Trade Adjustment Assistance

(TAA)

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Trade Adjustment Assistance Training

Trade Adjustment Assistance Program Manual

Tennessee Department of Labor & Workforce Development

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12000 Trade Adjustment Assistance (TAA)

12100 TAA Program Information

12101 Program Overview

The Trade Adjustment Assistance (TAA) Program is a federal program that assists US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these trade-affected workers with opportunities to obtain the skills, resources, and support they need to become reemployed.

12102 Background of the Program

The TAA for Workers Program (TAA program) was first established at the U.S. Department of Labor (Department) under chapter 2 of title II of the Trade Act of 1974 (1974 Act). The TAA program has a two-step process for workers to obtain program benefits. First, a group of workers, or other specified entities, must file a petition for certification of eligibility to apply for TAA benefits and services with Office of Trade Adjustment Assistance (OTAA) in the Department's Employment and Training Administration (ETA) and the state in which the workers' firm is located. A petition will be certified by a Certifying Officer in OTAA after finding that the statutory criteria that test whether the group of workers was adversely affected by international trade have been met. Second, workers who are part of a group covered under a certified petition may apply individually to a state for TAA benefits and services. States administer the TAA program as agents of the Secretary of Labor (Secretary) through a state agency or agencies designated as the CSA in an agreement between the Governor and the Secretary (the Governor-Secretary Agreement). The CSA is responsible for both the determination of participant eligibility to receive TAA, and the provision of benefits and services to TAA-eligible workers.

The 2002 Amendments

The 1974 Act has been amended numerous times. The Trade Adjustment Assistance Reform Act of 2002 reauthorized and expanded the scope of the TAA program and increased benefit amounts, repealed the North American Free Trade Agreement Transitional Adjustment Assistance (NAFTA-TAA) program, added to the TAA program in 1993 to provide benefits to workers who lost their jobs because of trade with Mexico and Canada after NAFTA, created the Health Coverage Tax Credit (HCTC), and initiated a pilot program for Alternative Trade Adjustment Assistance for older workers (ATAA program). The NAFTA-TAA program was no longer necessary because the 2002 Amendments extended the same favorable TAA coverage to workers who lost their jobs because of shifts in production to other countries with which the United States had trade agreements or treaties or where

there was also a likelihood of increased imports, as NAFTA-TAA had provided to workers who lost their jobs because of shifts in production to Mexico and Canada. Adversely affected secondary workers, whose layoffs could be attributed to trade impacts demonstrated by TAA certifications of workers for companies for whom their firms were suppliers or downstream producers, also were covered under these amendments. The 2002 Program applied to workers covered under petitions filed on or after November 4, 2002.

The operation of the TAA program for workers covered by petitions filed on or after November 4, 2002 and before May 18, 2009 is governed by TEGL No. 11-02, *Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002, and Changes 1, 2, and 3*; and TEGL No. 2-03, *Interim Operating Instructions for Implementing the Alternative Trade Adjustment Assistance (ATAA) for Older Workers Program - Established by the Trade Adjustment Assistance Reform Act of 2002, and Changes 1 and* 2. The provisions of the longstanding TAA regulations codified at 20 CFR part 617 that were not affected by program changes in 2002 also have continued to apply to the TAA program and workers covered under the 2002 Amendments.

The 2009 Amendments

The TGAAA reauthorized the TAA program through December 31, 2010, and again expanded its scope to cover additional categories of Trade-Affected Workers, increased benefit amounts, and added employment and case management services to the categories of TAA benefits. The Older Workers Program no longer was a pilot program and was renamed the RTAA program. Workers no longer had to choose between receiving ATAA or the training benefit. Part-time training could be approved for all Trade-Affected Workers, and Trade-Affected Workers could enroll in TAA-approved training before separation from employment. The 2009 Amendments, applied to workers covered under petitions filed on or after May 18, 2009, through December 31, 2010. The Omnibus Trade Act amended the TGAAA to provide a six-week extension of the December 31, 2010 termination date of the program in effect under the 2009 Amendments (the 2009 Program), and the resumption of the program in effect before the 2009 Amendments (the 2002 Program). As described in TEGL No. 16-10, Change 1, the application of the 2009 Amendments ended (or "sunset") on February 12, 2011. The expanded TAA group eligibility and certification requirements available under the 2009 Amendments continued to apply to petitions received on or before 11:59 PM EST on Monday, February 14, 2011, which was the next business day after February 12, 2011, a Saturday.

TEGL No. 22-08, *Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009, and its Change 1* continue to govern the delivery of benefits to workers covered under the 2009 Program. TEGL No. 11-02, *Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002, and it's Changes 1, 2, and 3*; and TEGL No. 2-03, *Interim Operating*

Instructions for Implementing the Alternative Trade Adjustment Assistance (ATAA) for Older Workers Program Established by the Trade Adjustment Assistance Reform Act of 2002, and its Change 1 continue to govern the delivery of benefits to workers covered by petitions filed on or after November 4, 2002 and before May 18, 2009, and where identified in Section A.2.4 below, the delivery of benefits to workers covered under petitions numbered TA-W 80,000-80,999.

The Secretary's regulations codified at 20 CFR part 617 continue to apply to the delivery of benefits under the 2002 Program and the 2009 Program to the extent that the applicable law did not supersede those regulatory requirements, as explained in the TEGLs and other guidance documents that apply to the respective programs. To the same extent, 29 CFR part 90 continues to apply to the certification process for all TAA petitions. The regulatory requirement of merit-based staffing of the TAA program, codified at 20 CFR 618.890, continues to apply to state administration.

The 2011 Amendment

On October 21, 2011, President Obama signed the Trade Adjustment Assistance (TAA) Extension Act of 2011, which changes the group eligibility requirements, and participant benefits and services available under the Trade Adjustment Assistance program, for some workers.

Petitions Filed after February 12, 2011 and before October 21, 2011 makes the changes to the group eligibility requirements contained in the TAA Extension Act of 2011
retroactive to February 12, 2011, and apply to all petitions filed since that time-petitions designated with numbers from TA-W80,000 through TA-W-80,999

Any petition filed after February 12, 2011 and before October 21, 2011, that was denied was automatically reconsidered under the group eligibility provisions of the TAA Extension Act of 2011. USDOL completed the reconsideration of these petitions on February 21, 2012.

The Trade Adjustment Reauthorization Act of 2015 (TEGL 5-15)

The TAARA 2015, title IV of the Trade Preferences Extension Act of 2015 (Public Law 114-27), was signed into law by President Barack Obama on June 29, 2015, and both amends and reauthorizes the TAA Program. The TAARA 2015 (see Attachment B) restores the worker group eligibility and benefits established by the Trade Adjustment Assistance Extension Act of 2011 (TAAEA). The TAARA 2015 also authorizes the operation of the 2015 Program and continuation of the 2002 Program, the 2009 Program, and the 2011 Program through June 30, 2021; provides a 90-day transition period for Reversion 2014 Program participants; expands coverage of certifications of petitions filed since January 1, 2014 for 90

days; requires reconsideration of negative determinations on petitions filed since that date and before the date of enactment under 2015 Act certification requirements; and reauthorizes the HCTC program benefit for eligible TAA participants. Additionally, new requirements are added by the TAARA 2015 to align performance reporting for the TAA Program with the requirements of the WIOA.

12103 How Does TAA Work

To obtain TAA re-employment services and benefits a group of workers must first file a petition with the U.S Department of Labor's Trade Adjustment Assistance Program (TAA) requesting certification as workers adversely affected by foreign trade. Once a complete petition is filed, the Office of Trade Adjustment Assistance (OTAA) initiates an investigation to determine whether a group of workers meets the group eligibility requirements. If the participant is found to meet the group eligibility criteria, a group eligibility certification will be issued. This certifies that the workers of the group are eligible to apply for Trade Adjustment Assistance benefits.

After a group certification is issued, each participant in the group must then individually apply for services and benefits through their local America's Job Center.

12104 What Does TAA Offer

TAA offers benefits and a variety of services to support workers seeking re-employment:

BENEFITS

- **Income Support** (Trade Readjustment Allowances (TRA) is available to provide income support to workers while participating in full-time training. Under certain circumstances, TRA is also available to certified workers for whom training is not feasible or appropriate. There are three (3) categories of TRA Benefits: Basic TRA, Additional TRA, and Completion TRA. Each category has its own set of eligibility requirements.

SERVICES

- **Re-employment services** - This service can include Employment Counseling; Resume Writing and Interview Skills Workshops; Career Assessment; Job Development; Job Search Programs; Job Referrals; and Supportive Services

- **Employment and Case Management Services** must be made available to the adversely affected workers and/or adversely affected incumbent workers covered by a certified petition requesting TAA services over the course of

their participation in the TAA program, through early assessment, Individual Employment Plans, Case Notes, etc.

- **Waiver from the Training Requirement** – under certain circumstances, an eligible participant may receive a waiver from the requirement for training, if they meet one of the three following conditions: health, enrollment unavailable, training not available.

- **Training** – provided to workers that do not have sufficient skills to obtain suitable employment in the current labor market. Allowable types of training include, Classroom Training, On-Line, Distance Learning, On-the-Job Training (OJT), Vocational, Customized, and Basic or Remedial Education.

- **Job Search Allowance** – may cover expenses for a pre-approved job interview that occurs 10 miles or more from trade impacted worker's residence when suitable employment, as defined by State law, is not available in the area.

- **Relocation Allowance** - may cover expenses for a pre-approved move of the participant, their families and their household goods, outside the participant's normal commuting area if suitable employment, as defined by State law, is not available in the area. The commuting area in Tennessee is 50 miles one way. The participant must have a bona fide offer of work.

- **Alternative Trade Adjustment Assistance (ATAA) / Re-employment Trade Adjustment Assistance (RTAA)** is a wage subsidy provided to eligible workers age of 50 and above that subsidizes a portion of the wage difference between their new wage and their old wage (up to a specified maximum amount).

12105 Who Does TAA Serve

TAA workers come from a variety of backgrounds and industries, and therefore many enter the program with a wide array of skills and experience. However, the majority of TAA workers who enter the program face similar challenges in obtaining re-employment, which can include no education beyond high school, job skills solely in the manufacturing sector, and an average age of 46 with over 12 years of experience in a specific job that may no longer exist. The TAA program has been developed through legislation, regulation, and administrative guidance to best serve the needs of this unique population.

12106 Filing a TAA Petition *(www.doleta.gov/tradeact/downloadpetitions.cfm)*

Petition Process Overview

1. To obtain TAA re-employment services and benefits a petition must be filed with the U.S Department of Labor's Trade Adjustment Assistance Program (TAA). Once a complete petition is filed, the Office of Trade Adjustment Assistance (OTAA) initiates an investigation to determine whether a group of workers meets the group eligibility requirements. If the participant group meets the group eligibility criteria, a group eligibility certification will be issued. This certifies that the workers of the group are eligible to apply for Trade Adjustment Assistance benefits.

2. After a group certification is issued, each participant in the group must then individually apply for services and benefits through their local America's Job Center. The TAA Representatives at the local America's Job Center will ensure the workers' TAA eligibility to apply for TAA services.

Who may file a petition - A petition may be filed by any of the following: a group of three or more workers, an employer of a group of workers, a Union, a State Workforce Official, a One-Stop Operator/Partner, or another Duly Authorized Representative. OTAA will initiate an investigation when a complete petition is filed by any of these parties.

Assistance in preparing a petition - Petitioners may request assistance in preparing the petition at their local America's Job Center which may be located by calling 1-877-US2- JOBS, (TTY) 1-877-889-5627, or visit the America's Service Locator website at http://www.servicelocator.org. Petitioners may also contact the U.S. Department of Labor in Washington, D.C. at 202-693-3560 or 1-888-365-6822.

Submitting a Petition - The petition should be electronically file and electronically signed by the three workers in the participant group, employer, Union Official, State Workforce Official, One-Stop Operator/Partner or Duly Authorized Representative who are filing the petition. When a group of three workers are filing the petition, all three workers must sign the petition.

Once signed, the petition must be submitted to both the Office of Trade Adjustment Assistance in Washington, D.C. and to the relevant state workforce agency.

Decisions on TAA Petitions

After accepting a complete petition, OTAA will initiate an investigation to determine whether the group of workers covered by the petition meets the group eligibility requirements of the Trade Act. This investigation may include contacting the workers' firm to collect data, contacting customers of the workers' firm, the petitioners, unions, Cooperating State Agencies, or other sources of relevant information as needed. The steps required to complete an investigation vary according to the circumstances specific to the participant's firm.

If the workers are found to meet the group eligibility criteria set by the Trade Act, OTAA will issue a certification of group eligibility.

Certification of Petitions - If the eligibility requirements have been met OTAA will issue the participant group a decision titled: "Certification Regarding Eligibility to Apply for Trade Adjustment Assistance."

Generally the certification covers all members of the participant group who are separated or threatened with separations during the period beginning one year before the petition was filed and ending two years after the date of the certification. Each certification describes the participant group and specifies the beginning and ending dates.

Denial of Petitions - If, after investigation, OTAA determines that the eligibility requirements are not met, OTAA will issue the participant group a "Negative Determination Regarding Eligibility to Apply for Trade Adjustment Assistance." A negative determination denies workers certification of eligibility to apply for TAA services and benefits.

Workers who are denied eligibility to apply for TAA may: 1) request administrative reconsideration of the determination; 2) seek judicial review of the determination; and/or
3) seek re-employment services from other programs such as those available through the Workforce Investment and Opportunities Act's Dislocated Worker's program also available through local America's Job Center.

Notification of Certification or Denial - After making a determination on group eligibility, OTAA will notify the petitioners, the workers' firm, and State agency of the determination. In addition, the determination will be posted on the TAA website and published in the Federal Register. If a group of workers is certified eligible to apply for TAA, the Cooperating State Agency will then notify workers of the certification and provide information about benefits.

How to Challenge a Petition Denial / Administrative Reconsideration - Determinations on Trade Adjustment Assistance petitions are published in the Federal Register, the official daily publication for Rules, Proposed Rules, and Notices of Federal organizations. Workers who are denied certification may request administrative reconsideration from OTAA. Requests for reconsideration must: 1) be in writing; 2) include the TAA investigation number; 3) be signed; and 4) describe the group of workers included in the petition. Requests must also cite reasons why the workers consider the denial erroneous according to the facts, the interpretation of the facts, or the law itself. ***Reconsideration requests must be filed with OTAA within 30 days of***
Federal Register publication and may be mailed or faxed to:

United States Department of Labor Employment and Training Administration Office of Trade Adjustment Assistance Attn: Reconsiderations
Room N-5428
200 Constitution Avenue N.W. Washington DC 20210
Phone: 202-693-3560 or 1-888-DOL-OTAA (1-888-365-6822) Fax: 202-693-3584

or 3585
Web site: http://www.doleta.gov/tradeact

Judicial Review *- Workers who are denied certification may seek judicial review of OTAA's initial determination or determination following administrative reconsideration. Appeals for judicial review must be filed with the Case Management Supervisor, U.S Court of International Trade, One Federal Plaza, New York, New York 10007, (212) 264-1611.* ***Appeals must be filed within 60 days of Federal Register publication of the initial denial or administrative reconsideration denial.***

12107 Rights to TAA Training

The following are the most pertinent elements of approved training under the Trade Act:

1. Training is an entitlement under the Trade Act program, but it is not an unconditional entitlement. There are six criteria that must be considered before training is approved.

2. Only adversely affected workers who are laid off from affected employment during an impact period of a specific certification are eligible and entitled to receive training approved and paid for under the Trade Act.

3. Workers who are laid off during the impact period but lack the 26 weeks of employment necessary to qualify for weekly TRA allowances are eligible and entitled to receive approved training, relocation, and job search under the Trade Act.

4. Depending on the petition number, Vocational, remedial, and/or pre-requisite training may be approved under the Trade Act.

12108 (UI-8330) Statement of Training Status for TRA Claimant, LB-0723 Waivers

NOTE: *Form LB-0723 has been replaced with LB-0911W (Waiver of Training Requirement under Trade Act of 2002 which is Appendix 8300-iiiW), LB-0911WR/D (TAA Training Waiver Review, Denial and Agency Decision, which is Appendix 8300-iiiR/D), and LB-0911R (TAA Training Waiver Revoked which is Appendix 8300-iiiR).*

The form, LB-0723 (Revised May 2002), is a two-page form. Page one is used to waive the training requirement when it is found that training is feasible not or appropriate. A **complete** explanation will be required as to the reason a waiver is issued. The LB-0723 will be reviewed for accuracy prior to entry of a training status code into the system. It will then be

forwarded for microfilm with the first AC/RC which activates the claim, or with any subsequent RC/AC if a waiver is issued. Page two of the form should be held in the claimant's file and would be used in the event that it is necessary to revoke the waiver. NEW! See Section 8332, 8390) (See Appendix 8300-iiiW, Appendix 8300-iiiR/D, and Appendix 8300-iiiR)

A. Appropriate

The word "appropriate" refers to suitability of training for the worker (including whether there is a reasonable prospect of employment within the foreseeable future). If the training duration exceeds the worker's eligibility for benefits, training would not be required but offered as an entitlement if all six criteria apply. If it is determined that the worker is a candidate for training approval, the question of feasibility must be explored.

B. Feasible

For the purpose of determining training approval, "feasible" means whether there is any training available which meets all the criteria for approval under the six criteria and whether funding is available to pay the full costs including transportation or subsistence if necessary. (See Section 8390)

C. Training Status Code

The TRA claimant history should be updated by accessing the TLC screen and entering the appropriate Training Status (TS) code. (See Section(s) 8205, 8331, 8391)

During basic TRA, a claimant approved for training within thirty (30) days may receive benefits; additional weeks may only begin when the worker begins participating in training. Training status code "P" is appropriate during this time.

12200 Training

Effective August 23, 1988, training is an entitlement, and, **in any case where the criteria are reasonably met and funding is available**, the participant is entitled to have the training approved and it may not be unreasonably denied. Effective February 7, 1994, only one program of training is allowable under a single petition.

The participant shall be entitled to "have payment of the costs of such training paid on his/her behalf" (subject to the limitations imposed by the Trade Act). The reference to "limitation" includes all of the limitations and restrictions on types of training criteria, as well as the limit on annual training costs payable from TAA funds.

12201 Training Program

A training program may consist of a single course or group of courses which is designed and approved by the State agency for a participant to meet a specific occupational goal. Depending on the Petition number training could be approved for:

- 50000 – 69999 (2002) *[TEGL 11-02]*
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial
  - Must be separated and covered by a trade petition to request training.
- 70000 – 79999 (2009) *[TEGL 22-08]*
  - Up to 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Up to 156 weeks of full-time training or part-time, if there are remedial or pre-requisites. However, if part-time there will be no TRA benefits.
  - Trade impacted workers may request training prior to layoff
- 80000 – 80,999 (2002) *[TEGL 16-10]*
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial

- 81,000 and above (2015) *[TEGL 10-11, 16-14, 05-15]*
  - 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Last 13 weeks must meet benchmarks for Completion TRA Benefits.
  - Trade impacted workers may request training prior to layoff

12202 Amended Training Program

A participant's approved training program may be amended to add a course or to satisfy unforeseen needs of the participant, such as remedial education or specific occupational skills, as long as the length of the amended training program does not exceed the number

of weeks designated by the petition number.

12203 Full-time Training

TAA approved training programs are to be designed to consist of full-time attendance in accordance with the established hours and days of training determined by the training provider. Written documentation from the training facility admissions or business office is required to clarify full-time status. If combined with on-the-job (OJT) training, the combined attendance at both must be full-time. Staff should seek guidance from the TAA Training Coordinator regarding training programs having limited hours-per-day scheduled.

12204 Incumbent Participant/Part-time Training

Under Petition number 70000 through 79999 and 81000 and above, TAA approved training programs can consist of part-time attendance. However, if part-time training is chosen and approved, no TRA benefit will be paid to the participant. Also, participant must indicate in a written statement that he/she understands the lack of TRA benefits.

If the participant is covered under Petition numbers 60000 through 69999 or 80000 through 80999, workers are not eligible for part–time training.

12205 Distance Training

Distance training (i.e., training provided via the internet) may be considered "classroom training" when the degree or certificate received is equivalent to what would have been received if the training had been conducted on campus. This interpretation expands the types of approved classroom training to include distance learning, where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program. For distance learning, the final degree or certification conferred must be equivalent in content and standard of achievement to the same program completed on campus or at an institutional training location. When the above condition is met, the training will be recognized as the type that normally takes place in an interactive classroom setting. This standard replaces the four conditions in TEGL 7-00.

In addition, in order for distance learning to be approved, all criteria for training approval found at 20 CFR 617.22 must be met in the same way as in any other training.

Distance learning may, in some cases, be more self-paced than in class institutional training. TAA Representatives will need to work with distance learning providers to understand the specific requirements or milestones of the distance learning program and to ensure that the training provider keeps the agency informed of the student's adherence to those requirements through weekly attendance certifications.

