

Participant's Name: _____ SID #: _____

Petition#: _____ Date: _____

You have applied for Trade Adjustment Assistance (TAA) funded training. If you are interested in enrolling in training, please obtain the items listed below from the school that you wish to attend and present them to _____, TAA Representative, at the _____ American Job Center, as soon as possible. If you need assistance you may contact your representative by phone at _____, or email at _____.

- Training Course Information (i.e. School Pamphlet, Course Informational Sheet, School Catalog, etc. Any item that will give a brief description of the course of study.), or
- Course of Study outline (indicating class breakdown per quarter, semester, trimester, etc., and credit hours)
- School calendar (indicating the breaks that will occur during the course of training)
- Required booklist and estimated cost of each book broken down by term
- Required supplies and estimated cost of each supply broken down by term
- Required tools (if any) and estimated cost of each tool broken down by term
- Required uniforms (if any) and estimated cost of each uniform broken down by term
- Required miscellaneous items (if any) and estimated cost of each miscellaneous item broken down by term
- Cost Sheet (indicating entire cost of training, i.e. tuition, total book cost, total tool cost, etc.) broken down by term
- Signature of Authority (training facility official(s) authorized to sign Trade Readjustment Allowance (TRA) weekly claims request and invoices)
- Letter of acceptance from training facility (if applicable)
- Letter indicating a waiting list (if applicable)
- Comparison from TCAT or state school if choosing a private training facility

NOTE: If any required items are to be purchased from an outside vendor, please note and provide vendor information, along with item list and estimated cost.



Signature of Authority for Training Facility Officials
Trade Act of 1974, Amended 2002 & 2015

<u>Trainee State ID</u>	<u>First</u>	<u>MI</u>	<u>Last</u>	<u>Enrollment Date</u>
<u>Petition Number</u>				

Name of Training Facility: _____

Address of Training Facility: Street _____

 City _____ State ____ Zip Code _____

TAA FUNDED

Weekly Request for Allowances by Worker in Training, LB-0429
Individual authorized to sign claimant's weekly claim

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

Invoice TA-2
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

OTHER SOURCE OF FUNDING

Name of Entity Funding Training: _____
 Address of Entity Funding Training: Street _____

 City _____ State _____ Zip _____
 Contact Name _____ Phone Number _____
 Email _____

Weekly Request for Allowances by Worker in Training, LB-0429
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

Agency Representative Name: _____
 Agency Representative Signature: _____ Date: _____

**WEEKLY REQUEST FOR ALLOWANCE BY WORKER IN TRAINING
TRADE ACT OF 1974 AMENDED 2015**

WORKER NAME (last, First, Middle)		STATE ID (SID)	PETITION NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP	

A. TRADE READJUSTMENT ALLOWANCE (To be completed by worker.)

1. HAVE YOU FILED FOR ANY OTHER TRAINING ALLOWANCE FOR THE WEEK SHOWN (OR FOR A PERIOD WHICH INCLUDES THE WEEK)? YES NO IF YES, PROVIDE: PROGRAM TITLE _____

2. ARE YOU FILING A CLAIM FOR UNEMPLOYMENT INSURANCE IN ANY STATE? YES NO PAYING STATE _____

3. DURING THE CLAIM WEEK DID YOU WORK OR EARN ANY WAGES? YES NO IF YES, AMOUNT (before taxes) \$ _____
a. WERE YOU: QUIT LAID OFF DISCHARGED

4. IF YOU HAVE RETURNED TO WORK, PROVIDE:
EMPLOYER NAME _____ JOB TITLE/DUTIES _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____
WAGE PER HOUR \$ _____ HOURS PER WEEK _____ DATE BEGAN WORK _____
HAVE YOU WORKED FOR THIS EMPLOYER BEFORE? YES NO
IS JOB SPONSORED BY A STATE OR FEDERAL PROGRAM? YES NO IF YES, NAME OF PROGRAM _____

5. ARE YOU CURRENTLY ENROLLED IN TRADE ADJUSTMENT ASSISTANCE TRAINING? YES NO
a. IF YES, PROVIDE: TRAINING TITLE _____
b. TRAINING IS: ON-LINE (DISTANCE LEARNING) CLASSROOM (ON CAMPUS)
c. DAYS YOU ATTENDED THIS WEEK SUN MON TUE WED THU FRI SAT
d. (Complete if applicable) LODGING AND MEALS WERE PROVIDED THIS WEEK IN THE AMOUNT OF \$ _____ PER DAY FOR _____ DAYS

B. WORKER CERTIFICATION

I hereby file a claim for benefits and certify that I am enrolled in training as approved under the Trade Act. The information I have provided is correct to the best of my knowledge. I understand there are penalties for willful misrepresentation made to obtain allowance to which I am not entitled.

