

EDP Responsibility Statement

I understand that I am required by law to participate in the activities assigned under the Reemployment Services and Eligibility Assessment (RESEA) program and listed on this Employability Development Plan Responsibility Statement. By signing this form, I acknowledge that I have been informed of the reemployment activities that I am required to attend and refusal to participate may adversely affect my unemployment compensation benefits. If for any reason I am unable to attend my assigned activity, I must immediately contact the career center at () - .

Workshop Name	Date/Time Scheduled

Participant Signature

Date

Career Center Staff Signature

Date