12206 Case Management

Case Management consist of **c**omprehensive assessments of skill levels and service needs, development of an participant employment plan (IEP) to identify employment goals and objectives, and information on available training and counseling.

12207 Criteria for Approval

Conditions for approval: Training shall be approved for an adversely affected worker if the State agency determines that the six training criteria have been met. These criteria are:

1. There is no suitable employment available for the participant.
2. The participant would benefit from appropriate training (occupational and/or remedial) and be job ready upon completion of training.
3. There is a reasonable expectation of employment following completion of occupational training.
4. Approved occupational training is reasonably available to the participant.
5. The participant is qualified to undertake and complete such occupational training.
6. Such training is suitable for the participant and available at a reasonable cost.

The six criteria will also be used to determine approved training which is paid for with sources other than TAA funds. The costs of training approved under the six criteria are "not required" to be paid from TAA funds to the extent that such costs are paid under any state or federal program or from any other source, i.e., an employer. However, training would not be considered approvable if the participant paid for the training or if the participant was required to reimburse anyone for the training.

12208 Criteria for Approval, Explanations [20 CFR 617.22]

1. This criteria is met if, at the time of job search, there is no suitable employment (which may include technical and professional employment) available for the participant who is being considered for training, and there is no reasonable prospect of such suitable employment becoming available for the worker in the foreseeable future. The term "suitable employment" means, work of a substantially equal or higher skill level than the participant's past adversely affected employment, and wages for such work at not less than 80 percent of the participant's average weekly wage.

2. The participant would benefit from appropriate training (occupational and/or remedial). The participant will be job ready upon completion of training.

3. There is a reasonable expectation (not necessarily a prior guarantee) of employment following completion of occupational training. While immediate

employment is not required, **approval of training must be in occupational areas that are in demand.** In determining suitable training, certain occupations must be excluded when there is a lack of employment opportunities as substantiated by Jobs4TN, School placement rates, job orders and other pertinent labor market data or when the occupation provides no reasonable expectation of permanent employment. Training must be in occupations for which an identifiable demand exists in the local labor market or in other areas for which the participant is willing to relocate.

Note: In making a determination as to whether a training occupation is in demand, CO will begin with the Cluster located under Supply and Demand by Education Cluster or by Labor Supply and Demand by Occupation, located on Jobs4TN. The Cluster actually states whether an occupation is in demand or not for the area where the participant will be seeking employment. However, there are other resources that can be used and they are listed below.

The School Placement Rate (70% or higher for the training occupation)

1. May be available on the Cluster
2. If not on the Cluster, may be obtained from the training institution.

At least 3 Newspaper advertisements for the specific occupation (be sure the advertisement has the newspaper's date line that includes the name and the date of the paper)

Newspaper articles/news releases concerning growth of a particular occupation in the area (be sure the article has the newspaper's date line that includes the name and the date of the paper)

Letter from an employer that indicates an offer of employment to the person requesting training in the occupation he/she will be trained in.

Any documentation that indicates a demand in the area that comes from a reputable authority.

4. Approved occupational training is reasonably available to the participant from governmental agencies or private sources which may include area technology centers. First priority will be given to providing training in Tennessee College of Applied Technology (TCAT) locations unless it is determined and documented that such schools are not as effective and efficient as other institutional alternatives.

This means that the training is reasonably accessible to the participant within the participant's commuting area at any governmental or private institution or facility. Reasonable Commuting area is within a 10 mile radius of the participant's residence. It also means training is suitable for the participant and meets the other criteria. Emphasis must be given to finding accessible training for the participant, although not precluding training outside the commuting area if

none is available at the time within the participant's commuting area. If outside the commuting area then the training must be available at a reasonable cost. Mileage from the workers' home to the training facility should be documented.

In determining whether or not training is reasonably available, first consideration shall be given to training opportunities available within the participant's normal commuting area. Training at facilities outside the participant's normal commuting area should be approved only if such training is not available in the area or the training to be provided outside the normal commuting area is provided at a more reasonable cost.

5. The participant is qualified to undertake and complete such occupational training (determine either through testing and/or entrance requirements).

This emphasizes the participant's personal qualifications to undertake and complete approved training. Evaluation of the participant's personal qualifications must include the participant's physical and mental capabilities, educational background, work experience, as indicated by the TABE or CASAS assessment, and financial resources, as adequate to undertake and complete the specific training program.

Evaluation of the participant's financial ability should include an analysis of the participant's remaining weeks of UI and TRA payments in relation to the duration of the training program. If the participant's UI and TRA will be exhausted before the end of the training program, it will be ascertained through the financial statement whether personal or family resources will be available to the participant. It must be documented on the LB-0783 that financial resources will be available for the participant if the training is to be approved.

6. Such training is suitable for the participant and available at a reasonable cost.

Suitable for the participant means that criteria one is met in that no suitable employment is available and that the training is appropriate for the participant given his/her capabilities, background and experience.

Available at a reasonable cost means that training is not approved at one institution when, all costs being considered, the same or similar training can be obtained at another institution at a lower total cost. It also means that training is not approved when the costs of the training is unreasonably high in comparison with the average costs of training of other workers in similar occupations at other institutions or facilities. This criteria also requires taking into consideration the funding of training costs from sources besides TAA funds, and the least cost to TAA funding of providing suitable training opportunities to workers. Greater emphasis will need to be given to these elements in determining the reasonable costs of training, particularly in view of the requirements that TRA claimants be enrolled in and participate in training.

Reasonable cost of training shall take into consideration tuition and related expenses (books, tools, and fees, etc.), travel or transportation expenses, and subsistence expenses.

In determining whether cost of training is reasonable, consideration should first be given to the lowest cost training which is available within the commuting area. When like training for suitable employment, is offered at more than one training facility, the lowest cost training shall be approved.

Training outside the participant's normal commuting area should be approved only in situations where appropriate training is not otherwise available. Training that involves transportation or subsistence costs which add substantially to the total costs provides a basis for disapproving the training, if other appropriate training is available.

NOTE: The six training criteria will be completed by the TAA Specialist after notification of the TAA training request has been received. ***Case Notes must document enough information that will enable the TAA Specialist to make an eligibility determination.***

12209 Other Factors Which Must be Considered in the TAA Training Approval Process

1. To request training a participant must first complete a job search to determine if there is any suitable employment available in his/her commuting area.
2. The training is of suitable duration to achieve the desired skill level in the shortest possible time.
3. The hours and days in a week of attendance will be in accordance with established hours and days commensurate with the course as determined by the training facility.
4. No other payment for the costs of such training has been or will be made from any other source which would create duplication of payments. Any funds which are used for any purpose other than the direct payment of the costs incurred in training is deductible, even if such use indirectly pays or reduces the costs involved in training the participant.
5. Case Management should be completed on all TAA eligible workers requesting any services covered under the program. This information should be documented in Jobs4TN (VOS) under case notes.
6. All TAA eligible workers requesting training must be assessed by the LWDA, their agent, or Adult Education (if no high school diploma) using the TABE/CASAS.

NOTE: The above criteria will also be used to determine approved training which is paid for with sources other than TAA funds.

NOTE: Pell and/or Lottery grants are no longer required to be used for training cost under TAA. If costs are deemed unreasonable, the participant must give written approval for the use of the grants.

12210 TAA Eligibility Application (Jobs4TN (VOS))

All workers identified as trade impacted **must complete a Wagner Peyser application** and then a TAA application in Jobs4TN prior to participation in the program. Once the TAA Application has been established and the participant has been identified as eligible to request services under the law, the next step is to set up Participation in the program. *(See Petition information on page)*

12211 TAA Participation (Jobs4TN (VOS))

Establishing Participation in the TAA Program starts with setting up an Initial Assessment Activity. All TAA workers must have specific activities offered to them as part of core and intensive services. Initial Assessment (VOS Code 102) is always the first service offered to the participant. Followed by:

- IEP – Individual Employment Plan must be developed on all TAA Workers (VOS Code 205)
- LMI – Labor Market Information that will help with re-employment (VOS Code 107)
- Job Search – Suitable employment search required prior to requesting training (VOS Code 125)
- Referral to WIOA – Assessment (TABE/CASAS testing) (VOS Code 211)
- Rapid Response – Participant attended a rapid response meeting (VOS Code 110)

There may be other activities that you include on the participant, but the list above is required on all TAA workers that are looking at occupational training.

12212 TAA Training Enrollment (Jobs4TN (VOS))

A training activity must be completed in Jobs4TN (VOS) by the TAA Representative establishing the type of training being requested, using one of the following codes:

- 300 Occupational Skills Training – Approved Provider List (ITA)
- 328 Occupational Skills Training – Non Approved Provider (No ITA)

- 339 Approved HiSet Training
- 342 TAA Approved Prerequisites
- 301 On-The-Job Training
- 314 Apprenticeship Training

The training provider and course of study are also identified in the activity.

NOTE: Cost of training will be established based on the cost sheet submitted by the training facility and posted in Jobs4TN (VOS) by the TAA Specialist.

Completion of the activity information will be the printed TAA Enrollment document.

12213 Trade Adjustment Assistant Program (TAA) Application for TAA Training (ETA-858) (Jobs4TN (VOS))

The TAA Specialist will review the activity, training information, cost, case notes, and make an eligibility decision based on the facts as they have been presented and they will complete the six training criteria. The form will be printed and signed indicating the decision. That printed form is the Application for TAA Training (ETA 858).

NOTE: Case Notes must be entered in Jobs4TN (VOS) so that the TAA Specialist will have justification for the answers to the six training criteria.

12214 How to Apply for TAA Funded Training

If the participant is requesting TAA funded training, America's Job Center TAA Representative will complete and/or upload in Jobs4TN (VOS) the following:

1. TAA Program Application
2. TAA Occupational Training Activity (VOS Codes 300/328/339/342/301/314)
3. IEP Plan & IEP Activity (VOS 205)
4. A copy of the claimant's TMQ1 or eligibility determination (if petition is out of state).
5. Financial Statement LB-1090 indicating financial support should TRA exhaust.
6. Signed Worker's Training Agreement and Responsibilities LB-1092
7. Willing to Commute form (if applicable) LB-1089
8. List of all books, supplies, tools, uniforms, etc., with the cost of each item per term (provided by training provider)
9. Total cost sheet showing tuition, fees, test cost, books, supplies, tools, uniforms, and any misc. items, per term (provided by training provider)
10. Copy of Academic Plan/Course Outline showing courses and hours planned for each term (provided by training provider)
11. Signature of Authority for Training Provider Officials and/or Vendors, LB-0898

with phone numbers and email addresses
12. Schedule of training facility breaks (school calendar).
13. TABE/CASAS Scores
14. Mileage Documentation
15. Demand Information

12215 How to Apply for Approval of Training with Other Funding Source

For workers who are enrolled in training by and funded through any source other than TAA, America's Job Center TAA Representatives will complete and/or upload in Jobs4TN (VOS) the following:

1. TAA Application
2. TAA Occupational Training Activity
3. IEP Plan & IEP Activity
4. A copy of the claimant's TMQ1 or eligibility determination (if petition is out of state).
5. Financial Statement LB-1090 indicating financial support should TRA exhaust.
6. Signed Worker's Training Agreement and Responsibilities LB-1092
7. Willing to Commute form (if applicable) LB-1089
8. Written notification from the funding source stating clearly that they will pay the training costs
9. A written notification from the training provider indicating the course of training, date the participant commenced the training and the duration of the training.
10. Copy of Academic Plan/Course Outline showing courses and hours planned for each term (provided by training provider)
11. Signature of Authority for Training Facility Officials, LB-0898
12. Schedule of training facility breaks (school calendar)
13. TABE/CASAS Scores
14. Mileage Documentation
15. Demand Information

12216 Signature of Authority for Training Facility Officials, LB-0898 (www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs)

The Signature of Authority for Training Facility Officials, LB-0898, is available for use by America's Job Centers in obtaining training facility and/or vendor signatures(s) of authorization. The form is designed to collect the signature of the official(s) authorized to sign:

1. Claimant certifications, regardless of the funding source, and
2. Claimant certification and invoicing TDLWD when the training is TAA funded.

NOTE: Please ensure to include email addresses on the form.

12217 Forwarding Requests for Training Approval Timely

Training approval requests and all required documents should be uploaded to Jobs4TN (VOS) at least 30 days prior to the anticipated training start date in order for a determination to be made in a timely manner. **No training may be started prior to written approval by the TAA Specialist.** A copy of each document, with original signatures, should be maintained in the participant's America's Job Center file.

12218 Individual Employment Plan (IEP)

The Individual Employment Plan is a shared document in Jobs4TN (VOS) between all partners. The plan will follow the trade impacted participant from the first time he/she steps into the office for services until suitable employment is obtained.

The plan is made up of a goal(s) and objectives that describe the planned steps that will take the participant from dislocation to suitable employment. The goal is what the planned outcome will be, i.e. Complete Training, Obtain suitable employment, etc. The objectives should lay out a path through trade services, such as re-employment, training, job search, relocation, etc., to reach the established goal.

When developing objectives to meet the goal of training, it is important that the objectives are laid out in a specific order:

- Job Search (was there any suitable employment found)
- Requested training (what type of training is the participant interested in and did the participant provide documentation from the training facility that will establish the request date?)
- Referred to WIOA for Assessment (when was the scheduled assessment appointment?)
- Training is recommended (what does the case notes from WIOA and TABE/CASAS scores indicate?)
- Referred to training provider for training information
- Enroll in training (When, Where, What)
- Maintain satisfactory progress through out training
- Meet benchmarks
- Must schedule benchmark appointments every 60 days for progress reports, and
- Report at the end of every term with grades and registration/cost sheet for next term.
- Complete training
- Report for re-employment services
- Obtain suitable employment

NOTE: The above list of objectives are required on the IEP, however, please be aware that there could be additional objectives added throughout the training.

12219 Training Benchmarks

Training benchmarks are required to be established for a participant when the participant enrolls in training and to be able to monitor the participant's progress toward completing the approved training within the 130-week maximum duration. The participant must substantially meet benchmarks every 60 days to receive Completion TRA and, therefore, benchmarks must be included in all IEPs (IEP'S). Benchmarks also measure satisfactory progress of the participant while in training.

In order to determine that the participant has substantially met the performance benchmarks established in the approved IEP (IEP) the participant must be evaluated for satisfactory progress against 2 benchmarks at intervals of no more than 60 days, beginning with the start of the IEP, to determine whether the participant is:

1. Maintaining satisfactory academic standing (i.e. not on probation or determined to be "at risk" by the instructor or training institution, and
2. On schedule to complete training within the timeframe identified in the approved IEP (IEP).

For this review, the training provider may provide documentation of the participant's satisfactory progress, the America's Job Center TAA Representative may attest to the participant's satisfactory progress after consultation with the vendor and the participant. Or the state may request that the participant provide documentation of his/her satisfactory progress towards meeting the training benchmarks from the provider, like transcripts, grades, written progress reports, etc.

Regardless of the mechanisms used, the training benchmarks must be described in the participant's IEP (IEP) and documented in Case Notes at each review.

Upon one substandard review of the established benchmarks, the participant will be given a warning, (Participant Non-Compliance Warning LB-1107 located at www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs) while two substandard reviews must result in a modification to the IEP, or the participant will no longer be eligible for Completion TRA. In this way, the training benchmarks may be used to provide early intervention that will provide the opportunity to determine whether the training is appropriate for the participant or that the plan requires a revision.

NOTE: Workers are required to provide grades and an updated course outline or academic plan at the end of every term so that staff can determine if the participant is on track. This information should also be documented in the IEP Plan and Case Notes.

12220 Additional Weeks of TRA Benefits

In order to assist the adversely affected participant to complete approved training, TRA benefits may be paid depending on the Program (2002, 2009, 2011, and 2015)

- 50000 – 69999 (2002)
  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA training, or
  - Up to 130 weeks if participant had remedial training
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.
  - Training must be full-time
- 70000 – 79999 (2009)
  - 26 weeks of Basic TRA and up to 130 weeks of additional TRA benefits if enrolled in full-time TAA training, or
  - Up to 156 weeks if participant has had remedial or pre-requisites training
  - Training must be full-time to receive additional TRA benefits.
  - Must enroll within 26 weeks of either certification or layoff
- 80000 - 80999 (2002) (*workers who begin receiving services before December 20, 2011*)
  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA Training, or
  - Up to 130 weeks if participant has had remedial training
  - Training must be full-time
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.
- 80000 - 80999 (2011)(*workers who begin receiving services on or after December 20, 2011*)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.

- 81000 and above (2015 TAARA)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.

NOTE: TRA determination will be made by the Federal Benefit Unit.

12221 Determinations of Request for Training

Approval of training requests for workers who are enrolled in training by and funded through TAA or any source other than TAA will be made by the TAA Coordinator and/or the designated area TAA Specialist.

Denial of a training request will be in writing via electronic form from the TAA Coordinator and/or the designated area TAA Specialist to the adversely affected participant and must list the reason for such denial. Appeal procedures are contained on this form.

If an adversely affected participant is already attending training, but not approved under this section, he/she may apply for approval. If it is determined that the participant and course of training meet all requirements, and training is approved, the costs of such training will be paid by TAA, at the start of the next term.

12222 Approval of Training for Interstate Claimants

Training applications for interstate TRA claimants are to be prepared and submitted as described in Sections 12214 & 12215. Upon review of the application, the Agency TAA Training Coordinator and/or the designated area TAA Specialist will make a recommendation to the liable state to approve or deny the training. The final approval/denial will be issued by the state which is liable for the TRA benefit claim. Any appeal of a denial of training will be made to the issuing state.

12223 Time Limits Affecting Training

A participant must start approved training within 30 calendar days after the approval date to meet the definition of enrolled in training for TRA purposes, *617.11 (A)2(vii)D(1)*. The only time limit for workers applying for TAA paid training is the sunset of the TAA program. However, their eligibility for additional weeks of TRA benefits will be affected if they do not apply for training approval within the specified time limits as dictated by the petition number they are under. Therefore, staff must complete training requests as soon as a training program is selected and the application process begins. This will allow the requirement for additional benefits to be determined.

12224 Procedures for Certifications for TAA Approved Claimants

TRA claimants attending training must submit the 858-A (LB-0429) for weekly

certification whether or not they are drawing TRA Weekly Monetary Benefits. This lets the TAA and TRA Unit know the claimant is attending their approved training weekly. The Weekly Certification form is to be mailed each week. A fax of the form will not be accepted. They must be mailed to the TRA Unit at P.O. Box 280450, Nashville, TN 37228. The TAA/TRA Field Staff will provide the claimant a copy of the School Certification once TAA approved training has begun.

A Signature of Authority form (LB-0898) signed and dated by those authorized to sign off on the weekly school certifications, along with their individual email addresses, must be submitted with each request for training. The Signature of Authority form with original signatures is to be maintained in the individual TAA file at the AJC.

NOTE: These forms can be obtained at www.tn.gov/workforce/article/technical-assistance-policies-wfs

12225 Training Related Costs (Transportation and Subsistence)

An adversely affected participant approved for TAA training will be eligible for supplemental assistance to defray the cost of transportation expenses and/or subsistence necessary to pay the cost of separate maintenance when the training facility is located outside the commuting area of the participant's regular place of residence. *[20 CFR 617.27 & 617.28]* (Commuting area for the purpose of TAA travel for training participation is defined as 10 miles or more one way from the participant's residence.)

12226 Travel and Subsistence Payments

Transportation Payments

When the participant lives 10 or more miles one way, transportation payments shall be made according to the cost per mile at the prevailing federal mileage rate and shall be paid for each mile that is traveled round trip.

NOTE: A training activity will be set up in Jobs4TN so funds can be established for travel while in approved training 10 miles or more one way from the participant's residence.

Subsistence Payments

Subsistence payments will be paid when necessary for the costs of separate maintenance. Such payments will not exceed the lesser of (1) the participant's actual per diem expenses for subsistence; or (2) 50% of the prevailing per diem rate authorized under the federal travel regulations for the locale of the training.

No subsistence payment will be made for any day of unexcused absence as

certified on the Weekly Request for Allowances by Participant in Training, MA-858A (LB-0429)

NOTE: A subsistence activity will be set up in Jobs4TN so funds can be established for living expenses while in approved training over 50 miles one way from the participant's residence.

NOTE: Transportation/Subsistence Application can be found at www.tn.gov/workforce/article/technical-assistance-policies-wfs

12227 Mileage Checklists

1. Pull Weekly Attendance Form (LB-0429) from www.tn.gov/workforce/article/technical-assistance-policies-wfs

2. Print several copies of the form for participant to have for submitting requests to Central Office

3. Have participant sign and complete a W-9 form (only needed one time and must be provided with the training packet)

4. Remind all participants that a Weekly Attendance form (LB-0429) must be completed, signed, and date at the end of every week, by the school to track attendance. The form must be submitted weekly for the worker to receive his/her travel reimbursement.

