



TRADE ADJUSTMENT ASSISTANCE DEOBLIGATION FORM

DATE: / /

TO: , Special Payment Unit – State TRA Coordinator

FAX: (850) 921-3427

FROM: , Local TAA Coordinator/Liaison

This is a mandatory form to be completed when the individual has completed or quit training. Its purpose is to prevent overpayment of benefits, such as TRA benefits.

The individual listed below is no longer enrolled in TAA training. Therefore, the remaining funds in the individual's account should be deobligated.

Name: _____

Social Security Number: ___ - ___ - ____

Petition Number: _____

Training Institution: _____

Last date attended training institution: / /

Effective date of deobligation: / /

Please indicate reason for deobligation:

Completed training _____ Quit training _____

Local One-Stop Career Center: _____

Telephone Number: (____) ____ - ____

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.