SIGNATURE OF WORKER _____ DATE _____

C. PROGRESS AND ATTENDANCE IN TRAINING (To be completed by the training facility.)

1. AS OF THE WEEK SHOWN, WAS THIS WORKER ATTENDING TRAINING? YES NO
CURRENT TERM BEGAN: _____ CURRENT TERM ENDED: _____
IF NO, PLEASE EXPLAIN _____
IF STUDENT IS OUT ON BREAK: DATE BREAK BEGAN: _____ DATE STUDENT WILL RETURN _____

D. TRAINING FACILITY CERTIFICATION

THE ANSWERS TO PART C ARE IN ACCORDANCE WITH OUR RECORDS. THE WORKER IS SUBJECT TO ALL TRAINING FACILITY CRITERIA FOR SATISFACTORY PROGRESS.

NAME OF TRAINING FACILITY: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____

SIGNATURE OF TRAINING OFFICIAL DATE

Submit In-Person, EMAIL, or by Fax To:





Department of
**Labor & Workforce
Development**

**TRADE ACT OF 1974
AUTHORIZATION AND INVOICE**

APPROVAL:

This is to certify that goods, services invoiced below have been rendered by vendor.

TAA Program Representative

Title

Date

(1) Vendor: _____

Invoice # _____

Address: _____

Petition No: _____

Street _____

Participant Name: _____

City _____

State _____

Zip Code _____

SID #: _____

Acceptance of this authorization signifies full compliance with Title VI of the Civil Rights Act of 1964, that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity. The Department of Labor and Workforce Development is in compliance with this Act. All applicants for service have a right to file complaints and to appeal according to regulations governing this principle. All complaints shall be addressed to the State Department of Labor and Workforce Development, Nashville, Tennessee.

The Department cannot be responsible for services rendered without authorization.

ITEMS PROVIDED BY VENDOR

	AMOUNT BILLED
TOTAL	\$ 0.00

These services are for the period: _____
(dates training/instruction starts and ends)

This is to certify that goods and services have been rendered for the amount billed above.

Signature of Vendor or Agent

Title

Date

ATTENTION: Please attach an itemized invoice with cost breakdown and totals. One unique invoice number must be assigned for all attached.

NAME OF TAA TRAINING PARTICIPANT (First, Middle Initial, Last): _____ PETITION NO: _____
_____ SID: _____
DATE OF ENROLLMENT: _____ ANTICIPATED COMPLETION DATE: _____
NAME OF TRAINING FACILITY: _____
ADDRESS STREET: _____
CITY: _____
STATE/ZIP CODE: _____

PARTICIPANT STATUS

- COMPLETED TRAINING COURSE** (Date) _____
This means the student has completed all requirements for their Certificate or Diploma. Date needs to be the last day the student attended classes.
- NEEDS AMENDED** - This means the student will not be able to complete their requirements for their certificate or diploma by the anticipated completion date above and will need extra time to complete. Student should be directed to their local American Job Center to speak with their TRA Representative.
- WITHDREW FROM TRAINING** (Date) _____
This means the student stopped attending classes or had to drop out of classes for personal reasons and did not complete training. This is the actual last date the student attended classes.
- TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION** (Date) _____
Please give an explanation below as to why the student was terminated and the actual last date the student attended classes. **Reason student was terminated by training facility - (Explain on another sheet of paper if necessary.)**
- FAILED TO BEGIN PARTICIPATION**
If possible, student should be instructed to go to Career Center and notify TRA representative of their situation. **Reason student failed to begin participation if reason is given - (Explain on another sheet of paper.)**
- ENTRY DATE DELAYED UNTIL** (Date) _____
This means the student was not able to begin training as of the Date of Enrollment listed above, because the training was delayed. This is the exact date the student can begin approved training. Student should be directed to visit their local Career Center to have the TRA Representative request an Amended/Supplemental.
Reason student's enrollment was delayed - (Explain on another sheet of paper if necessary.)

SIGNATURE OF TRAINING FACILITY REPRESENTATIVE: _____ DATE: _____
TITLE: _____

PLEASE RETURN TO: _____ TAA REPRESENTATIVE
_____ AMERICAN JOB CENTER
_____ ADDRESS
_____ CITY, STATE, ZIP
_____ PHONE
_____ EMAIL