   Note: (If this form is not completely filled out, reflecting dates of attendance, and dated at the end of each week benefits cannot be provided to a participant).

5. Once a participant is approved for travel allowance the amount of the cost is already included in the TAA approved training packet and has been calculated.

12228 Authorization and Invoice, TA-2

Authorization and Invoice (TA-2) form *(LB-1121)* will be furnished to the training institution by the TAA Specialist when TAA funding is approved for training. Payment of approved training facility costs will be processed upon receipt of the signed Voucher, TA-2, and an invoice with cost break down for the current term from the training

institution to the TAA Training Coordinator and/or area TAA Specialist. *www.tn.gov/workforce/article/technical-assistance-policies-wfs*

12229 How Payments Are Made

Approved TAA funded training cost (institutional training) will be paid as follows:

1. Approved training facility or vender cost will be processed upon receipt of the Voucher, Authorization and Invoice Form (TA-2), and an invoice, submitted by the training institution or vender to the TAA Training Coordinator and/or area TAA Specialist. The TAA Specialist will provide the training institution with TDLWD billing requirements at the time of approval and be available to answer questions about billing that may arise when necessary.
   - The Voucher must be signed by an authorized school official. *(person who signed the signature of authority)*
   - Each TA-2 and backup invoice must have a unique invoice number in order to be processed in EDISON.
   - Jobs4TN SID number will replace contract number/SSN on the TA-2.
   - There should be no highlighting on either document.

   - A W-9 is required if training facility or vendor has never contracted with TDLWD.
   - Address on the W-9 should be the billing address, i.e. where the check is expected to be mailed.
   - The amount listed on the TA-2 must match the amount listed on the training facility/vendor's invoice.
   - The charges on the bill must be for the term the voucher is issued.
   - TA-2, signed voucher, and back up invoice should be scanned and emailed to the TAA Unit at: TDLWD.TAA@TN.gov.

   NOTE: If an invoice amount is greater than the amount on the approved voucher, additional documentation will be request that justifies the increase cost.

2. The TAA Fiscal Specialist and/or his/her backup will review each invoice for completeness and accuracy and will send the original to Fiscal staff to process for payment as promptly as possible.

12230 De-obligations

90 days after the completion or withdrawal from training and if there is a remaining balance, the TAA Specialist will verify that all invoicing has been completed. Remaining balance will be returned to the TAA Grant and the activity will be completed/closed.

NOTE: Training activities with remaining balances should never be closed. TAA

Specialist will close activity when funds for activity have been zeroed out.

12231 Costs Incurred After Termination of the Act

A participant whose training is approved and enters training on or before the termination date of the Act, will have appropriate tuition related training expenses set aside as resources-on-order to cover the costs of approved training. However, there is no authority to obligate or pay for costs of tuition or other training expenses, when the obligation to pay such costs arises after the termination date of the Act. *[20 CFR 617.64]*

No transportation or subsistence expenses may be obligated or paid after the termination date regardless of the participant's continuation in training approved on or after the termination date.

12232 Disqualification of Continued Entitlement

Any adversely affected participant without "good cause", refuses to accept, continues, or fails to make satisfactory progress in suitable training to which he or she has been referred by staff, will not be entitled to any payments until he or she enters or resumes training and makes satisfactory progress in such training. *[20 CFR 617.18]*

12233 Training Facility Follow-Up Notice, LB-0785

The TRA Unit will request follow-ups from the training facilities on students who are no longer submitting weekly certifications. Once the TRA Unit has completed the follow-up, it will be scanned into Jobs4TN for access by the TAA Unit and the AJC staff. www.tn.gov/workforce/article/technical-assistance-policies-wfs

Note: If notification is received that a participant is not on track to complete training by scheduled end date, the AJC TAA staff will be required to obtain a letter of explanation for need and request to extend the training end date, from the provider before an extension can be granted.

12234 Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743

The Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743, is available for AJC's to communicate with the provider regarding items required for the training approval or payment process.

NOTE: The Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743 is available on line at www.tn.gov/workforce/article/technical-assistance-policies-wfs .

12300 Job Search Allowance

A job search allowance will be granted to an adversely affected participant who meets all eligibility requirements to assist the participant in securing a job within the United States. *[20 CFR 617.30]*

12301 Requests for Job Search Allowance

The Request for Job Search Allowance will be completed to request approval for allowable reimbursement for job search activities outside the commuting area. *[20 CFR 617.31]*

12302 Criteria for Approval of Job Search Allowance *[20 CFR 617.32]*

A participant may be approved for a job search allowance if the following conditions are met:

A. The participant is covered under a certified petition.

B. A request for Job Search Allowance (form LB-1117) www.tn.gov/workforce/article/technical-assistance-policies-wfs must be submitted to the AJC before the job search begins for the job search allowance to be approved.

C. The job search activity must be 10 miles or more away from your residence (as defined by Google Maps, Rand McNally, Yahoo Maps).

D. The AJC TAA staff must determine that the participant has no reasonable expectation of securing suitable employment in the commuting area, and that there is a reasonable expectation of obtaining suitable employment of long-term duration in the area where the job search is conducted.

E. The participant has been totally separated from adversely affected employment at the time the job search starts.

F. The participant files a timely application, which is defined as follows:
   1. The 365th day after the date of the certification under which the participant is covered, or the 365th day after the date of the participant's last total separation, whichever is later; or
   2. The 182nd day after the concluding date of approved training;

G. The participant must have an active Wagner Peyser application in Jobs4TN.

12303 How to Apply for Job Search Allowance

TAA provides financial assistance to cover expenses incurred in seeking employment outside the worker's normal commuting area, which is10 miles or more. Workers may be reimbursed up to $1250 or $1500 depending on their petition for the necessary transportation costs while searching for such employment. TAA offers up to 90% reimbursement of job search costs when searching for a job outside the normal commuting area.

When you have a trade impacted worker they can be eligible for multiple services. These services are training, relocation and job search. The following information is to assist you with the job search process.

1) Determine if worker is covered under a certified petition and is eligible for trade assistance.
2) You must create or update their TAA VOS application and ensure employment information is complete.
3) Create a participation using Initial Assessment activity (102). (If they do not already have one)
4) Create an activity for Rapid Response (110), LMI (107), and IEP (205).
5) Create an IEP goal and objectives.

This is the point where the job search process will begin. Keep in mind that workers must always apply for Job Search Allowance at the local office before beginning a search outside the normal commuting area and that each application is good for 30 days.

6) Create a Job Search activity (125). This is the activity for the actual job search.
7) Fill out the Trade Adjustment Job Search Allowances Application.
    a. You fill out Section I, VI, and the worker and you sign and date it.
8) Create a VOS TAA – Approved Out of Area Job Search Allowance Activity (237). This is the activity that funds the job search.
9) Instruct Student to commence job search.
    a. Make sure to give the worker a Trade Adjustment Assistance Job Search Activity Verification form LB-1119 www.tn.gov/workforce/article/technical-assistance-policies-wfs.
        i. Worker will need one for each job search, interview, or application placed.
    b. Also remind the worker to bring in any receipts for meals while doing the job search. (if job search is over 50 miles)
10) Maintain the application until the worker returns to provide the required documentation at the end of the 30 day limit.
11) When the worker comes back in process the documents and maintain the originals at the LO.
12) Once all documentation is gathered scan and upload documents to VOS and notify their area TAA specialist it is ready for review.
    a. Print out a directions verifying mileage to go with the other documents. (Google maps, Yahoo Maps, or Rand McNally Map)

12304 Reimbursable Amount *[20 CFR 617.34]*

The amount of a job search allowance shall be based on a percentage of the total allowable costs of transportation, lodging, and meals **(depending on the petition number).** The total job search allowances paid to a participant covered under a certified petition may not exceed the amount designated by the petition number regardless of the number of job searches undertaken by the participant. Payment from any other source(s) will, reduce the amount paid to the participant by TAA.

A. Travel

The cost allowable for travel will not exceed the lesser of (1) the actual round trip cost by reasonable public transportation; or (2) the cost per mile at the prevailing federal mileage rate from the participant's residence to the area of job search and return to residences (round trip).

B. Lodging and Meals (if over 50 miles)

The cost allowable for lodging and meals shall not exceed the lesser of (1) actual cost to the participant of lodging, as evidenced by receipts, and meals while engaged in the job search; or (2) 50% of the prevailing federal per diem allowance rate for the locality in which the job search is conducted.

C. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are:
    a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
    b. 2009 Amendments - 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time
4. Lodging and meals will be paid up to either 50% of the federal allowable daily rate for the travel destination (http://www.gsa.gov/portal/category/100000) or the actual cost, whichever is less. (only applicable if travel is over 50 miles one way)
5. Only allowable job search activities will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation in order to receive payment.

12305 Job Search Activity Definitions

In reference to TAA Job Search Allowances, approved job search activities are:

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a resume';
5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/resumes, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC (Example: interview preparation meeting with a headhunter or private placement agency);
7. Attending a job fair or professional association meeting (for networking purposes);
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
   - Obtaining and using local labor market information;
   - Participating in skills assessments for occupation matching;
   - Attending job finding clubs;
   - Participating in pre-vocational workshops, incl. soft skills, resume writing, interviewing skills, etc.; or
   - Obtaining and following up on job referrals from AJC staff.

12306 Required Documentation for Reimbursement

1. A copy of the approved Trade Adjustment Assistance Job Search Allowance Application LB-1117 www.tn.gov/workforce/article/technical-assistance-policies-wfs.
2. A Job search Activity Verification form LB-1119 www.tn.gov/workforce/article/technical-assistance-policies-wfs, fully completed and signed by an authorized representative at the institution where a meeting takes place or services are south (Example: library attendant, AJC staff, employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare, etc.);
5. Meal receipts; (only applicable if travel is over 50 miles one way), and
6. Lodging receipts (only applicable if travel is over 50 miles one way).

12400 Relocation Allowance *[20 CFR 617.40]*

A relocation allowance will be granted to an adversely affected participant covered under a certification to assist him or her and family, if any, to relocate within the United States.

Note: "Family" means the following members of a participant's household whose principal place of abode is with the participant in a home the participant maintains or would maintain but for unemployment:

A. A spouse;
B. An unmarried child, including a stepchild, adopted child, or foster child, under age 25 or of any age if incapable of self-support because of mental or physical incapacity; and
C. Any other person whom the participant would be entitled to claim as a dependent for income tax purposes

12401 Criteria for Approval *[20 CFR 617.42]*

Eligibility for a relocation allowance requires the following:

A. The participant is covered under a certified petition.
B. The participant is totally separated from adversely affected employment at the time relocation commences.
C. The participant must have an active Wagner Peyser application on Jobs4TN.
D. AJC TAA staff must determine that the participant has no reasonable expectation of securing suitable employment in the commuting area.
E. The participant has obtained suitable employment of long term duration, or a bona fide offer of such in the area of intended relocation.
F. The participant must file a timely application which is defined as follows:
    1. The 425th day after the date of the certification under which the participant is covered, or the 425th day after the date of the participant's last total separation, whichever is later; or
    2. The 182nd day after the concluding date of approved training.
G. Relocation of the participant must occur within 182 days from the date of application for relocation allowance.
H. A relocation allowance will not be granted to more than one member of a family with respect to the same relocation.
I. A relocation allowance may be granted to a participant only once under a certification.
J. Relocation must occur within the United States and outside the participant's present commuting area. (Commuting area is defined as within 50 miles of the participant's residence.)
K. A Request for Relocation Allowances, ETA 860 (LB-0430, Rev. 1/08), must be submitted to the AJC before the relocation begins for the relocation allowance to be approved.

12402 Request for Relocation Allowances, ETA 860, LB-0430

A Request for Relocation Allowances, ETA 860 (LB-0430), will be completed to request relocation allowances.

12403 How to Apply for Relocation Allowances

A. AJC staff should assist the participant to complete the Request for Relocation Allowances, ETA-860 (LB-0430, Rev. 1/08) *(www.tn.gov/workforce/article/technical-assistance-policies-wfs)*

B. When applicable, AJC TAA staff will instruct the participant to obtain three (3) estimates from a commercial carrier, rental truck agency, and/or temporary storage business, for the total cost to be incurred.

C. Instruct the participant to obtain the name, title and complete telephone number of the company official who hired or offered employment of long term duration.

D. Instruct the participant to record his/her expenses for meals and lodging on the space provided and to obtain receipts for all expenses claimed.

E. An activity for Relocation Allowance must be completed in VOS to establish funding for the relocation allowance.

E. Attach the participant's receipts for all expenses to the completed original form along with a W-9 form and upload all documentation into Jobs4TN. Notify the TAA Coordinator and/or area TAA Specialist when everything is available for review.

120404 Reimbursable Amounts *[20 CFR 617.45]*

The amount of a relocation allowance consists of (1) a lump sum payment equal to three times the participant's former average weekly wage of adversely affected employment not to exceed the amount designated by the petition number; and (2) the total allowable costs for transportation, lodging, meals, moving, and if necessary, temporary storage (**depending on the petition number).** Payment from any other source(s) will reduce, by that amount, what is to be paid to the participant by TAA. The amount payable as a relocation allowance must include the following items:

A. Travel *[20 CFR 617.46]*

The cost allowance for travel will not exceed the amount designated by the petition number the lesser of (1) the actual cost for the participant and family by the most economic public transportation from the participant's old residence to the new residence in the area of relocation, or (2) the cost per mile at the prevailing federal rate from the participant's old residence to the new one.

(Separate Travel - If, for good cause, a member or members of an participant's family must travel separately to the participant's new residence, depending on the petition number, the total costs of such separate travel will be included in calculating the total

amount the participant is entitled to be paid. Good cause means such reasons as would justify the family member's inability to relocate with the other members of the participant's family, including but not limited to the family member's health, schooling or economic circumstances.)

B. Lodging and Meals

The cost allowance for lodging and meals will not exceed the amount designated by the petition number of the lesser of (1) the actual cost to the participant for lodging, verified by receipts, and meals while in travel status; or (2) a percentage of the federal prevailing per diem allowance rate for the locality to which the relocation is made. (depending on the petition number)

C. Moving Allowance *[20 CFR 617.47]*

The allowable costs of moving household goods and personal effects of the participant and family include moving by (1) commercial carrier; (2) trailer; (3) rental truck; or (4) house trailer. However, these allowable costs will not exceed the maximum number of pounds (net weight) authorized under the federal travel regulations.

1. Commercial Carrier

Amount, designated by the Petition number, of allowable costs of household goods and personal effects of a participant and family will not exceed the maximum number of pounds (net weight) authorized under the federal travel regulation. The participant must submit the most economical cost estimate to the AJC.

2. Trailer

Percentage of allowable costs (based on petition number) include (1) the private vehicle (cost per mile at the federal prevailing mileage rate); and (2) the necessary rental fee for each day required to complete the move.

3. Rental Truck

Percentage of allowable costs (based on petition number) include (1) the rental fee for each day required to complete the move; and (2) the necessary fuel for such rental truck paid by the participant.

4. House Trailer

If a house trailer or mobile home was used as the participant's place of residence in the old area and will be used in the new area, a percentage (depending on the petition number) of the allowable costs are (1) the commercial carrier's charges for moving the house trailer or mobile home; (2) charges for unblocking and re-blocking; (3) ferry charges, bridge, road, tunnel tolls, taxes, fees for permits to

transport the unit in or through its jurisdiction, retention of necessary flagmen; and (4) the cost of insuring the house trailer or mobile home for its actual value or $10,000 whichever is the least amount against loss or damage in transit.

5. Temporary Storage

If storage of household goods and personal effects is necessary, a percentage of the cost (based on the petition number) of such temporary storage for a period not to exceed 60 days is allowable.

D. Lump Sum Payment

A lump sum payment, equal to 3 times the participant's former average weekly wage of adversely affected employment not to exceed the amount as designated by the petition number, will be paid as part of the relocation allowance.

12405 How Payments Are Made

A. AJC TAA staff will review each request to assure completeness and accuracy of all entries, attach participant's receipts, and W-9 form to the completed original form and submit to the TAA Coordinator and/or area TAA Specialist via document upload in VOS.

B. The TAA Coordinator and/or area TAA Specialist will verify the participant's employment with the employer indicated in Section A (Participant Request).

C. Once verification of employment has been recorded, the TAA Coordinator and/or the area TAA Specialist will develop a voucher and email it to the AJC TAA staff. Participant will be scheduled to come in and sign the voucher and a copy will be returned to the TAA Coordinator and/or the area TAA Specialist. The request will be submitted to Fiscal who will process for payment as promptly as possible.

D. Electronic copies are maintained in document uploads within Jobs4TN.

12500 Appeal Rights

Under TAA law, should a participant be denied services and/or benefits, e.g., denied their request for training, transportation, relocation allowances, job search allowances, and/or up to 26 additional weeks of TRA payments, they have the right to appeal. When a participant receives a written notification of a denial, they are advised as to their right to appeal and the time frame in which to do so. If the participant has questions regarding the appeal process, they should be addressed to AJC TAA staff. If the participant desires to file an appeal, the usual methods for filing an appeal will be used.

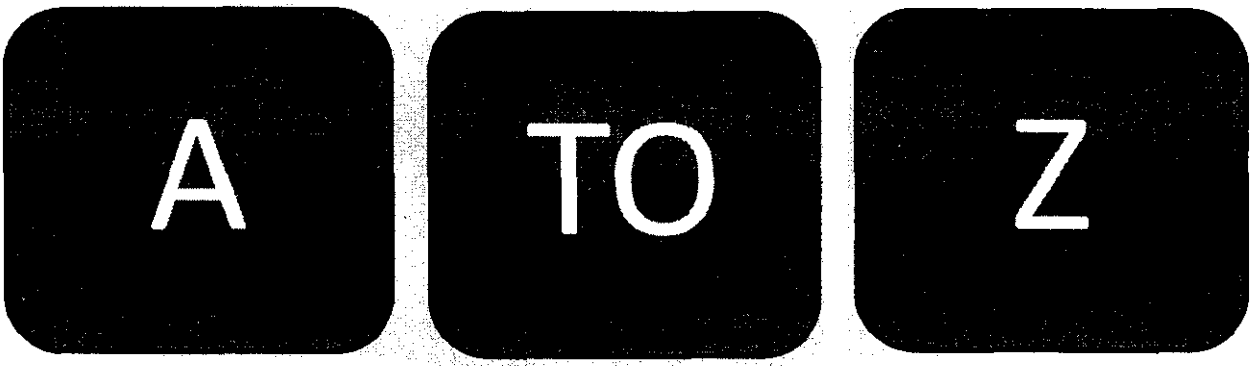
12501 Notification of Approval/Denial/Disqualification

Any application for benefits or services under the Trade Act will be determined, and notices will be sent to the claimant and AJC TAA staff advising them of appeal rights. Likewise, requests for payments disqualified or otherwise not payable will receive a determination.

12502 Appeals of Interstate Decisions

Since final decisions made under the interstate arrangement are made by the state which is liable for the TRA claim, the appeal will be filed to the state of liability for the claim.

12550 Case Notation



•!•NOTE SHOULD FLOW FROM A TO Z

•!•GIVE PERTINENT INFORMATION

•!•NOTES SHOULD BE WRITTEN USING SHORT & BRIEF

•!•GIVE ENOUGH INFORMATION SO THAT ANY OFFICIAL CAN GET AN IDEA CONCERNING THE CONTENT.

Case Notation Guidance

Guidance for Case Notes/Activities & IEPs

Job Service Application Day

- Reported to AJC for Re-Employment Services
- *Case Notes start*
- Screened for available suitable job orders
- **Referred on any available job opens**
- Provided Labor Market Information
- Explained TAA Program
- *Discuss point of contact if determined eligible for training*

No Suitable openings available

- Discussed TAA Services
- *Discuss point of contact if determined eligible for training*
- Participant Requested TAA
- training Waiver issued (if applicable)
- Began VOS TAA Application and activities along with other required forms.
- Referred to LWDA for assessment, *or*
- To Adult Education if participant does not have high school diploma
- *Updated case notes & **IEP** to* reflect assessment referral

After Assessment

- WIOA (AE) assessed and recommended (*training title),* or
- WIOA does not recommend training (*give reason)*
- Complete participant's request for training application
- Provided participant with training checklist and explained the information the participant needs to gather to complete the training packet.
- Schedule participant to return with information on? ***(Schedule appointment date)***
- *Update case notes & IEP* with this information

Return Date

- Participant reported as scheduled with training information
- Completed training packet in Jobs4TN.
- Upload the packet information in Jobs4TN with current information.
- *Update IEP* & *Case Notes*
- Notify TAA Coordinator and/or area TAA Specialist for review an eligibility determination.

