-555-9191 Ext. Alt. Phone Ex. Fax

Citizenship

* U.S. Citizen

Education & Employment

*Education Level: 12 Grade - HS Graduate

*School Status: Not Attending School, Secondary School Graduate/Equivalent

*Employment Status: Employed

Underemployed Long Term Unemployed

Contact Preferences

Use Postal Pri. Phone Alt. Phone Fax

Email

Save Start Match |M| Activity |A| I.A. Referrals |R| Correspond Correspon IVR Links |L| Ret To Srch Q Comments

Message WIOA Eligibility |W| Summary |U| Job Source Reload Custom

Please note, do not take this activity if the individual is determined to be *ineligible* for ABT.

See next page

- a. From the menu that appears after selecting Activity, select “State Specific”
- b. Select “Other Services”
- c. Check “ABT & Work Search Waiver
- d. Click on the “OK” button

▶ Labor Exchange

▶ Employment & Training

▶ WIOA Basic Career Services (WIA Core)

▼ State Specific

▶ Individual Work Plan (IWP)

Jersey Job Club

▼ Other Services

- ABT & Work Search Waiver [Rpt Indiv Enrolling]
- Apprenticeship Candidate
- Metrix / SkillUp NJ - Customer [Rpt Indiv Enrolling]
- NJBUILD Candidate
- Pathways2Recovery Participant
- SkillUp Participant [Rpt Indiv Enrolling]
- State Rental Assistance Program (SRAP) - Exemption Eliminated
- State Rental Assistance program (SRAP) - Failed to Cooperate
- State Rental Assistance Program(SRAP) - DNR
- State Rental Assistance Program(SRAP) - Exempt
- Tuition Waiver Elig. Determination [Rpt Indiv Enrolling]

▶ Jersey Job Club

Activity Date

02/27/2023

RR Event #

Keyword(s)

Search Reset OK

See next page

Creating an AOSOS Comment

A comment must be documented in AOSOS regardless of if the customer has been determined eligible or ineligible for ABT. For any confidential information, the secure counseling statement may also be used.

The purpose of the Comments Tab is for recording customer information that is not recorded elsewhere.

1. If customer is determined eligible for ABT, click on the “Comments” button in the General Info tab.
 - a. Type your comments in the open dialogue box
 - b. Click on the “Save” button

Add a New Comment

Customer Detail

Sans Serif Normal B I U ABC H1 H2 $\frac{1}{2}$ $\frac{3}{4}$ $\frac{1}{4}$ $\frac{3}{8}$

Customer has been assessed and approved for Additional Benefits during Training (ABT) benefits. Active work search waiver has been approved as customer is attending approved full-time training. WD-24 has been completed and signed. Copy given to customer and original was given to local UI office for data entry.

Save Cancel Clear Formatting

2. If customer has been determined ineligible for ABT, proceed to the “Comments” tab and click on the “Comments” button in the Customer Detail Module.
 - a. Type your comments in the open dialogue box
 - b. Click on the “Save” button
3. If a customer provides information that would change their eligibility for ABT after a determination has been made, proceed to the “Comments” tab and click on the “Comments” button in the Customer Detail Module.
 - a. Type your comments in the open dialogue box, explaining the additional information that has been provided to document a change in eligibility for ABT
 - b. Click on the “Save” button

Add a New Comment



Customer Detail

Sans Serif Normal B I U ~~☒~~ H1 H2

Customer has been assessed and determined ineligible for Additional Benefits during Training (ABT). WD-25 was completed and signed and original was given to customer. Explained to customer they have the right appeal. If they choose to appeal the determination. If they choose to appeal, they must write a letter of appeal addressed to the UI Adjudication Unit.

Save

Cancel

Clear Formatting