

REQUEST BY WORKER FOR APPROVAL OF TRAINING ALLOWANCES WHILE IN TRADE ADJUSTMENT ASSISTANCE (TAA) TRAINING

FOR OFFICIAL USE ONLY	
Weekly TRA Amount: \$	_____
Date of Qualifying Separation:	__/__/__
Date of Certification:	__/__/__

Worker's Name (Last, First, Middle)		Social Security Number - -		Telephone Number () -	
Physical Address of regular place of residence (No., Street, City County, State, Zip Code)					
Petition Number	Date of Request / /	One-Stop Office	O-Net Coding	UI Claimant? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify State	

A. REQUEST BY WORKER

1. I request the training program below and allowances under the Trade Act as amended.

Name of Training Program	Employer ID No.	
Name and Address of Training Facility		
Estimated No. of Weeks for Training _____	Start Date __/__/__	End Date __/__/__
Estimated Total Costs of Training \$		

2. I request subsistence and/or transportation allowance payments for attending training outside the commuting area of my regular place of residence.

No. of miles from regular place of residence to training facility _____

No. of days required to travel to training institution per week _____

3. **WORKER CERTIFICATION**

I give this information to support my request for entitlement to allowances while in training under the Trade Act as amended. The information contained in this request is correct to the best of my knowledge. I understand that I may be penalized for willful misrepresentations made to obtain allowances to which I am not entitled.

Signature of Worker

Date

B. CERTIFICATION BY LOCAL TAA COORDINATOR/CASE MANAGER

The worker is ENTITLED to the following allowances while in approved training described above:

1. Transportation \$	One Way \$	Round Trip \$	Daily Rate (federal mileage rate) \$
2. Subsistence \$	Lodging \$	Meals \$	Daily Rate (up to 1/2 federal per-diem) \$

TAA Coordinator/Case Manager Signature

() - -
Telephone Number

Date

C. DETERMINATION BY STATE AGENCY

The worker is entitled to:

Unemployment Insurance Basic Trade Readjustment Allowances (TRA) Extended TRA Prerequisite/Remedial TRA

Your request for training and/or allowances is approved.

Your request for training and/or allowances was denied for the following reason(s):

State Agency Representative/Designee Signature

() - -
Telephone Number

Date

Privacy Act Statement

The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your social security number for participation in the Trade Adjustment Assistance (TAA) Program. Under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011 (a), 6050B, and 6109(a), 42 U.S.C. 1320b-7 (a)(1) (Social Security Act) and 7 C.F.R. 273.6 disclosure of your social security number is mandatory. Your social security number will be entered in the state management information system through unemployment insurance.

Disclosure of your social security number is required by the TAA program for tracking and reporting purposes to the Internal Revenue Service (IRS) and the United States Department of Labor (USDOL) to be used as a record index to process claims, report approved training, waive training requirements, determine eligibility for program benefits that include health coverage tax credit, wage supplement for older workers, trade readjustment allowances, job search and relocation allowances. Refusal to provide your social security number may result in disqualification for benefits only.