After Review/Determination (Approval)

- Received notice of approval from TAA Unit
- Notified participant of approval and instruct, him/her to begin school on scheduled start date.
- Notified training institute of approval
- *Update case notes & IEP*

During Training
(Every 60 days)

- Contact school to follow-up on participant's progress
- Update case notes & IEP
- Discuss progress; grades; Benchmarks; concerns

After Review/Determination
(Denial)

- Received notice of denial from TAA Unit
- Notified participant of denial and discussed appeal rights
- Forwarded copy of denial to participant
- Advised participant that he/she could research other training options
- Advised participant of other services available under TAA. Offer re-employment services.
- Update case notes

Completion/Withdrawal of Training

- Requested follow up information from training institute (if withdrawal or early completion)
- Received follow up information
- Forwarded copy of follow up to TRA & TAA Unit
- Scheduled participant for Re-employment services
- *Update case notes*

Re-employment Services

- Discuss suitable job openings
- Refer for interview when appropriate
- *Update Case notes*
- Discussed Job Search &/or Relocation Allowance

Note: Continue with Case Management documentation until the participant locates suitable employment. Be sure to document all your efforts to provide services to the participant as

he/she continues through the process. Discuss point of contact if determined eligible for training; how will you all communicate?

Appropriate Communication Methods:

- Phone
- Email
- Office Appointment
- US mail

Notes: Things to remember: When speaking to the school document using case notes. A good rule is to always answer these questions; what, when, where, why and how much. Listing this information in the case notes assures you have covered all relevant information.

Case Notes Jane Doe

XXX-XX-XXXX

11/01/2010	Reported to AJC for Job Search
11/01/2010	Job Search was conducted. No suitable openings similar to dislocating occupation which paid at least 80% of the dislocating wage was available.
11/1/2010	Participant requested training information; explained what would be expected of her if determined eligible for training.
11/1/2010	Worker stated her interest in RN training.
11/1/2010	Referred Ms. Doe to WIOA for Assessment.
11/5/2010	She has successfully completed Assessment and training was recommended.
11/6/2010	Ms. Doe has registered at University of Memphis for RN. She will not know if accepted into program until around November 15, 2010. Training will not start until January 2011. Therefore, a waiver was completed.
11/20/2010	Ms. Doe reported that she had been accepted into the RN Program.
11/20/2010	The development of the training packet has begun. Participant signed TAA Application and IEP.
11/20/2010	She will be scheduled to report back on 11/25/2010 with training cost sheet and academic plan broken down by term, a signature of authority, and a school calendar.
11/25/2010	Ms. Doe reported back with the required information.
12/01/2010	Complied required documentation and uploaded to VOS Documents for TAA Unit's review determination and notified area TAA Specialist.
12/5/2010	Ms Doe contacted me to see if anything else was needed.
12/10/2010	TAA Unit notified me the training request had been reviewed and approved. Ms. Doe can start training on 1/7/2011. Contacted her to schedule an appointment to sign her TAA Application for Training and obtain training voucher.
12/12/2010	Ms. Doe reported for her appointment. Application was signed, dated, and uploaded to VOS documents. Voucher and cost sheet was provided with instructions to return on the appointment date of 3/7/2011 for 60 day benchmark.
1/7/2011	Contacted Ms. Doe by email to see if she has begun scheduled training. Everything looks good.
3/7/2011	Ms. Doe reported back on her training progress as required. She is meeting benchmarks and on track to complete timely. Made next 60 day appointment for 5/7/2011.
5/7/2011	Ms. Doe brought in her grades, next term cost sheet, and academic schedule. She is still meeting her benchmarks and on track to complete training timely. Documents have been uploaded into VOS. Notified area TAA Specialist that information was

available for review and development of voucher. Scheduled her for next 60 day benchmark appointment for 7/7/2011.

6/15/2011 Ms. Doe called to report she is failing a class and will need to extend time so the class may be retaken at a later time. School still indicates that participant is meeting benchmarks and can complete within the 130 Weeks requirement.

7/7/2011 She returned for 60 day progress report. Continues to meet benchmarks, however she is still concerned over the possible failure of a class. Discussed the availability of tutoring or possible withdrawal and attempting class again next term.

9/7/2011 She came in with grades. Benchmarks are still being met. Ms. Doe was able to successfully complete the class she expected to fail. There will be no need to extend her training at this time.

11/7/2011 60 day progress report. Everything still looking good. Benchmarks are being met.

1/7/2012 Participant still maintaining good standing with the school. Provided grades for previous term and next term's cost sheet and academic schedule. Uploaded to documents in VOS.

3/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.

5/7/2012 She brought in grades. Things looking great.

7/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.

9/1/2012 She has successfully completed training and received her degree as a Registered Nurse. Ms. Doe is schedule to report to our office for employment assistance.

9/5/2012 She reported for employment services and was referred on an opening.

10/1/2012 Ms. Doe has obtained full time unsubsidized employment.

12600 Trade Adjustment Assistance Guidance

1. Any training costing in excess of 200% of the average cost of similar training, inclusive of tuition, textbooks, tools, academic fees, and travel or transportation expense shall be reviewed for meeting the reasonable cost criteria and as such shall be denied unless contradicting information is furnished. *[20 CFR 617.22 (6)(iii)(a)]*

2. In accordance with TAA regulations, a training application for an extraordinarily high skill level shall be denied. Extraordinarily high skill as defined is an occupation that requires training beyond an Associate's Degree. In rare instances, training beyond an Associate's Degree may be approved and only when the TAA approving authority takes into consideration factors such as cost, length of training, replacement rate of wages, the client's previous training/education, the availability of other suitable training, etc. *[20 CFR 617.22(b]*,

3. TAA regulations provide that workers may be provided either one or a combination of on-the-job training and institutional training. If institutional training is utilized, priority must be given to vocational education schools (Tennessee College of Applied Technology centers). *[20 CFR 617.23(c)(2)]* When training, substantially similar in quality, content and results, is offered at more than one training provider, the lowest cost training shall be approved. *[20 CFR 617.22(a)(6)(iii)(B)]*

4. TAA regulations define classroom (institutional) training as used to "….impart technical skills and information required to perform a specific job or group of jobs." Therefore, training requests that do not list a specific occupation for training will be denied. Examples of non-specific training are certificates or degrees in Business, Arts, or Business Systems Technology (without a defining field of study). The title of the training must be specific and the O-Net Code assigned must accurately reflect the title. *[20 CFR 617.21(g)]*

5. The TAA regulations stipulates that the "costs of a training program shall include tuition and related expenses (books, tools, and academic fees) travel or transportation expenses, and subsistence expenses;" Since no mention is made of desk top materials (i.e., pencils, pens, paper, notebooks, etc.), TDLWD will not purchase such items for the TAA participant unless the item is of a specialized nature inherent to the program of training (i.e., drafting pens). *[20 CFR 617.22(a)(6)(iii)(A)]*

6. In determining whether the costs of a particular training program is reasonable, first consideration must be given to the lowest cost training which is available within the commuting area. When training, substantially similar in quality, content and results, is offered at more than one training provider, and

training at facilities outside the participant's normal commuting area that involves

transportation or subsistence costs which add substantially to the total costs shall not be approved if other appropriate training is available. The lowest cost training shall be approved. *[20 CFR 617.22 (4)(ii)]*

7. TDLWD shall purchase a special garment pin for workers completing a nursing course of study only if the pin is required. Further, it must be the least expensive pin available to the participant, unless a particular pin is required by the training provider for all training workers.

8. Transportation or travel expenses shall be paid to a TAA participant only if the training site is 10 miles or more from the participant's residence. Reimbursement shall be made at the prevailing federal per mile rate and shall be paid for each mile that is traveled round trip. The projected total of travel expenses to be paid shall be used in the calculation to determine if the cost of the training is reasonable. *[20 CFR 617.28(A)(B)]*

9. Federal Regulation state that "...no participant shall be entitled to more than one training program under a single certification." Therefore, after a participant enters a training program, he/she may not change his/her training program to another occupation/skill unless the Instructor and/or adviser request the change for the benefit of the participant. Before a participant is enrolled in a training program, he/she must receive an assessment of his/her abilities to complete the training program, and there must be an expectation he/she will find a job in the field of study. Also, the training must be provided by the most economical means. If an participant were to be allowed to change training programs, the entire process would have to be repeated to assure compliance. While the training program approved for the participant may be amended to include additional courses, its final goal of training in a specific occupation cannot be altered. *[20 CFR 617.22(f)(2)]*

10. Evaluation of the participant's financial ability shall include an analysis of the participant's remaining weeks of UI and TRA payments in relation to the duration of the training program. If the participant's UI and TRA payments will be exhausted before the end of the training program, it shall be ascertained whether personal or family resources will be available to the participant to complete the training. A financial statement must accompany the participant's request for training. *[20 CFR 317.22(5)(ii)]*

11. Pell and other grants will not be used to fund training on TAA affected workers. These monies may be used by the participant for living expenses and may be identified as such on the financial statement. These grants may be also used to cover cost that TAA cannot cover. *[TEGL 22-08 (D.5.2)]*

12. States are encouraged to select training providers that have met the qualifications necessary to be included in the Eligible Training Provider List (ETPL) as defined in the WIOA Law. However, training providers not on the list may be utilized as long as it can be determined that the facility is accredited. *[TEGL 11-02 (D.2)]*

13. WIOA approved training is an approvable TAA training option. However, the amendment of Section 236(a)(5) of the 2002 Act expressly provides that training options available under the TAA program are not limited to training programs available under Title I of WIOA.

14. The participant must be identified as an adversely affected participant covered under a trade certification to be eligible to request benefits and/or services.*[20 CFR 617.22 (A) as defined under 617.3(B)(C)(1)(2) unless otherwise amended]*

15. Prior to requesting training, a participant **must complete** a Wagner Peyser application, including resume, and Virtual Recruiter in Jobs4TN to assist him/her with a work search to determine if there is any suitable employment available. *[20 CFR 617.22 (1)(i)]*

16. Participant without 12th grade education or HiSet may be referred directly to Adult Education.

17. Referral to Adult Education upgrade will be based on WIOA recommendation after TABE or CASAS has been administered.

18. Distance training (i.e., training provided via the internet) may be considered "classroom training" when the credential received is equivalent to what would have been received if the training had been conducted on campus. This interpretation expands the types of approved classroom training to include distance learning, where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program. For distance learning, the final credential conferred must be equivalent in content and standard of achievement to the same program completed on campus or at an institutional training location. When the above condition is met, the training will be recognizing as the type that normally takes place in an interactive classroom setting. This standard replaces the four conditions in *TEGL 7-00.*

    In addition, in order for distance learning to be approved, all criteria for training approval found at *20 CFR 617.22* must be met in the same way as in any other training.

    Distance learning may, in some cases, be more self-paced than in class institutional training. AJC TAA staff will need to work with distance learning providers to understand the specific requirements or milestones of the distance learning program and to ensure that the training provider keeps the agency informed of the student's adherence to those requirements through weekly attendance certifications.

19. Pre-Requisite training requires a participant training packet be developed and submitted for determination indicating the number of weeks and the cost of pre-requisites only. An additional estimated cost sheet and the number of weeks

should accompany this packet indicating the total cost of training and weeks for both the pre-requisites and the actual training, so reasonable cost and length of training can be determined. *[TEGL 22-08, Sec 236 (a)(5)(E)]*

Upon completion of the pre-requisite training a second training activity for the primary training must be established in VOS. Required training documents must be uploaded into VOS documents for review and determination.

20. Purchase of Personal electronic devices for training purposes are only permitted when the training facility conducting the training requires all students to purchase this type of equipment as part of his/her training. If the training facility offers the use of electronic equipment to their students for their class work and studies, then the request for these types of purchases will be denied. *[Email Guidance 14-04]*

21. *TEGL 22-08 Trade and Globalization Adjustment Assistance Act of 2009 amended 20 CFR 617.22* to allow for Part-time training under the program. Participant's enrolled in part-time training are not eligible to receive TRA benefits. Summer sessions may have fewer hours than spring and fall, because there are fewer classes to choose during that term. However, if the participant is enrolled in full-time training, the summer session should be at least 9 credit hours to be considered full-time.

22. *20 CFR 617.22(a)(f)(ii) Breaks in training:* When an approved training program involves more than one course and involves breaks in training (within or between courses, or within or between terms, quarters, semesters and academic years), all such breaks in training are subject to the "30-day break in training" provision in § 617.15(d), (*as amended by TEGL 11-02, the Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002,*), for purposes of receiving TRA payments. A participant's approved training program may be amended by the State agency to add a course designed to satisfy unforeseen needs of the participant, such as remedial education or specific occupational skills, as long as the length of the amended training program does not exceed the maximum allowable training weeks (per petition number) if remedial limitation and the courses provided constitutes full-time training, (*as amended by TEGL 22-08.Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009*)

23. A request for training means the claimant has provided the AJC TAA Representative a copy of a letter or email of acceptance, or a letter stating they have been placed on a waiting list at the time the participant makes his/her request for training. Any hard copy letter from the training provider must be on School Letter Head. Upon receipt of this information the AJC TAA Representative must date stamp it received. *[State Guidance Email 13-06]*

24. If for some reason the participant does not attend or he/she changes their mind on what he/she wants to do or where he/she wants to go, unless it is due to circumstances beyond their control, the timely request date will not be honored. *[State Guidance Email 13-06]*

25. AJC TAA Representatives are required to evaluate satisfactory progress of participants against two benchmarks every 60 days, beginning with the start of the training plan, to determine whether the participant is:

1. Maintaining satisfactory academic standing (e.g. not on probation or determined to be "at risk" by the instructor or training institution), and
2. on schedule to complete training within the timeframe identified in the approved training plan.

[TEGL 10-11, Section C.3.1 & State TAA Guidance E-Mail 11-01]

26. At the end of each term the participant must provide the AJC TAA Representative grades for the term just completed, an updated academic plan or course outline, and cost sheet for his/her next term of training. This will provide AJC TAA Representatives with an up to date progress report on the participant's training activity and ensure they are meeting required benchmarks as stated above. *[TEGL 10-11, Section C.3.1 & State TAA Guidance E-Mail 11-01]*

27. At any time, during the course of TAA approved training, if a participant fails and/or withdraws from any required class or classes two (2) times; he/she will be issued a Non-Compliance Warning letter. The TAA Specialist will review all end of term grades and complete the letter if the participant's grades reflect multiple failures or withdrawals of any identical required classes over the course of training. The Non-Compliance Warning letter will advise the participant that failure to complete the class the third time could provide TAA a reason to pull the student from the current training and re-evaluate what other training might be appropriate, available, and be completed within the remaining eligibility time limit. Participants will also be advised that any subsequent attempt to pass the class should be done during the next available term. The original letter will be maintained in the participant's file at the AJC. (These failures/withdrawals do not have to happen in subsequent terms.) *[State Guidance Email 17-01]*

12700 Forms *www.tn.gov/workforce/article/technical-assistance-policies-wfs*

VOS Doc	**TAA Application**
VOS Doc	**TAA Enrollment**
VOS Doc	**Trade Adjustment Assistance Program (TAA) Application for TAA Training**
VOS Doc	**Voucher**
VOS Doc	**IEP – Plan**
VOS Doc	**Training Benchmark Review**
LB-1121	**TA-2 Trade Act of 1974 Authorization and Invoice**
LB-0426	**Request for Trade Information (RTAA)**
LB-0429	**Request for Allowances by Participant in Training (Attendance Form)**
LB-0430	**Request for Relocation Allowance**
LB-1117	**Trade Adjustment Assistance Job Search Allowances Application**
LB-1119	**Trade Adjustment Assistance Job Search Activity Verification**
LB-0738	**TAA/WIOA Training Assessment Referral**
LB-0785	**Training Facility TAA Follow-Up Notice**
LB-0898	**Signature of Authority for Training Facility Officials**
LB-0948	**TAA Training Check List**
LB-1047	**TAA Training Packet Check List**
LB-1089	**Willing To Commute Statement**
LB-1090	**TAA Training Financial Support Statement**
LB-1092	**Worker Training Agreement & Responsibilities**
LB-1106	**Request For Completion TRA Benefits**
LB-1107	**TAA Participant Non-Compliance Warning**
Form W-9	**Request for Taxpayer Identification Number and Certification (can be found @ www.irs.gov.)**
LB-1069	**Affidavit for RTAA Regarding Trade Affected Separating Employer**
LB-1053	**Request for Eligibility Reemployment Trade adjustment Assistance (RTAA)**
LB-1122	**Request for Initial Reemployment Data on RTAA**
LB-1050	**Verification of Employment for Monthly Wage Supplement**

TAA Application:

JOBS4TN.GOV

General Information:			
Username:		LWIA/Region:	09-LWDA09
stiJie 10:		Office Location:	TN Career Center- Nashville
Application Date:	0812012015	Date of Eligibility:	08/20/2015
Application ID:		Social Security#:	

Contract Information:			
Name:		Email:	
Primary Phone:		Primary Phone Type:	
Residential Address:		Mailing Address:	
City,Slate, Zip:		City, Stale, Zip:	

Equal Employment Opportunity Information:			
Di11e of Birth:		Age:	
Gender:	Male	Registered with Selective Service:	
Do you have a Disability?	No, I don't have a disabilily	Type of Disability:	
Are you a U.S. Clllzen?	U.S. Citizen/Naturalized	USCIS Number:	
Hispanic or Latino Heritage:	No, I am not of Hispanic or Latino hentage	Race:	White
Highest Education Level Achieved:			

Veteran Information:			
Question 1.	Are you within 24 months of retirement or 12 months of discharge from the military (Trans1onin g Serv1ce Member)?		No
Question 2.	Have you been discharged from the military having served on active duty for more than 180 days, *or* received a Military Campaign Badge (ie Desert Storm), or been medically retired prior to completing 180 days of service?		No
Question 3.	Are you the spouse of a veteran who has a total service connected disability, is Mtssing In Action, captured in the ne of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability?		No
Transltlonlng Type:		Transllloning Discharge Dale:	
Military Service Begin Date:		Military Service End Date:	
Eligible Veteran Status:		Military Campaign Badge:	No
Disabled Veteran:		Homeless Veteran:	No
Recently Separated:	No	Attended TAP Workshop within 3 Years:	No

Emplbyment Information:			
Employment Status:	Employed	TAA Petition:	082509A
TAA Employer:	HEMLOCK SEMICONDUCTOR LLC	Unemployment Compensation?:	No, Neither Claimant nor Exhaustee
Employer Address:	SUB OF DOW CORNING CORP 1000 SOLAR WAY CLARKSVILLE 37040	Job Title:	Chemical Plant Operator
		Hours per Week: 40.0	Months Employed: 124
Employment Begin Date:	0312012011	Employment End Date:	0312012013
Dislocation Hourly Wage:	$29.00	Date of Quali1ying Separation:	0312012013
Re-Employed Since Layoff From Trade Addecled Job:		Yes, re-employed since layoff from trade affected job	
New Employment Projected or Actual Start Date:	04/0112014	Projected or Actual Annual Wage of Individual's New Employment:	$ =

Barrier Information:

Individual or family members have limited English, or difficulties with reading, writing or understanding of English :No, does not have limited English

Eligibility Information:

Meets Definition for TAA?:	Yes	Meets Definition for ATAA? :	No
Meets Definition for RTAA?:	No		

TAA Calculations:

Waiver Date (Certification):	06/15/2013	Waiver Date (Most Recent Separation Date):	07/13/2013
Waiver Issued Date:		Job Search Allowance (Separation):	03/20/2014
Job Search Allowance (Certification):	04/15/2014	Job Search Allowance (After Training):	
Relocation Allowance (Separation):	05/19/2014	Relocation Allowance (Certification):	06/14/2014
ATAA Eligibility:		Relocation Allowance (After Training):	
Training (Separation):	07/13/2013	Training (Certification):	06/15/2013
Additional TRA (Separation):	10/16/2013	Additional TRA (Certification):	11/11/2013

Staff Information:

Staff Create ID:		Staff Position:	staff
Date Created:	08/20/2015	Office Location Of Responsability:	TN Career Center - Nashville
Current Case Manager:		Previous Case Manager:	
Staff Edited ID:		Date Last Edited:	12/29/2015
Record Review Staff ID:		Record Review Date:	12/29/2015
Met Quality Requirements:			

Signatures

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)*

1. I certify that the information on this application is accurate to the best of my knowledge.
2. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the TAA Program and may result in criminal action.
3. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for TAA.
4. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature Date

Parent/Guardian Signature Date

Staff Signature Date

TN Career Center - Nashville
One Stop Center

TAA Emollment

JOBS4TN.GOV

TN Ci!Jeer Center- Nashville
665 Mainstream Drive
Nashville, TN 37243

Participant Name	SSN IAppiD
	l
Funding Source	Case Manager
TAA-TAA Petition: 082509A- Employer Name Unknown	
Activity/Service: 300 - Occupational Skills Training- Approved Provider List (ITA)	Break in Training (weeks): 0
Authorization Begin Date	Authorization End Date
Projected Begin: 1/19/2016 Actual Begin N/A	Projected End 12/15/2017 Actual End: N/A
Comments: *NIA*	

Enrolbnent Provider Information

Entity	FEIN#
NASHVILLE STATE COMMUNITY COLLEGE Program/Service: COJ\1PUTER NETWORKING TECHNOLOGY	62-0808901
Training Site Address	Telephone Number
NASHVILLE STATE COMMUNITY COLLEGE 120 White Bridge Road Nashville, TN 37209	(615)353-3246

Scheduled Service Cost:	$7,973.40	Corrent FUnded Costs:	$7,973.40
Total Training Costs	$7,973.40	Fund StreiiJU: TAA Fund StreiiiUFY 2014 Period: FY2014 10/1120 13-9/3012016 Alloc: $7,973.40 Oblig: $0.00 Avail: $7,973.40	
Tuitiow'Fee	$6,399.00		
Books	$1,574.40		
Tools	$0.00		
Other Costs	$0.00		
Corrments	$0.00		

RecordiD:
Last Edited By: cc01128
Last Edit Date: 1119/2016 11:54:00 AM

Tennessee Works Online Services
Trade Adjustment Assistance Program (TAA)
Application for TAA Training

Participant Information

Name: State ID: Petition Number:082812
Most Recent Qualitying Separation Date Petition Certification Date:7/17/2013

Training Informa lion

Provider: ROANE STATE COMMUNITY COLLEGE Program: NURSING
Projected Start Date: 1/20/2015 Projected End Date: 12/11/2017 Weeks of Training: 151

I understand that I may exhaust my UI and IRA benefits before the projected end date of my training even though the cost of the training may continue to be paid. I will have () will not have () the financial resources available to cover my living expenses during the entire period of training if my benefits end prior to completion of training.

Participant Signature Date

Training Criteria

Training Application Date: 1/14/2015
Suitable employment is not available to the worker: Yes
The worker would benefit from this training: Yes
There is reasonable expectation of employment following completion of this training: Yes
This training is reasonably available to the worker: Yes
The worker is qualified to undertake and complete the training: Yes
This training is available at a reasonable cost: Yes

TAA Training Determina lion

Based on TAA guidelines, the training specified above is: APPROVED

Staff Signature Date

Appeal Rights: If you do not agree with this determmat10n, you have fifteen days (15) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you origmally filed your claim. If you cannot contact the office m person m the time allowed, write or call that office. In your letter you must explain why you disagree with the determination and provide documentation

Tennessee
LWIA/Region LWDA 09
TN Career Center- Nashville

Voucher ID:	Check Here if Final:
Voucher Remittance Address: TN Career Center - Nashville 665 Mainstream Drive Nashville, TN 37243	For Participants Name: SSN: Student ID: State ID: Program: Trade Adjustment Assistance (TAA) Program-TAA Appid:
Provider of Service: Follett Bookstore (Nashville State) Address: 120 White Bridge Road Nashville, TN 37209 Attn: N/A FEIN/SSN: 362593135 Vendor ID: 20236	Agreement Information: Agreement#: N/A Service Code: 300- Occupational Skills Training- Approved Provider List (ITA) Service Dates: Start - 01/19/2016 End - 12/15/2017 Fund Stream: TAA Fund Stream FY 2014
Voucher Comments spring 2016 books	

Totalpayment for this voucher cannot exceed the TOTAL VOUCHER amount

Item	Voucher Amount	Payments To Date	Amount Submitted for Payment For Service Provided Between: Start Date: 4/30/2016 End Date:
Total Trainina Costs	$411.55	$0.00	
Tuition/Fee	$0.00	$0.00	
Books	$411.5!:	$0.00	
Tools	$000	$0.00	
Other Costs	$000	$0.00	
Comments			
TOTAL VOUCHER:	$411.55	$0.00	

I hereby cert1fy,under penalty of law, that th1s voucher 1s correct and accurate. I understand that subsequent vouchers will be dependent on the participants continued progress in Trade Adjustment Assistance (TAA) Program.

Providers Authorized Signature Date

Authorized Staff Signature Date

EXAMPLE

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Uset iO:

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Pfn.nello,.edon:

Goals and Objectives Established:

Goal#	Program Affiliation(s)	Type of Goal	Term of Goal			Actual mpletion Date	Status
•	TAA	Training					Open

g field but lacks needed credentials to secure full time suitable

d credential.

oloGooU1

O..,

| Program | | Stat..

with job search. No suitable	
elding	03/23/2016
r requested training in Welding at the U	
ssment	03/23/2016
was referred to WIOA for assessment	
ining	03/23/2016
applied and was enrolled through TCA	
He received his AS in Drafti	
Monday through Friday.	
	03/23/2016
tain satisfactory progress thro	
will meet all benchmar	
0 days	
will report to the AJC	

Program		
TAA		
TAA		Closed
School placement rate		%.
TAA		Closed
TM		Closed
TAA		
TAA		
TAA		
job search assistance.		
TAA		

ewbern to attend the
Design from Murray

beginning May
aining. He will

Will meet t

Comments:

Signatures

EXAMPLE

Applicant Signature

Parent/Guardian Signature

Staff Signature

Tennessee

TRADE ADJUSTMENT ASSISTANCE PROGRAM
Training Benchmark Review

Name: State ID: Application ID:

Petition: 083146- Toho Tenax America, Inc Review Date: 5/18/2015 Benchmark ID: 376

Training Activity	Provider	Program	ActualBegin Date	Projected End Date	ActualEnd Date	Completion Status
300-Occupational Skills Training -Approved Provider List (ITA)	TENNESSEE TECHNOLOGICAL UNIVERSITf	FINANCE	6/2/2014	5/10/2016		

Beginning Date of Benchmark Period: 1/1/2015 Ending Date of Benchmark Period: 5/7/2015

Is the participant maintaining satisfactory academic standing(e.g., not on probation or determined to be "at risk" by the Instructor or training institution)? Yes

Is the participant scheduled to complete training wthin the timeframes identified in the approved training plan? Yes

Supporting Evidence:Grades

Participant Signature: ---------- Date:------

Staff Signature:---------- Date:------

AppealRights
If you do not agree with this determination, you have fifteen days (15) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you "'iginally filed your claim. If you cannot contact the office in person in the time allowed, write "'call that office. In your letter you must explain why you disagree with the determination and provide documentation.

Depanmentol
Labor & Workforce
Development

TRADE ACT OF 1974

AUTHORIZAnON AND INVOICE

APPROVAL :

Tift tS to *oert1y* that goods.. services Invoiced belcrN have beenrendefed by \IE'!Odo(-

_____

TAA Program Representatiive

_____

_____

(t)Vi!nCior: _____

IIWOioet _____

Petition No: _____

Str''' _____

Parlidpant IN

City _____

_____

Zi *Cod*

Acceptance of this aulhOftza!loo signfies tut oomp ance willh Tete VI of the Civil Acl of 1964, that no persoo shal, on lhe g-ouncts cl race, cOlor, <<nationalOftgtl_ be exelJded from partidpation in_ be denied the benefna *ot*, << otherv.tse sutjected to discrimination under erry prog'am <<aCIM:y_ The Depanmem of Labor am Wcrtfcloc::e Oe-.e!cvnent IsIn compiance wth lhh Act All applicants for seMce have a ttgh1 to file complaints and to appeal aocorto regUlations governing lhis pindiple. All oompts In1s shall be addressed to lhe State Department cl *Labo(* and Wcrtforoe Oevetopmert, NaSh\Ittle, TE!f'W'M!Ssee_

The DepartrnenIcann01 be respons!bte *lof* services ren:leredwithoutaulhOftzaiion

ITEMS PROVIDED BY VENDOR	
	AMOUNT BILLED
TOTAL	S0.00

These services are forlhe period: _____ _____ _____

(tfBd ll"!'..llIll lj JuuUJ'uehOII IIklriii MtJ mJ:;J

This Is tocer1ify that good'S and services have been rendered for lhe amount billed abo...e.

_____ _____ _____

Signature of Vendor or Agent ,'-

ATTENTION: Please attach an itemized Invok:e >Mth cost breakdown and totals. One Lrique if!'Yice runber ITUSt be assigned for au attaChed_

LB-1121 (Rev. 08-16)

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REQUEST FOR TRADE INFORMATION

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SOCIAI.

EMPLOYMENT DATA FOR

52 week qualifying period — — — — — — — — to _____ based on separaton date — — — — — — — —

EMPLOYER RESPONSE

1. Did separation occur as oi sep.Jration date (above)? YES O NO D

2. Typeoisep.:tra6on Tobl O Partial O

1{ Partial. ploo.se oMwer 2A.

2A	N=£ &e non	WEEK OF SEPARATION Tolal wages ""eek or separa®n	52 WEEK QUALIFYING PERIOD Total 1101n Of employment (T..eb.rk NIIIIl'I" II/(tI'rt.VV,Ail*t.lill(IAd to:x:!iIIn)	Gro55 wages p.3KI

2	I.IS:T Fili i Numoer nou"week ti&li'IJII 'A'eel	WFFJC W'nDKFn Rate or P-3Y per nors last 1111'A'eek

3. During the above 52 week qualifying period

NUmDer 01weeu eamea s 3D.00 <<more	I{totall.ss than 26 weeks continuq	Nun'Cier weeu of approve<! leave	NumDer weeu or worters-

4. was WOfIl: penonneo n TeMessee? YES O NO D LocatiOn — — — — — — — — — — — — — —

S. wnal was wor eta la$1 occupal10n prtor 10 separation? —

6. was aeperauon aoo to laC* or work? YES O NO D Reason — — — — — — — — — — — — — —

7. VIas wonter one Of group ocwereo (aboot;)? YES O NO O I f!WJ. plta!e OMWtT JWntbtr 8.

8. VIa&tne aepara110n trom non-aQ\Erset)' anecteo emplOyment causeo r1Ifrom tne certlleCI goup?
YES O NO O I f Yt, , OMtttT 4ond B.

A.. Name 01 &tiJCIMSIOn In wr.:n WOR:er la$1 worlieo. _____

B. Reasons mat wonter can De consiOerecl an anecteO worker seperateO CtJe 10I cl 01 WO'II

NA.-\tEANDADDRESSIRMPA:MDING EM't.OYMENTDATA

SIGNATURE£MPLOYER'SREPRESENTA11VE

Tm.E DUECOt.A.ETro

T'Q.EPI.IC!NtNUJ&!ER IIIIII

REltJANTO: TRAUNIT
TNDEPTOF IA90RANDYIORKI=ORCEDEVEIOPMENT
POBOX 290450
NAS1NUE TN37229

FOR AGENCY USE ONLY

VIEEKS SEPIJ41E SEPREASON IIIIII

I&0426 (Row.06-t2) ETA 8-S!iA

ROA2258

TENNESSEE OEF¥\ATMENT CI LABORANOWCfIKFORCEDEVELOPMENT
0MSICNOFEMPLOYMENTSECURITY

WEEKLY REQUEST FOR ALLOWANCES BY WORKER IN TRAINING
TRAOEACTOF1974
Amended 2002-2009 and 2011

a..M< V\EEK _____ Enter SSII.JIf3ay oate

\YORKERNAME (Isst, F«St. Middle) | SOCIAL SECURITY NUMBER | PETIT10N NUMSER

MAILING ADDRESS
(Na• Street
Citycr Cowty.
State. ZipCede)

A- TRADE READJUSTMENT ALLOWANCE (To be comp eted by wort<er.)

1. HAVE YOU FiIED FOR ANY OTHER TRAINING AllOWANCE FOR THE VIEEK SHOWN (OR FOR A PE'I OD WHICH INCLUDES THE WEEX)? YES D NO D IFYES, PROVIDE: NAMEOF PROGRA\6

2. ARE YOU FILING A CLA\\4 FOR I..IIEMPLOYMENT INSURANCE INAftIV STATE? YES D NO D PAYING STATE

3. CURING THE CI..NM WEEX DID YOU IMJt:IK OR EARN AN'i WAGES? YES D NO D IFYES, AMOUNTS

sa. O10 YOU QUIT? YES D NO D 3b. WERE YOU OISCHARGEO? YES D NO D

4. 1F YOU HAVE RETURNEO TO VDI=IK, PI=I0VIOE:

NÆ ANO A OORESSO F OOMPANY JOB tm. EIOIJTIES

WAGE PER HOUR $_____ HOURS PER WEEX _____ DATE BEGAN WOI=IK _____

HAVE 'tQU WORKED FOR THIS EMPLOYER BEFORE? YES D NO D

WILL THIS JOB PROVIDE HEALTH CARE. PENSION, SOCIAISECURITY, ETC.? YES D NO D

IS JOB SPONS0I=IEO BY A STATE OR FEDERAL PROORAM? YES O NO D IF YES, NA.MEOFPI=rJGRAM _____

5. ARE YOU RECEMING TRANSPORTATION ALLOWANCES UNDER THE TRADE ACT? YES O NO D

IIFYES, C RQ.EDAYSIN AITENDANCE. SUN MON TUE WED THU FRI SAT

B- WORKER CERTIIACAnON

I hereby file a claim for benefIIs and cenity that am enrolled I'Ntraining as approved under the Trade Act The nbtmationII haw provided is oonect tothe besl of ''''/knowledge. I tJIderstand there are penalties br willful misrepretSentation made to obtain allowances to which I am not entitled.

SIGHATUREOF WORKER | DATE

C- PROGRESS AND ATTENDANCE IN TRAIN NG (To be completed by tra ning facility.)

1. AS OF THE WEEK SHOWN. VIAS THIS WORKER ATIENDING TRAINrNG? YES O NO D
(NNO. pease expiail.)

OAJECQMptETED TRAINING _____
DATE TEI=IMINA.TED _____
LAST DAY ATIENDED _____

2. (Comfiete if SfPlicatJe) LODGING AND MEALS WERE PROVIDED THIS WEEK IN THE AMOUNT OF $ PER OAY FIQR DAYS

3. VIAS TRAIN NG SCHEDUIED FOR ANY DAY(S) THIS WEEK? YES O NO D OAY D NIGHT D

4. CURRENT TERM SEGAN CURRENT TERM ENDS _____

S. IF CURRENT TEI=IM ENDED WITH THIS WEEK. WHEN W'tI.ICLASSES FOR NEXT TEI=IM BEGIN? (PIEAS E PROVtOE NEW CALENDA.R)

D. TRAINING FACILITY CERTIFIICAnON

THE ANSWERS TO PART C ARE IN ACCORDANCE WITH OUR RECORDS. THE WORKER IS SUBJECT TO ALL TRAINING FACILITY CRITERIA FOR SATISFACTORY Pt:IOGI=IESS.

SIGNATURE OF TRAINING OfFICIAL | DATE

NAME OF TRAINING FACILITY _____

TREPHONE NUMBER _____

FAX NUMBER _____

MAn. TO: TRA UNIT
TN DEPT OF LABOR AND \VORKFORCE DEV
p O SOX 2eo.t50
NASHVILLE TN 37228

TIENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

REQUEST FOR RELOCATION ALLOWANCES

TRADE ACT OF 1974

FOR STATE OFFICIAL USE ONLY

PETITION NO.	DATE FILED
LOCAL OFFICE / COST CENTER NO.	DATE OF APPLICATION
WORKER'S NAME (LAST, *FIRST, MIDDLE*)	SOCIAL SECURITY NUMBER / PAYING STATE
ADDRESS *(NO., STREET. CITY OR COUNTY, STATE, ZIP CODE))*	ADDRESS FOR CHECK MAILING *(NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)*

A. WORKER APPLICATION FOR RELOCATION ALLOWANCES

	YES	NO
1. WERE YOU TOTALLY SEPARATED FROM ADVERSELY AFFECTED EMPLOYMENT?	O	O
2. ARE YOU CURRENTLY EMPLOYED? *(IF "YES," COMPLETE THE INFORMATION CONCERNING YOUR PRESENT EMPLOYMENT)*	D	D

NAME AND ADDRESS OF FIRM:	DATE Of EMPLOYMENT EXPECTED TO END:

	YES	NO
3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED.	O	O
4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT?.	O	O

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER OF PERSON WHO HIRED YOU.

NAME AND ADDRESS OF FIRM OFFERING EMPLOYMENT:	JOB Title:	STARTING DATE:
	CITY AND STATE OF RELOCATION:	EXPECTED DATE OF MOVE:

B. WORKER REQUEST FOR TRAVEL ALLOWANCES

TRAVEL IDENTIFICATION	NUMBER PERSONS	TRAVEL DATES		TRAVEL BY AUTO		TRAVEL BY COMMERCIAL CARRIER		
		FROM	TO	MILEAGE	COST	TYPE	NO. PERSONS ASSENG	ACTUAL COST
WORKER								
SPOUSE								
CHILDREN"								
OTHER FAMILY MEMBERS•								
ABSENT CHILDREN OF FAMILY MEMBERs•								

•NAMES OF TRAVELERS	AGE	RELATIONSHIP	JUSTIFICATION *(OTHER FAMILY MEMBERS AND LATE DEPARTURE)*

C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS

COMMERCIAL CARRIER			TRAILER HAULED BY AUTO			COMMERCIAL CARRIER AND/OR TRUCK RENTAL		
TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES
MOVING		$	TRAILER RENTAL		$	TRAILER HAULED BY COMMERCIAL CARRIER		$
ACCESSORIAL		$	FEDERAL RATE		$			
INSURANCE		$				TRUCK RENTAL		$
TOTAL		$	TOTAL		$	TOTAL		$

NAME AND ADDRESS OF COMMERCIAL CARRIER

LB-0430 ETA-860 (Rev. 1/08) Page 1 RDA 2258

D. WORKER REQUEST FOR LUMP SUM PAYMENT

AVERAGE WEEKLY WAGE $ _____ (MULTIPLIED BY THREE (3)) $ _____

E. WORKER RECORD OF EXPENSES

" MEALS

DATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL

" LODGING

DATE	NAME OF MOTEL	AMOUNT

•*ATTACH RECEIPTS*

F. WORKER CERTIFICATION

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USED FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

SIGNATURE DATE

G. STATE AGENCY DETERMINATION

1. O YOU ARE NOT ELIGIBLE TO RECEIVE RELOCATION ALLOWANCES UNDER PROVISIONS OF THE TRADE ACT OF 1974, AS AMENDED, (20 CFR PART 617, SUB PART E, 617.40) BECAUSE

_____

_____

O RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

2. (a) O TRAVEL EXPENSE AT $ _____
COMPUTED 90% OF THE TOTAL OF:
(1) O $ at $ PER MILE
FOR PRIVATELY OWNED AUTO
FOR — — — — — — MILES

(b) O LODGING AND MEALS OF $ _____
COMPUTED AT 90% OF THE LESSER OF:
(1) O $ OF ACTUAL EXPENSE, OR
(2) O $ 50% OF FEDERAL DALY
LIVING ALLOWANCES

(c) O MOVING ALLOWANCE OF $ _____
COMPUTED AT 90% OF
(1) O $ FOR COST OF COMMERCIAL
CARRER OR TRALER HAULED BY COMMERCIAL
CARRIER OR RENTAL TRAILER, OR TRUCK.
(2) O $ COMPUTED BY
$ PER MILE FOR
_____ MILES FOR TRALER OR HOUSE
TRAILER HAULED BY AUTOMOBILE

(d) O LUMP SUM OF _____
COMPUTED AT 3 X $ _____
(AVERAGE WEEKLY WAGE) NOT TO EXCEED $1,250.00

TOTAL AMOUNT PAID $ _____

DATE OF PAYMENT *(MO.• DAY. YR)* _____

TAA COORDINATOR DATE

H. APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.

TN p; rtmcntol
Labor & Workforce

Trade Adjustment Assistance Job Search Allowances Application

Trade Act of t9'74 as Amend_. by ttM Trade Act of 2002, 2009, IOtS

T. General Information

P.'lrtldp:lnt N e _____

St:ll:e to
Petition Numer
2002, 20U,Of'' 201.5 M:lt_ All oe Sl2SC
2009 *Milt* Allow:.nce S1500

JS Apl)(btbn En dDi:te
JS Rtr.lln ng B:l .nce
JS AppDc.'ldline per Qu.llf'vlng Sel)llr.nlon
JS AppDc.'ldline per Pe.m.btl O:rttna.llon
JS AppDc.'ldline per Tmblng End Di'lte

11. Illglbillty ottetlfl

1. Yw mut be by 11 certtltled TM Pd:ltlon _
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3. Tbe Job !itllrc tl-'CliYity muli oc 10 mile$ or more:rrqy trnm your dence *(liS l'IY Googt: IMp$,R.Mid HdiM!'Y,Y, »: #Up$)*_
4. Sult:lble empiO'fn'ltntmuli r.ot be avll llble ¥0it1n 11 10 ff'de Dd uli!'rom your home.
5. Yw fm lli be totllly litpi UIIted homempbyment.,...th your Ttade·llrfcaed compo ny_
6. You mu li complete11 lob Sell.n:h All — ■ ■ on'olf!th •
   o. :)tdoy.> ot pct n cc .....s-;
   b. 365 dll't'5 or n"mt recent qwll!ylnQsep: tion; or
   c. 162 dll'fS 11<.ercondusion or tr.llnlr.g_

UI. P• ymtnt Crttt<rl•

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Participant Signature

TAA AJC Representative Signature

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TAA Coordinator/Merit Staff

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Department of
Labor & Workforce
Development

Trade Adjustment Assistance job Search Activity Verification

Dear Madam or Sir.

Whether you provide direct job offers or a service that is utilized for successful job search strategies. we would like to thank you for being an integral part of the Tennessee Department of labor & Workforce Oeve pment's Trade-affected Dislocated Workers Program. We greatly appreciate your efforts of returning Tennesseans to suitable emp oyment.

By signing the statement below, you prO'\Iide the necessary documentation to reimbu rse a partic pant for costs incurred with job search activities (v.ith nparameters of e ig bil ty).

Thank you in advance for your

collaboration. Sincerely,

The TN TAA Team

PLEASE PRINT CLEARLY

Parlkip.ant Natn _____ Stilt I D: _____

Employer/Service Provider: _____ Contact Person, Title: _____

Complete Address _____ Contact E-mail: _____

_____

_____ JObSellrChACtivity Date: _____

J<lb Se&f'thACtivity Typ _____ Job Search Activity Time: _____

(Job opening, Resume, AJC, ect.)

By signing below, I cer'tify the information provided above is correct to the best of my knowledge. understand that willful misrepresentation made to obtain allowances to vdl ch the pal'lic pant is not entitled may result in serious pena ties. Additionally, I understand that I *may* be contacted by a TAA staff member at the nformation listed above in order to verify this job search activity.

Comment: _____

_____

_____ _____
Employer/Service Provider Signature O...

18-1119 RDA 1586

Tennessee Department of Labor and Workforce Development

TAAN.JIA Training Assessment
Referral

LWIA _____

Petition# _____

Claimant Name _____ SSN _____

Address _____ Phone _____

_____

Last Employer _____ Separation Date _____

D No suitable job opening as of _____

_____
TAA Sta Member

TITLE I STAFF

Please complete applicable items and return to TAA staff.

O Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual.
Assessment Scheduled _____ Assessment Completed _____

Current Enrollment/Prior Completion Title I Training

O Date applied for Title training: _____
— Date scheduled to enter training _____
Date entered training _____
Projected Completion Date _____
Training Job Title _____
Applied for PELL Grant DYES D NO Starus of PELL _____
Name and Address of Training Facility: _____
_____
_____
_____
Training Completed: _____

Type of Training:
O Occupational Training
O Remedial Training (GED)
O On the Job Training

Training Is Recommended By Title I Staff:

O Occupat onal Training Type: _____ Fmding Source: _____
Training facility (if known) _____
O Remedial Training O (OJT) (Explain), _____
O Ofuer _____

Training Is Not Recommended By Title I Staff:
run) _____

_____

_____ _____ _____ _____
L1J'U. Lpr8scmtativ *Datil* *!Acarion* *Phons*

LB738 (Ft01108)

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION Of EMPLOYMENT SECURITY

TRADE ADJUSTMENT ASSISTANCE PROGRAM
TRAINING FACILITY TAA FOLLOW-UP NOTICE

Trade Act of 1974, Amended 2002, 2009 and 2011

PETITION NO. _____

NAME OF TAA TRAINING PARTICIPANT (Frst Middle Initial, last) _____ SSN _____

DATE OF ENROLLMENT — — — — — — — ANTICIPATED COMPLETION DATE — — — — — — — — — —

NAME OF TRAINING FACIUTY _____

ADDRESS STREET _____

CITY _____ STATE ZIP CODE _____

PARTICIPANT STATUS

O COMPLETED TRAINING COURSE (Date) ,.--,–,.--,.,.- ——
This means the srudem bas complexed aU requirements for their Certificate or Diplotn3. Oate needs to be the last day the student attended classes.

D NEEDS AMENDED - ibis means the studlmt "illoot be able to complete their requirements fur their c:enifi.ca:e or diploma by the antic:ipa:ed completion d:t:e abo\-e and v.ill llftd exaa time to complete. Scudeul should be directed to their local Career Center to spe:d; "ith their IRA Repmer atn:e.

O WITHDREW FROM TRAINING (Datel...,...,.,...,.,..-,,..,-
This me:ms the student stopped attending classes or had to drop out of classes for persooal rnson; and did not complete training. Tb.is is the actw.l last date the student attended daise-s.

O TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION (Date) –.,–––:–:,-,-
Please give an explan:uion below ti to why the student wa; tennioa:ed and the actu.:d last cb.te the srudent attended classes.
Reason student was ten n nated by train ng facility- *(Exp!o.in em tlltOthw shHJ Q/paJXll' ifn« S:ary.)*

O FAILED TO BEGIN PARTICIPATION
If possible, srudent should be instructed to go to Career Center and notify TRA representative of their siruatiou.
Reason student faik>d to begin participation if reason is given - *(Explain on tmothw :lzQvr qj'JX1P41:)*

O ENTRY DATE DELAYED UNTIL (Date),...,-;-:;;-C=,,...,-;-==.
This means the srudeut wa; oot able to beginraiDing: ti of the DJ.te of Enrollment listed abo\-e, beca:us.e me traiJ:ling was delayed. This is the ex:tet da:te the srudent em begin approved aaining. Student should be directed to \isit their JocaJ Career Center to ba\-e tbe TRA Representati\-e request an Ameuded/Suppl.emenml.
Reason students enrollment was delayed- *(Exptam on anothwshHJ Q/pap0'* [illegible]

SIGNATURE a:-TRAINING FACILITY REPRESENTATIVE — — — — — — — — — — — — — TITLE _____ LONO _____

DATE _____

RETURN TO: TRAUNT
TNOEPTOF AKJWORKFORCE OEVEtOPMENT
P O BOX 280450
NASHVILLE TN 37228

FAX;- — — — — — — — — PHONE: 866-331-1271 EXT. 1866

LB-0785 (Reo.c. 0>13) ROA2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Signature of Authority for Training Facility Officials

Trade Act of 1974, Amended 2002

Trainee SSN	Trainee Name First M1 last	En<Ollment Oete

Name of Training Facility _____

Address of Training Facility Stroot _____

_____

City _____ Slato____ ZipCodo_____

DrAA FUNDED

Weeklv Request for Allowances by Worker in Training,LB-0429

Individual authorized to sign claimant's weekty claim

Namo	Dato	Signature	Phone Number

Invoice TA-2

Individual authorized to bill the TN Oepartmen1ot Labor and Work1oroo Developmenttor training cos1s

Name	Date	Signature	Phone Number
_____	_____	_____	_____

OOTHER SOURCE OF FUNDING _____

Name of Enty Funding Training _____

Address of Entity Funding Training Stroot _____

_____

City _____ Stato _____ Zip _____

Contact Name _____ Phone Number _____

Weeklv Request for Allowances by Worker in Training,LB-0429

Individual authorized to sign claimant's weekty claim

Namo	Dato	Signature	Phone Number

Agency Representative _____ Dato _____

IB-0898 {R. 01/08)

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES
220 French Landing Drive
Nashville,TN 37243-1002

TAA Training Check List

You have applied for Trade Adjustment Assistance (fAA) funded training. If you are interested in emolling in training, please obtain the items listed below from the school that you are interested in attending and present them to _____, TAA Representative, at the _____ Americas Job Center, as soon as possible. If you need assistance you may call _____ at _____

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

LB-0948 (Rev. 11/15) RDA 2258

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA Training Packet Checklist

Participant's Name	SID	Petition Number	AJC#	Start Date

- O VOS TAA Application, sign and dated by participant
- O VOS IEP-Goal & O ectives toward tntining, sign and dated by staff and participant
- O TMQl (shown as TMQ4) Benefit History Master
- O LB -1090 Financial Statement
- O LB-0738 TAA/WIA Training Assessment Referral from the LWIA
- O TABE Information
- O Supply & Demand information or School Placement Rate
- O Academic Plan (courses and hours planned for each session) or Course outline for TCAT
- O Total Cost Sheet showing total oftuition, books, and supplies broken down by term
- O List of all books, supplies, tools with cost for each item broken down by term
- O LB-0898 Signature of Authmity (both training fucility and outside vendors)
- O School Calendar (identifying breaks in training that are over 30 days in length)
- O Comparison between a TCAT or state school if a private training facility is being requested.
- O Mileage documentation
- O LB-1089 Willing to Commute Statement (when demand is outside the worker's commuting distance.)
- O LB-1092 Worker Training Agreement and Responsibilities
- O Case Notes are Up to Date
  - Include Education Level, i.e. GED, Certificates, Diplomas, Degrees, field of study, dates received, and from what training facility.
- D W-9 (when training requires travel outside the commuting area of 50 miles.)

COST SUMMARY:		COMMENTS:
Training Contract Amount		
Bookstore Contract Amount		
Vendor Contract Amount		
Total	$0.00	

LB-1047 (Rev. 11/15) RDA2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

WILLING TO COMMUTE

Name _____ **Last 4 Digits of Social Security Number** _____

Office Number _____ **Petition Number** _____

I understand that my occupation is not in demand in LWIA where I live, but I'm willing to travel up to 75 miles outside of my commuting area to LWIA , where my occupation is in demand, to look for employment upon completion of my training.

Wor1<er's Signature ---------- Date _____

TAA Representative's Name _____

TAA Representative's Signature _____ Date _____

LB-1089 RDA 2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL SUPPORT STATEMENT

Name _____ **Last 4 Digits of Social Security Number** _____

Office Number _____ **Petition Number** _____

Should my TRA benefits exhaust prior to the completion of TAA approved training, my means of financial support to complete training will be personal or family resources through any of the following sources:

Please check all that apply.

- D Financial Aid
- D Grants
- D Full-Time or Part-Time Employment
- D Relatives
- D Spouse
- D Disability Funds
- D Supplemental Security Income (SSI)
- D Investments
- D Real Estate Properties
- D Pension
- D 401K
- D Savings
- D Student Loans

Worker's Signature _____ Date _____

TAA Representative's Name _____

TAA Representative's Signature _____ Date _____

LB-i090 RDA 2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name _____ **Last 4 Digits of Social Security Number** _____

Local Office Number _____ **Petition Number** _____

By signing my name below, **I** certify that **I** have carefully read this form in its entirety. I have received a copy of this form for my records. **I** will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program.

1. **I** understand that I **must** file a Jobs4TN work application and complete a job search with not suitable employment available prior to requesting TAA Funded Training.
2. I understand that I **must** always check TCAT and state schools first before selecting any private schools.
3. I have participated in the process of the development of my TAA Training Plan.
4. I understand that TAA will only pay for items that are **required** from the school and are included in the contract.
5. I understand that I **cannot** be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training without my written permission should the cost of training be determined unreasonable.
6. I understand should additional cost be needed, I **must** contact my local Career Center TAA Representative.
7. I understand that any items that are **not required** by the school will be my sole responsibility.
8. I understand that I **must** enroll and maintain full-time status throughout the entire training if my petition is 69999 and below or 85000 and above. (Full-time as indicated by the school.)
9. I **must** maintain full-time status to be eligible for TRA benefits if my petition number is between 70000 and 84999. (full-time as indicated by the school).
10. **I** understand if **I** drop to part-time status, if my petition is between 70000 and 84999, I will **not** be eligible for TRA benefits.
11. **I** understand that I **must** complete my weekly attendance certification and submit the signed form by mail weekly during approved training to the TRA Unit, P.O. Box 280450, Nashville, TN 37228.
12. I understand that I **cannot** start training prior to an approved notice from the TAA Coordinator.
13. I understand that I **must** notify my local Career Center TAA Representative of any changes pertaining to my approved training.
14. I understand that any request for changes from my classes scheduled **must** come from the school.
15. I understand I **must** provide a copy of all classes scheduled for the upcoming term and a copy of my grades to my local Career Center TAA Representative.
16. **I** understand I **must** report to the Career Center at least every sixty (60) days to discuss my training progress with my local Career Center TAA Representative.
17. I understand should **I** withdraw from training for any reason I **must** notify my local Career Center TAA Representative immediately.
18. **I** understand that I **must** notify my local Career Center TAA Representative upon completion of training.
19. I understand that I **must** notify my local Career Center TAA Representative when I obtain employment.
20. I understand that I **submit** weekly certification after completion of training or during weeks of break greater than thirty (30) days.
21. I understand failing to abide by these requirements may jeopardize my entitlement to continue with my trade approved training and/or Trade Readjustment Assistance (TRA) Benefits.

I understand that **I** have the right to appeal if **I** disagree with the training determination by the Central office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the Career Center where the TAA claim was taken or by letter to the Appeals Tribunal, TN Dept of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Worker's Signature _____ Date _____

TAA Representative's Signature _____ Date _____

LB-1092 RDA 2258

STATE OF TENNESSEE

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

DIVISION OF WORKFORCE SERVICES
220 French Landing Drive
Nashville, TN 37243-1002
(615) 741-1031

Request for Completion TRA Benefits

I, understand that I may be eligible to receive up to thirteen (13) weeks of Completion TRA benefits if I am on track to complete my training within the next twenty (20) weeks and have met all benchmark requirements.

I also understand that if I do not complete my training within the next twenty (20) weeks I will be over paid and responsible to repay all of the Completion TRA I have received.

Signature of Worker: ———————————— Date:_____

Signature of TAA Representative: ———————————— Date:_____

LB-1106 RDA 2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TM PARTICIPANT NON-COMPLIANCE WARNING

Name _____ _____ Last 4 Digits of SSN _____

SID# Local Office Number Petition Number _____

I, , understand that due to my failure to comply with the terms of the agreement as stated in the Worker's Agreement and Responsibilities form, that I am receiving this warning of non-compliance. I have failed to meet my responsibilities of the items checked below. I understand that I must comply with the TAA Regulations including these items through the remainder of my training. I also, understand that my case will be evaluated every sixty (60) days by a TAA Specialist to ensure my compliance with the regulations. Failure to meet requirements may result in losing my TAA funding for training.

D Not meeting Benchmarks:
- D Not maintaining satisfactory academic standing. t
- O Not on track to complete training within the timeframes identified in the approved training plan. :j:

O Failure of any required class(es) for two (2) or more Terms/Semesters/Quarters.
O Withdrawal of any required class(es) for two (2) or more Terms/Semesters/Quarters.
D Not completing & submitting weekly attendance certifications.
D Failure to notify TAA Representative of changes pertaining to approved training.
D Not providing grades at the end of each term to TAA Representative.
D Not providing class schedule/academic plan at the end of each term to TAA Representative.
D Not reporting for scheduled appointment with TAA Representative every sixty (60) days to discuss training progress.

t Academic standing by the school is taken into consideration, but is not the sole deciding factor.
:j: Participant must be on track to complete training within required weeks based on petition number.

By signing my name below, I certify that I have carefully read and understand this form in its entirety and I have received a copy of this form for my records. I agree to abide by all of the policies and requirement of the TAA program.

I understand that I have the right to appeal if I disagree with the training determination by the Central Office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the Career Center where the TAA claim was taken or by letter to the Appeals Tribunal, TN Dept. of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Participant's Signature _____ Date _____

TAA Representative's Signature _____ Date

LB-1107 RDA 22S8

HY Ocpartmtnl o' rkforce Labor &Wo ·Development

TRA UNIT

NASHVILLE, TN 37228
PHONE: (877) 813.0950
FAX: (615) 532-3374

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Nome _____ 5odol Security Number _____ Tocal OHtce Number _____

Worker's Address Street City State Zip Code _____ Phone Number _____

I, _____, Social Security Number -:----:---:--:--:--:---:----
understand that the law pro\1des severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name _____

Doing Business As _____

Mailing Address _____
Street

_____
City State Zip Code

Physical Address _____
Street

_____
City State Zip Code

Employers Phone _____
(With Area Code)

Date of lack of work sep.3ration from above mentioned employer _____

Number of hours worked during last full week _____
(32 hours or more excluding ovenime)

Rate of pay per hour during last full week _____

1, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Slgnawre _____ Date _____ Agency Representat P.e"s Signature _____ Date _____

LB-1069 (Rev. 08-16)

R0A 1li8

JMY Ocpartln\'nl o'
Labor &Workforce
·Development

TRA UNIT
P. O. BOX 280450
NASHVILLE,TN 37228
PHONE: (877) 813.0950
FAX: (615) 532·3374

Trade Act of 1974, Amtn.ded TAA Reauthoriutlon of 201S

WORKER'S NAME (First. Middle Initial, Last)	SOCIAL SECURITY NUMBER 110 NUMBER	Pf 1iTION NUMBER TAW
WORKER"S ADDRESS	AGE	DATE OF BIRTH Pf 1iTION CERTIFICATION
CIIY	fTATE	ZIP CODE IMPACT DATE

TRADE EMPLOYER NAME	fiRST OAV WORKED	TOTAL SEPERATION OATE
JOBmLE	AATE OF LAST FUUWUK	AATE OF PAY PER HOUR LAST FUUwtEK	NUMBER OF HOURS LAST FU 11 WEEK

1RED1PLOYMENT PLOVER

NEW EMPLOYER NAME	FI RST DAY 'NORK£O	TOTAL SEPERATION DATE

CONTACT PERSON AND ADDRESS	EMAJL ADDRESS	PHONE NUMBER	FAX NUMBER
WORKER jOB TITlE	DATE OF FI RST FUUWUK	AATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FU UWUK

NEW EMPLOYER NAME	2 REDtPLOYMENT DtPLOYER FIRST DAY WORKEO	TOTA1 SEPERATION OATE

CONTACT PERSON AND ADDRESS	EMAJI. ADDRESS	PHONE NUMBER	FAX NUMBER
WORKER jOB TITTIE	DATE OF FIRST FUUWUK	RATE OF PAY PER HOU R FIRST FU U WEEK	NUMBER OF HOURS FIRST FU U WEEK

RTAA PROGRA1t1SEUcnON

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CERTIFICATION

1Fiereby request a determln.woo of my entitlement ro benefits under the ReempiOj!'nent Trade Adjustment AsSistance Program. I certify that all nformation included on this form is correct to the vest of my knowledge and belief. 1 understand lhat melaw prescribes penalties for making false statements or fa ng ro disclose material facts to obtain benefits.

SIGNATURf 01= WORKER — LOCAL TMR£PRESEHTATIVE
TE OATi
FAX TO (615) 531-1374 TN Oar'ttr'lent01Labor'Md W()r1(f()(-e Oj)i'l'lef'(
!==R0M: COMMENTS:

I8 1053 3-16 ROA 22SS

Ocpartln\'nlo'
Labor & Workforce
Development

TRA UNIT
P.O. BOX 2804SO
NASHVILLE, TN
37228
PHONE: (877)
813.09S0 FAX: (61S)
S32-3374

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER _____
CLAIMANT _____

SSN: _____
BYE: _____

DATE FILED: _____
DATE MAILED: _____

MUST BE RECEIVED BY: _____

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (SO YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME jOB PAYING LESS THAN $SQ000 ANNUALLY FROM HIS/HER TRADE AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (S0% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNnL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS IN THE UPPER RGHT CORNER OF THS PAGE.

FIRST DAY WORKED: _____

jOBnTL _____

HOURS WORKED PER WEEK: _____

TYPE OF EMPLOYMENT: O SALARY O COMMI$SION O CONTRACTUAL

WAGE PER HOUR: _____

EMPLOYMENT STATUS: O FULL TIME O PART TIME

EMPLOYER NAME AND TITLE	PHONE NUMBER	FAX NUMBER	DATE

LB-1122 RTAA-01

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IIAAUNTT
P.O.BOX.28G450
NASIMLLE", TN 37228
PHON(Sn) 8.1.3-0950
F.U: (615) 532-3374

Verification of Employment for Monlbly Wa.ge Supplement
VKI0'1191MIW'idlli:I Tr.llidt: Mji.isr.Jill'iintJi.s527c.¥1CfI RAalllh>:irtz.;r.lon0'1201S.

NEW EMPLOYER'S NAME			WORKER'S NAME (First, Middle Initial, Last)	
NEW EMPLOYER'S MAILING ADDRESS (Street)			SQCJAL SEGUitJIT NUMB811	
	STATE	p COrilE	PErmOM NUMBEa TAW	LQ NIDoiBEiti

L'\tPUWER DIR.I.CFIOKS.

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WEEK 1		
WEEK 1: SUNDAY BEGINNING DATE	WEEK 1: SATURDAY BEGINNING DATE	WEEK 1: NUMBER OF HOURS WORKED
WEEK 2		
'EBC2:WBEGINNING!1.1.11:	WEEK 2: SATURDAY BEGINNING DATE	WEEK 2: NUMB8il OiHOURS WORKED

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EMI'tOYO CONTACT !PRINT NAME	SIGNATURi£	EM.M. AOOI:B.!i
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SIGNATURE OF WORKER	DATE SIGNED

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Q & A's

2014 TAA Conference

June 25-27, 2014

1. If a participant wants to start training and has paid for the first trimester/semester, can TAA pick the participant up for the next trimester?

   Yes, TAA can pick the participant up the next trimester/semester and forward; however TAA cannot go back and pick up cost for any tuition, books, and/or supplies for previous trimesters/semesters.

2. How do we handle a training that will be conducted by 2 schools in partnership?

   1. Prepare one completed training packet for the first portion. Be sure you indicate in the IEP that the training is a partnership of the schools.
   2. Nearing completion of the first training, prepare a second request for training (Activity).
   3. Be sure to include an estimate of the full training cost in the first training packet.

3. What if the training is less than full-time during a semester?

   If there are classes pertinent to the training, but not necessarily a required part of the training the class or classes can be used to make the semester at least 12 credit hours. (No more than 2 classes that are not needed per term)

4. If there is no information in the Source that indicates demand, but you can get a statewide cluster can that be used to justify demand?

   When statewide clusters are available for <u>teachers only</u>, you may use the statewide cluster to justify demand.

5. How soon can a training institution or vendor invoice TAA?

A training institution or vendor may invoice TAA at the beginning of the classes as long as the participant has attended at least one day if they choose. (Not for the total amount of the training. Just for the term they are currently enrolled in.)

6. How does the training institution or vendor submit an invoice for payment?

a. The Trade Act of 1974 Payment and Authorization form or as we call it the TA2 must be completed and attached to the school's invoice. The institution or vendor will complete the left-hand portion with the school/vendor name and address. On the right, only the name and SSN need to be completed. The middle section would be just a summary of the cost, i.e. tuition $0000, books $0000, etc. and total at the bottom of that section. On the lower left hand side, the school or vendor official will sign, indicate his/her title, and date the form.

b. The TA2 and invoice should be emailed to tdlwdtaa@tn.gov.

7. If a person wants to go into training that originally marked down that he/she didn't want training on both the Waiver and the Training Assessment Guide during TRA claims taking, can a training activity be developed?

Yes, the waiver is for TRA benefits only. The participant may request training at any time until the entire program (TAA) ends. He/She will have to meet the six training criteria and a financial statement must be completed to show how he/she can financially support him/herself while in training.

8. Does TAA require a participant to have a HiSet prior to approval of training?

No, a HiSet is not necessary for any training unless the school requires it. However, we want to try and help the participant get his/her HiSet if possible, but we do not deny any training based on the lack of it, unless the school will not accept him/her.

9. How do you document mileage to show whether the participant lives 10 miles or more from the school and needs mileage cost covered?

a. We ask that you use one (1) on-line source to document the mileage from the participant's home to school. We look for the shortest distance to the school.
b. Sources that can be used:

- Rand McNally
- Google Maps
- Yahoo Maps
- Bing Maps

NOTE: Do not use MapQuest as a source. It does not always give clear directions.

10. How do we document state schools first on the workers TAA training request?

TAA Regulations say that priority should be given to TCATs first, then state training institutions, and finally private training institutions if the other 2 are not available, whenever possible.

Indicate in case notes the steps taken to ensure the participant investigated the training facilities as stipulated by federal regulations. If technology centers have a waiting list, case notes must be backed up with a statement from the training facility as to the waiting list.

There may be instances where the closest school to the participant is a state college or private training institution. There should always be documentation to backup why the student has chosen that particular training facility over a technology center and/or state school.

11. Why are we required to obtain a financial statement from the participant in the application process?

Criteria number five (5) under the Six TAA training criteria ask, "Is the participant qualified to undertake and complete the training he/she is requesting?" There are 2 parts to this question. First part addresses is the participant qualified to begin? The answer to this question would reflect the participant's assessment by your local workforce investment agency and their recommendation.

The second part is the participant's probability to complete. This part has to do with the participant's financial support during training, primarily his/her TRA benefits. In the past the answer to this question would have been the participant had TRA benefits to carry him/her through their training. However, with the addition of EUC benefits, the answer to the financial statement with TRA has become cloudy. To help clarify the financial status of the participant a financial statement from the participant is required. This statement will indicate how he/she will support his/her family, should the TRA benefits be exhausted.

12. What other documentation can be used if the Cluster indicates there is no demand in the participant's residential area?

a. **The School Placement Rate** (70% or higher for the training occupation)

   1. May be available on the Cluster

   2. If not on the Cluster, may be obtained from the training institution

b. Newspaper advertisements or job orders for the specific occupation (be sure the advertisement has the newspaper's date line that includes the name and the date of the paper) or

c. Newspaper articles/news releases concerning growth of a particular occupation in the area (be sure the article has the newspaper's date line that includes the name and the date of the paper) or

d. Letter from an employer that indicates an offer of employment to the person requesting training in the occupation he/she will be trained in, or

e. Any documentation that indicates a demand in the area that comes from a reputable authority.

13. Can partial training packets be submitted for review when time is limited?

No, unless we have authorized you to do so. Always upload all training information into VOS as one document and notify your TAA Specialist when that information is available for review.

14. Will TAA pay for pre-requisites?

If the petition the participant is covered by is 69999 or less, no. However, petitions number starting with 70000 and above, Yes!

15. How do pre-requisites affect the total number of weeks of training?

The number of weeks required for pre-requisites are counted in the total number of weeks of training. So, if you had 26 of pre-requisites and 74 weeks of the training program, then the total number of weeks a person would be enrolled in training would be 100.

16. Can workers enroll in training part-time?

If the petition the participant is covered by is 69999 or less, No. If the petition number starts with 70000 or above, Yes! However, the participant will lose his weekly TRA Benefits.

17. Why do I need to get a signature of authority for training and vendor contracts?

It is extremely important that a signature of authority for training be obtained so that the participant will get his/her TRA benefit during training when eligible. The signature represents the school official(s) that will verify that the participant did attend school that week.

As to the invoicing for the training facility and/or vendor contract, a signature of authority identifies the official responsible for billing TAA for tuition and/or purchases.

18. Can verbal approval be given prior to reviewing the request?

No, a participant cannot start training until the entire training packet has been reviewed and a determination is made.

19. Must grants (Pell, Lottery, etc.) be used first for training cost prior to billing TAA?

No, under the new program, we may not require the participant to obtain other funds (Pell, Lottery, grants) as a condition for approval of training. The participant may volunteer to use other funds to supplement the TAA training funds when the cost of training is otherwise not reasonable. This will allow the participant to use financial assistance for living expenses, thus providing the participant with income support during long-term training.

20. Can a participant request 2 different trainings under the same petition?

The participant may request it and receive a determination, but the federal regulations state that no participant shall be entitled to more than one training program under a single certification.

21. How many weeks of training may a participant request.

The maximum duration for any approvable training program is 104 weeks for petitions numbers equal to or less than 69999, with remedial up to 130.

130 weeks for petitions # 70000 to 79999, with remedial up to 156.

130 weeks for petitions # 80000 & above.

22. Can a participant apply for student loans?

Yes, for living expenses only. TAA will cover the required training cost, including, tuition, books, supplies, etc.

23. If a student fails a class in a semester and the school still considers them in good academic standing, will TAA allow them to repeat the class and cover the cost?

Yes, as long as required and requested by the school instructor or official.

24. A student requesting training in a specific program, applies at the school but is not accepted into that specific program. They request a different program and are accepted, what is the correct "request date" for training?

In most cases they could use the original date of request.

25. What is the process for de-obligating the remaining balance on training funds?

De-obligations for training contracts are handled by the TAA Unit. 90 Days after receipt of the follow up notice, the training facility is contacted to ensure there are no outstanding invoices. Once it has been determined that all invoices have been paid a de-obligation letter is generated closing out all remaining funds. A copy of this letter will be electronically forwarded to the training facility and the AJC TAA staff. A copy of the de-obligation letter will be uploaded to

For training approved in VOS, 90 Days after receipt of the follow up notice, the training facility is contacted to ensure there are no outstanding invoices. Once it has been determined that all invoices have been paid, the TAA Specialist will de-obligate any remain funds and close out the training activity.

26. Can the IEP be update after the participant has signed it?

    Yes.

27. Some claimants do not come into the office to complete the IEP until UI has been exhausted. Is there a time frame to complete the plan? Can the interview be conducted by phone if they will not come in?

    No, the participant needs to report to the AJC if truly interested in training. The participant's delay in coming into the office to start the process could affect his/her TRA benefit.

28. When the claimant exhaust all UI/EUC/TRA and is still unemployed, does case management/ case notes continue?

    It should continue as long as services are being provided. The purpose of the program is for trade affected workers to become successfully employed through services provide at the AJC. It's important to advise trade affected workers about training opportunities that are in demand and can potentially lead to suitable employment.

29. How long are TAA files required to be kept?

    3 years from completion date.

30. When a training program leads to certification and there is a reasonable assurance of employment, but it is short term and only a few hours per week, can this training be considered full time?

    Yes

31. Are TAA or adversely affected workers required to apply for Pell grants in order to receive training benefits?

No

32. Can you deny TAA approved training to an adversely affected participant who has defaulted on a Student loan?

NO, if the training facility enrolls them in training.

33. Can you deny TAA approved training to an adversely affected participant who has not registered for selective service?

No

34. What is the definition of Supportive Services?

Supportive services are customer services that are necessary to enable workers, who cannot afford to pay for such services, to participate in authorized program activities. Examples of such services include but are not limited to:

- Child care and dependent care for dependents of customer
- Clothing-Adequate clothing to allow customer to wear appropriate work attire while participating in program activities and during job interviews
- Housing-Temporary shelter, housing assistance and referral services
- Linkages to community services-Alcohol/drug/gang intervention, counseling, drop-out prevention, pregnancy prevention money-management, tutoring or other purposes
- Referrals to medical services-Referral services to appropriate medical service providers
- Transportation-Expenses for commuting to and from WIOA activities such as public transportation fare, carpool arrangement or gas for personal auto
- Other-Services which are consistent with these policies and justification is maintained in the customer's file. Examples include but are not limited to the following: uniforms or work-related tools, including such items as:
- Eye glasses and protective eye wear which may be needed for participating in program activities and/or employment, materials for workers with disabilities, meals, and needs related payments.

35. Should grades be scanned and uploaded to VOS?

Yes, at the end of every term.

36. Are there Activities that need to be reported during the training period?

Any service that is provided to the participant during his/her participation period must be documented through VOS.

37. When another state resident requests training at a facility within his/her state residence, is it best to refer the participant to an AJC in his/her state?

Our offices are set up to assist workers no matter where they live. However, if a participant has traveled several miles past an AJC in their state to get to ours, then we should talk with the participant to ensure he/she understands they have the option to go to the AJC in their home state if they choose. However, if they want to work through us, then that's their option.

If the petition is from their home state and they want to go to school in that state, we prefer they speak with a representative within their state, but that may not be an option for them, therefore we act as an agent state for the liable state (petition state) to provide services.

If the petition is from another state and they reside in Tennessee and want to go to school in Tennessee then again we would work as the agent state in situation also.

38. Does "request for training" begin the day the participant brings in the checklist information from the school?

It is the date the participant provides proof that he/she is serious about pursuing training. It should be an acceptance letter from the school, enrollment letter, a letter indicating the participant's name is on a waiting list, or it could be documentation of cost, academic plan, etc. Any document from the training facility that will establish his/her serious desire to enroll in training.

Without an acceptance, enrollment, or letter indicating the waiting list, the TAA Unit will look for the date the cost sheet and academic plan was provided or the date of the Waiver if available.

39. What is required of the TAA AJC Rep once the activity is approved?

- Schedule appointment for Participant to sign waiver, if necessary
- Maintain all originals signatures in participant's file
- Schedule benchmark appointment every 60 days
- Check in with the training facility at least every 60 days for progress reports
- Obtain grades from the participant at the end of every term and course outlines/academic plans for following term if still enrolled
- Upon completion, upload credential into VOS
- Assist with employment search
- Document employment information once participant is reemployed

NOTE: Always update case notes on all activities and contacts you have with the participant, training facility, etc., throughout the training.

40. What information should be provided when a TAA affected participant calls in to certify and the automated systems asks if he/she is in training, or doing job searches, etc.?

Claimants are advised to certify weekly through TIPS either over the phone or online. If the claimant is in approved TAA training or will begin training within 30 days, the claimant is exempt from work searches. The ERI code should reflect this. However, the system will still ask them if he/she has completed his/her work searches and are able & available and looking for work. He/She will answer yes to both. Because he/she are in TAA approved training, his/her UI/EUC benefits will not be affected.

41. What comparison is used if the participant request training at a private training facility?

The participant should always look at training at the TCAT's first, then state colleges, and finally private training facilities if the other 2 do not have similar training. A letter or email from the schools concerning the status of the specific training will be acceptable.

42. If a participant is 49 years of age at the time of separation and becomes employed, then unemployed and begins a second job after turning 50 years old, is the participant eligible for RTAA benefits as long as the request is made before the end of the EPE date? If so will the RTAA benefit be paid after the EPE?

Yes, as long as the work is age 50 the day he beings his second job, and makes the request before the end of his TRA EPE, he would be eligible if the other requirements are met. His RTAA claim will set up a RTAA EPE which is different than the TRA EPE. The RTAA EPE is a 2 year period that begins with his first day of re-employment.

43. Does the trade impacted participant need to have a Jobs4TN Wagner Peyser application prior to requesting TAA services?

Yes

TRAINING EXAMPLE

TAA Application:

JOBS4TN.GOV

EXAMPLE

General Information:

Username:		LWIA/Region:	
State 10:		Office Location:	TN Career Center
Application Date:		Date of Eligibility:	03/23/2016
Application ID:		SocialSecurity #:	

Contract Information:

Name:		**Email:**	
Primary Phone:		**Primary Phone Type:**	Home
Residential Address:		**Mailing Address:**	
City, State, Zip:		**City, State, Zip:**	

Equal Employment Opportunity Information:

Date of Birth:		Age:	
Gender:	Male	Registered with Selective Service:	
Do you have a Disability?	No, I don't have a disability	Type of Disability:	
Are you a U.S. Citizen?	U.S. Citizen/Naturalized	USCIS Number:	
Hispanic or Latino Heritage:	No, I am not of Hispanic or Latino heritage	Race:	White
Highest Education Level Achieved:			

Veteran Information:

Question 1.	Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?	No
Question 2.	Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?	No
Question 3.	Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disy?	No

Transitioning Type:		Transitioning Discharge Date:	
Military Service Begin Date:		Military Service End Date:	
Eligible Veteran Status:		Military Campaign Badge:	No
Disabled Veteran:		Homeless Veteran:	No
Recently Separated:		Attended TAP Workshop within 3 Years:	No

Employment Information:

Employment Status:	Not Employed	TAA Petition:	085795
TAA Employer:	Maverick Tube Corporation (Tenaris)	Unemployment Compensation?:	Yes, Claimant, no Reemployment Services
Employer Address:	5050 Norlh County Road 967 Blytheville, AR 72206	Job Title:	Oiler
		Hours per Week:	40.0
		Months Employed;	
Employment Begin Date:	01/23/2012	Employment End Date:	01/23/2016
Dislocation Hourly Wage:	$19.48	;uon:	01/23/2016
Re-Employed Since Layoff From Trade Addected Job:		or Actual Start Date:	,No, has not been
New Employment Projected			

re-employed since layoff from Trade affected job

Projected or Actual Annual Wage of Individual's New Employment:	$0.00

EXAMPLE

Barrier Infonnatlon:

Individual or family members have limited English, or difficulties with reading, writing or understanding of English : No, does not have limited English

Eligibility Infonnatlon:

'i) ;flni tion forTAA?: s

Meets Definition for ATAA?: Yes

Meets Definition for RT AA?: a

TAA Calculations:

Waiver Date (Certification);	05/0212015	Waiver Date (Most Recent Separation Date):	05/14/2016
Waiver Issued Date:		Job Search Allowance (Separation):	101122/2017
Job Search Allowance (Certificatlon):	03/03/2016	Job Search Allowance (After Training):	
Relocatlon Allowance (Separatlon):	03/23/2017	Relocation Allowance (Certification):	05/02/2016
ATAA Eligibility:	07/23/2016	Relocation Allowance (After Training):	
Tralnlng (Separation):	05/14/2016	Training (Certification):	05/02/2015
Additlonal TRA (Separation):	08/20/2016	Additional TRA (Certification):	09/30/2015

Staff Information:

Date Created:		Office Location Of Responsablllty:	TN Career Center-
Current Case Manager:		Prevlous Case Manager:	
Staff Edited ID:		Date Last Edited:	
Record Review Staff ID:		Record Review Date:	
Met Quality Requirements:			

Signatures

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)*

1. I certify that the Information on this application is accurate to the best of my knowledge.
2. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the TAA Program and may result In criminal action.
3. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for TAA.
4. I further understand and agree that my social security number and other Information on this application will be provided to other government agencies if required by law.

Applicant Signature !Sate

Parent/Guardian Signature Date

S aff Sign ture pate

TN Career Center -
One Stop Center

EXAMPLE

GeneralInformation:

Plan ID:

User 10:

Name:

Plan was started on: 03/23/2016

Plan was started in office location: TN Career Center-

Plan closed on:

Goals and Objectives Established:

Goal#	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status
1	TAA	Training	Long Term	03/23/2016	04/29/2017		Open

Goal Desert ption: Weldin g Prog ram

Comments: Desires employment in the Welding field but lacks needed credentials to secure full time suitable employment. Will enroll in the Welding flrogram to obtain the needed credential

Objectives to Goal #1

Objective	Date Established	Review Date	Program	Staff	Status
Job Search	03/23/2016	05/07/2016	TAA		Closed
Comments: Assisted with job search. No suitable employment found at this time.					
Requested training in Welding	03/23/2016	05/07/2016	TAA		Closed
Comments: I r requested training in Welding at the UC campus of TCAT Newbern. School placement rate for WeldinQ is 74%.					
compleled WIOA Assessment	03/23/2016	05/07/2016	TAA		Closed
Comments: was referred to WIOA for assessment and recommended for training.					
Enroll in TAA funded training	03/23/2016	05/07/2016	TAA		Closed
Comments: applied and was enrolled through TCAT Newbern to attend the Welding Program at the r Unron C1ty campus beg1nnrng May 2, 2016 and ending April 29, 2017. He received his AS in Drafting & Design from Murray State University in 1962 but never used his training. He will travel 14 miles one way to school Monday through Friday					
Maintain satisfactory progress	03/23/2016	05/07/2016	TM		Open
Co mme nts: will maintain satisfactory progress throughout his welding training.					
Will meet benchmarks	03/23/2016	05/07/2016	TM		Open
Comments: will meet all benchmarks set by TCAT Newbem.					
Report every 60 days	03/23/2016	05107/2016	TAA		Open
Commoots: will report to the AJC every 60 days to discuss his progress in the Welding Program.					
Notify TAA of any changes in training	03/23/2016	0510712016	TM		Open
Comments: will notify his TAA representative of any changes in his training program as soon as possible.					
Receive credential	03/23/2016	05/07/2016	TM		Open
Comments: will receive his credential at the end of his training program.					
Job Search Assistance	03/23/2016	05/07/2016	TAA		Open
Comments: will come into the AJC at the end of his training period to receive job search assistance.					
obtali1 employment	03/23/2016	05/07/2016	TM		Open
Comments: will obtain full time suitable employment in the Welding field.					

Signatures

EXAMPLE

Applicant Signature / Oa(e	Parent/Guardian Signature Date

'StaSign\t r= ——————————————— ,""0Jt ' ,,

EXAMPLE

(TMQ4)(082945

10-20-2014 08:10

*** T R A M A S T E R ***

SSN	PETITION	TYP8	L O	CLAIM DT	DET DT	EPE	ATAA	DEADLINE	PROG
	082945		0400	07/08/14	07/08/14	06/25/2016		00/00/00	

WAIVER DT	REASON	TS	HC'1'C	LATEST WED	BRK.	DEP	PAY
00/00/00	00	H	0	07/08/14	0	00	3

TRA ACT: 11 CHG DATE:

STOP	SEP DT	BH	BYE	DEC DT	008	SEX	RACE	RET	CSP	TAX	ADDS	APPLS	CHI<S
08	06/27/14	06/27/15		07/22/14		1	2	0	0	YES	0	0	0

*******CURRENT ENTITLEMENTH***""* *"****H <H-pRIOR NONQUALIFYING DATA'-"*•*******

MBA	WBA	ERN	ALW	DBAL	DEC/ISS	SEP DT	DEC	DEC DT	CLAIM DT	EPE
7150	275	68.75		7150	01/00	00/00/00	00	00/00/00	00/00/00	00/00/0000

******"****************** T R A I N IN G *****A-***********•*********

BEGIN DATE	ENDING DATE	TYPE	WIA	DAYS	HILES	SUBS	WKS	EXTENDED DATE	REQUES7ED TIMELY/DEADLINE	CHANGE OA'!.'E:
00/00/00	00/00/00			0	.00	.00		00/00/00	12/27/14	07/22/14

EMPLOYER - ITW PASLODE EMP NO 0270-231

EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL SUPPORT STATEMENT

Name _____ Last 4 Digits of Social Security Number _____

Office Number _____ Petition Number _____

Should my TRA benefits exhaust prior to the completion of TAA approved training, my means of financial support to complete training will be personal or family resources through any of the following sources:

Please check all that apply.

- D Financial Aid
- D Grants
- D Full-Time or Part-Time Employment
- D Relatives
- D Spouse
- D Disability Funds
- D Supplemental Security Income (SSI)
- D Investments
- D Real Estate Properties
- D Pension
- D 401K
- D Savings
- D Student Loans

Worker's Signature _____ Date _____

TAA Representative's Name _____

TAA Representative's Signature _____ Date _____

EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name _____ **Last 4 Digits of Social Security Number** _____

Local Office Number _____ **Petition Number** _____

By signing my name below, **I** certify that **I** have carefully read this form in its entirety. **I** have received a copy of this form for my records. **I** will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program.

1. **I** understand that **I** **must** file a Jobs4TN work application and complete a job search with not suitable employment available prior to requesting TAA Funded Training.
2. I understand that I **must** always check TCAT and state schools first before selecting any private schools.
3. **I** have participated in the process of the development of my TAA Training Plan.
4. **I** understand that TAA will only pay for items that are **required** from the school and are included in the contract.
5. **I** understand that **I** **cannot** be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training without my written permission should the cost of training be determined unreasonable.
6. I understand should additional cost be needed, **I must** contact my local Career Center TAA Representative.
7. **I** understand that any items that are **not required** by the school will be my sole responsibility.
8. **I** understand that I **must** enroll and maintain full-time status throughout the entire training if my petition is 69999 and below or 85000 and above. (Full-time as indicated by the school.)
9. **I** **must** maintain full-time status to be eligible for TRA benefits if my petition number is between 70000 and 84999. (full-time as indicated by the school).
10. I understand if **I** drop to part-time status, if my petition is between 70000 and 84999, I will **not be** eligible for TRA benefits.
11. **I** understand that **I** **must** complete my weekly attendance certification and submit the signed form by mail weekly during approved training to the TRA Unit, P.O. Box 280450, Nashville, TN 37228.
12. I understand that **I** **cannot** start training prior to an approved notice from the TAA Coordinator.
13. **I** understand that **I** **must** notify my local Career Center TAA Representative of any changes pertaining to my approved training.
14. **I** understand that any request for changes from my classes scheduled **must** come from the school.
15. **I** understand **I** **must** provide a copy of all classes scheduled for the upcoming term and a copy of my grades to my local Career Center TAA Representative.
16. **I** understand I **must** report to the Career Center at least every sixty (60) days to discuss my training progress with my local Career Center TAA Representative.
17. **I** understand should **I** withdraw from training for any reason I **must** notify my local Career Center TAA Representative immediately.
18. **I** understand that **I** **must** notify my local Career Center TAA Representative upon completion of training.
19. I understand that I **must** notify my local Career Center TAA Representative when **I** obtain employment.
20. **I** understand that **I** **cannot** submit weekly certification after completion of training or during weeks of break greater than thirty (30) days.
21. **I** understand failing to abide by these requirements may jeopardize my entitlement to continue with my trade approved training and/or Trade Readjustment Assistance (TRA) Benefits.

I understand that **I** have the right to appeal if I disagree with the training determination by the Central office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the Career Center where the TAA claim was taken or by letter to the Appeals Tribunal, TN Dept of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Worker's Signature _____ Date _____

TAA Representative's Signature _____ Date _____

Tennessee Department of Labor and Workforce Development

TAA/WIA Training Assessment Referral

EXAMPLE

LWIA _____

Petition # _____

Claimant Name _____ SSN _____

Address _____ Phone _____

_____

Last Employer _____ Separation Date _____

D No suitable job opening as of _____

_____

TAA Staff Member

TITLE I STAFF

Please complete applicable items and return to TAA staff.

D Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual.

Assessment Scheduled _____ Assessment Completed _____

Current Enrollment/Prior Completion Title I Training

D Date applied for Title I training: _____

Date scheduled to enter training _____

Date entered training _____

Projected Completion Date _____

Training Job Title _____

Applied for PELL Grant DYES D NO Status of PELL _____

Name and Address of Training Facility: _____

_____

_____

_____

Training Completed: _____

Type of Training:

D Occupational Training

D Remedial Training (GED)

D On the Job Training

Training Is Recommended By Title I Staff:

D Occupational Training Type: _____ Funding Source: _____

Training Facility (ifknown) _____

D Remedial Training D (OJT) (Explain) _____

D Other _____

Training Is Not Recommended By Title I Staff:

(Explain) _____

_____

LWIA Representative	*Date*	*Location*	*Phone*

LB-0738 (R 01/08)

Individual Diagnostic Profile

9<1497

Survey EXAMPLE

Name

ID Number _____ Test Date/ _5__ 1

Examinet/Teacher____

Schooi/Progrtlm_J

DIRECTIONS

Identifying Data:Record the EKamir"lee's Name, ID Number, Test Date, E amlner's or T acher's Name, School or Program, e no Test orm in the appropriate spaces,

Part 1. Surrunary of ScorBe ,.nd I>ercentlle Rartk Profile

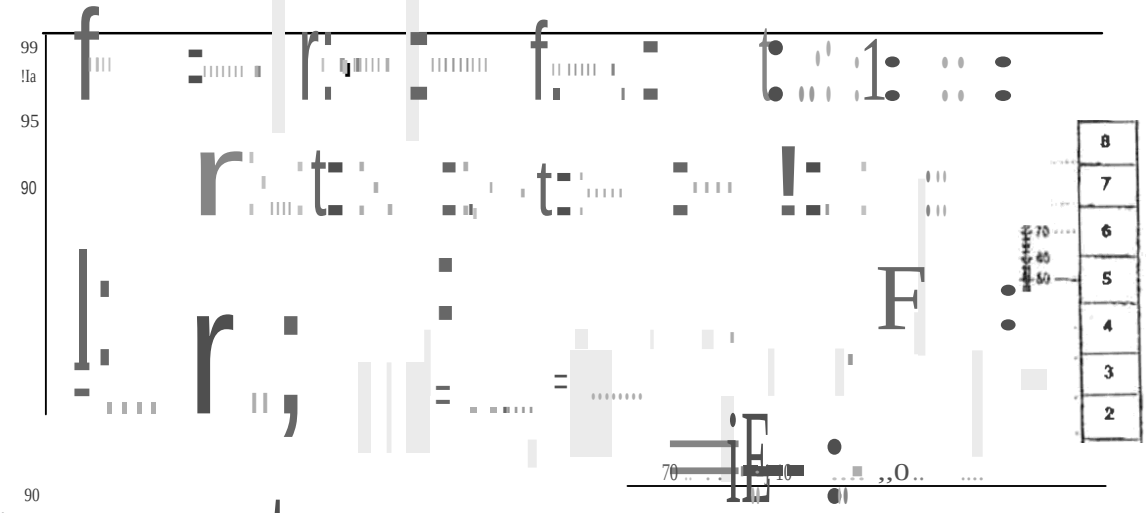
1) In the profila section below, enter th6 number of correct responses fqr each \est in the spaces labeled "Number-Correr;lScore."

2) RGfer to the t ble in the Norms Bo It 10 convnrl th number-correct , c fet los le scores.The &cale score for Total Mathematics Is obtained by ilverafj ng ttte scala scores IIf the two r'rldthematics i.es1s, The sor!lil bor lor Total Bal\6ry IS obtarned by averagmg ll'e u■ e score of Reading. Total M!Jhemalic;,.and Language.

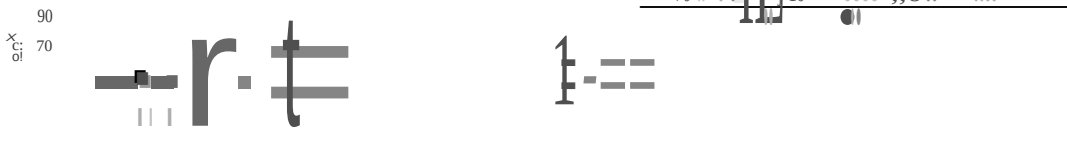
3) Refer to !hll appropriate l bles In the Norms 13ook to obtain Otl)er liCOres suh as p1Hcentile ranks and graae equivalents. Enter these score10 in the appropriate spaces. The corresponding stanine lor percentile rank can be determineO by rererring to the tar right-hand cOlumn olthe graph. The Number ot Objectives M o stered can l:le aummart!.ed from the Information In Pan 2.

4) Percentile ranks are provided for two relerence groups: ABE and ABE-Jvvenil9. ABE is inelusiV6 of all ages, inetitution types, anc;l accommodations lor all students in the TABE no.-ming sample. ABE·JUVGI'lile Is a subgroup of ABE ano incfvdes only those srudents age 14 through 20 If rcentile ranks ar9 being MC:orood, pul a, ctleck marl\ in the box Mxt to the appropriate relerenc:e group. Onltte !;}l!ll)h, make a short. heav)l ne aC(OM the vertical bar at the point that corr&&PQfldS to ltle percentile rank for each 19&1 and total. The position of theee lInM an the profile glvgs a graphic representation ol1t1e examinee's rela111!e achievement in the !<;lSl COr"llant areas..

TEST	1 Reading	2 Ma\hema\ics Computation	3 AP!'lied Mathematics	lol!!l M them•• • ('tests 2 :+-3.	4 L nguBga	Total e IV	5 Vocabulary	6 Lang(4age MechaniC$	1 Spelling
Poslt:>le Numt;>a1·Corrac! Sr.ore	:25	25	25				2()	2Q	
Number-Cott'9Ct ScorG	.21.	_1l_			_1s				
Scil\'3 Score·	bD	S'Yj	02	s-93	_8_1.0				
Psrcenr.lle RMk									



Refernce Gr<)up.9: O ABE



O ABE-Juvenile

04/05/2016 11:12 1-731-885-8203

TABE

TESTS OF ADULT BASIC EDUCATION

FORMS	LEVEL
9 10	

Adult Ed #38 Test Form 9D

Equivalent		11.2	7.8	12.9+	10.9	12.9+				
Number of Objectives Mastered										
Number of Objectives Mastered	5				6	26	3	2	3	
	6			15						

'Scale Score for Total Mathematics" Scale Scores for (Test 2 "'Test 3)., 2
·Scale Score for Total Boj\ery S h•s-or.., for (Tt 1 "'TotalMalhemali+T.,(ll4) 3

CTB
tM McGraw-Hill

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07 08 VHG 13 12 11 10 9 8

EXAMPLE

TENNESSEE C()LLEGE OF APPLfED TFCHNOLOG'{

,; r\VB F RN

Tennessee College of Applied Technology - Newbern

\VddinTechnology

Program l.t!Vt•l -Undergraduate certificate
l'rogr.1 m l.ength - i2 nwnths

How much will this program cost me?•

Tuition and fees: $3,555
Books and supplies: $1,148
On-campus room & board: *not offered*

What other costs are there for this program?

For further program cost information click here.

• The amounts shown above include costs for the entire program, assuming normal time to completion. Note that this information is subject to change.

How long will it take me to complete this program?

The program is designed to take 12 months to complete. Of those that completed the program in 2014-2015,58% finished in 12 months.

What are my chances of getting a job when I graduate?

The job placem rate for students who completed this program - 74%.

For further information about this job placement rate, click !1§@..

What financing options are available to help me pay for this program?

Financing for this program may be available through grants, scholarships, loans (federal and private) and institutional financing plans. The median amount of debt for program graduates is shown below:

Federal loans: $0
Private education loans: $0
Institutional financing plan: $0

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–n ir. tio. <
011. .1* ..wllln..t
totNJ m.

For additional information rclo1tcd to this program and/or the information provided above, click here.

Date Croatod: 1/29/2016

Return to Website

i) *For help click the question mark icon.* **EXAMPLE**

Your search found 4 job(s), representing at least 6 position(s), that matched your search criteria. Change your search criteria. Save this Job Search.

To refer a job, select the check box for the job(s) and click the Refer link at the bottom of the table.

Results View: **Summary** | Detailed
To sort on any column, click a column title.

Hide potential duplicate jobs

E DODD

03/24/2016 9:34:00 AM	Arc Welder	GMP Metal Products	Humboldt, TN	N/A	44%	Yes		2

... Welder FLSA Status: Non-Exempt Department: Reports To:

03/24/2016 9:33:00 AM	Machine Operator	GMP Metal Products	Humboldt, TN	N/A	44%	Yes		4

... welders, drill press, hand tools, etc. Should be familiar with the different types measuring devices in checking parts: to include micrometers, squares, calipers, etc. Must be able

02/04/2016 9:47:00 AM	Mechanical Maintenance	PolyOne Corporation	Dyersburg, TN	N/A	69%	N/A		4

... welder. etc. Uses hand tools and pneumatic tools to modify or repair parts and equipment.- Installs new or repairs/modifies hydraulic and pneumatic equipment as needed. -Improves relia

08/04/2015	Mechanical Maintenance	PolyOne	Dyersburg, TN	6%	38%	N/A	N/A CORP	4

... welder. etc. Uses hand tools and pneumatic tools to modify or repair parts and equipment.- Installs new or repairs/modifies hydraulic and pneumatic equipment as needed.- Improves reliability and uptime of all equipment. Takes a proactive approach to equipment issues with a preventive maintenance mentality. - Operates forklift and hydraulic workin

Refer
Map

Source: [Preferred Employer]. CORP [Corporate], EDU [Education Institution], GOVT [Government], HOSP [Hospitals], NIX [National Labor Exchange]. NEWS [Newspaper J, PJB [Private Job Board]. RECT (Recruiter J, SM [Social Media J, SJB [State Job Board], VOL [Volunteer]

Key Match: 1 [Keyword or phrase matched the job title exactly]. 2 [The keyword or phrase was in the job title]. 3 [At least one keyword was in the job title]. 4 [The exact keyword or phrase was in the job description), 5 [At least one keyword was in the job description]. 6 [Keyword matched was in the occupat"lon title). 7 [Keyword matched was in an alternative (lay) job title). B [Keyword matched was in occupation description]

Records per page: 25

[Change job search criteria]

EXAMPLE

Welding
Course Curriculum

Program Mission: To offer every student the opportunity to develop the skills, knowledge, and attitudes leading to gainful employment in the welding industry.

ALL AVAILABLE CERTIFICATES AND DIPLOMAS
EXIT LEVELS

# of Trimesters	Certificate/Diploma Title	Estimated Hours to Complete	Estimated Days to Complete
1 Trimester	Welders Helper Certificate /Shielded Metal Arc Welder Certificate	432	72
2 Trimester	Gas Metal Arc Welder/Flux Core Arc Welder Certificate	648	12.2
3 Trimesters	Gas Tungsten Arc Welder Certificate	1,296	2.16
3 Trimesters	Combination Welder Diploma	1,296	216

1n Trimester
WELDERS HEIPER CERTIFICATE /'S fEIDED METAL ARC WELDER CERnFICATE

Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD 1001, 1010, 1015, 1111,	Technology Foundations / Work Ethics /OSHA / Shop Orientation & Safety	27	4.5
WELD 1301,1201	Intro to OXY-FUEL Rig / Welder Helpers Certification	54	9
WELD 1401, 1102,1501,1601	OXY-FUEL Cutting Process/ /OXY-FUEL Welding/ Soldering/Plasma Cutting	27	4.5
WELD 1701	Basic Shielded Metal Arc / SMAW 6010 Flat	54	9
WELD 1701	Shielded Metal Arc 6010 / Horizontal/Vertical Overhead	54	9
WELD 1701	Shielded Metal Arc 7018 Flat / Horizontal	54	9
WELD 1901	Shielded Metal Arc Welding 7018 Vertical / Overhead	54	9
WELD 1901	Shielded Metal Arc Welding Vertical 7018 3G Test Plate	54	9
WELD 1901, 1801	Shielded Metal Arc Overhead 7018 4G Test Plate / Review ofSMAW	54	9
Total Estimated Hours/Days		432	72

EXAMPLE

2nd Trimester (lAS METAL ARC WELDER CERTifiCATE			
Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD 3001	Gas Metal Arc Flat / Horizontal/Vertical/Overhead	54	9
WELD 3001	Gas Metal Arc Flat 3G/4G Test Plate	54	9
WELD 3201	Flux Cored Arc Welding Flat / Horizontal/Vertical/Overhead	27	4.5
WELD3201	Flux Cored Arc 3G/4G Test Plate	54	9
WELD3301	Gas Tungsten Arc Welding	54	9
WELD3301	Gas Tungsten Arc 3G Test Plate	54	9
WELD2101	SMAW- Mild Steel Pipe- Uphill all / Practice	54	9
WELD 2001, 3101	Blueprint Reading / Blueprint Fabrication	27	4.5
WELD2101, 2001,3101	SMAW Mild Steel Pipe Uphill 5G /Blueprint Reading/ Blueprint Fabrication	54	9
Total Estimated Hours/Days		432	72

3rd Trimester GAS TUNGSTEN ARC WELDER CERTIFICATE/ CoMBINA110N WELD£R DtPLOMA			
Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD2101, 2001,3101	SMAW Mild Steel Pipe Uphill SG /Blueprint Reading/ Blueprint Fabrication	54	9
WELD 3401	Pipe- Gas Tungsten Arc All Positions	54	9
WELD 2101, 3401	GTAW Root/ SMAW Filler & Cap Mild Steel Pipe 5G	54	9
WELD 2101, 3401	GTAW Root/ SMAW Filler & Cap Mild Steel Pipe 6G	54	9
WELD 3001	GMAW Mild Steel Pipe Practice Uphill/ 6G Test	54	9
WELD 3301, 3401	Gas Tungsten Arc Welding Advanced/Aluminum	54	9
WELD 3301, 3401	Gas Tungsten Arc Welding Advanced/Stainless Plate	54	9
Weld 3401, 3501	Stainless Steel Pipe / Diploma Completion Test	54	9
Total Estimated Hours/Days		432	72

EXAMPLE

TENNESSEE COU,EGI':OF APPLIED TECHNOLOGY-NEWBERN
Estimated Student Cost Sheet
Welding Technology Program (l Year Program)
2015-2016

Class Meet.s Monday through Friday 8 00 am-2:30pm
204 South Second St, Union City, TN
Dyc burg High School, Dyersburg, TN

		Sales Tax Exempt:		With Sales Tax:	
1st Trimester					
Tuition		$1,175		$1,175	
Student Activity Fee		$10		SIO	
Welding Fee		$100		S100	
Tooling U Subscription		$313		$313	
Welding Rook/Workbook		$145		$145	
Printrcading for Welders		$71		$71	
•Welding Kit (includes items lislt'd below)	••	$395		$432	
Welding Helmet (Auto darkening)					
Safely Glasses					
Welding Glows	•				
Chipping Hammer	•				
Culting Glasses	•				
Grinder (Usually 41/2 in Electric)					
2- Pliers	•				
Wire Brush	•				
Shield					
Tape measure					
Striker, respiratm, lens					
Soap stone, tip cleaner, tank wrench ear plugs					
Welders cap. File, Weld gauge, tip cleaners					
Welding Jacket/Sleeves and Rib	••	$133		$146	
Head Phones For Computer		$9		$9	
OSHA 10 Hour Training		$32	$1,098	$32	$1,148
lsi Trimester Books/Supplies		$2,383		S2,43J	
2nd Trimester					
Tuition		$1,175		S1,l7S	
Student Activity Fee		$10		$10	
Welding Fee		$1(10		$100	
2nd Trimester Books/Supplies		$1,285		$1,285	
Jrtl TrinK.oster					
Tuition		$1,175		$1,175	
Student Activity Fee		$10		S10	
Welding Fee		$100		S100	
Jrd Trimester Books/Supplies		$1,285		S1,28S	

•TOTAL	TUITION	WELDING FEE	BOOKS/SUPPLIES	STUDENT ACTIVITY FEE
TOTAL - Tax Exempt	$3,525	$300	$1,098	$30
TOTAL- With Sales Tu	$3,525	$300	$1,148	$30
ADDITIONAL COST				
GRADUATION FEE	$31			

"TOTAL FEES AND SUPPLIES- Tax Exempt	$4,984
"TOTAL FEES AND SUPPLIES- With Sales Tax	$5,034

*This is only an e5timated cost.
Book prices are subject to change with each new o•·der.
Student progress may vary and may •ITI ct items needed for each trime.•ter
Prior to making purchases through a third party or online bookstore, we recommend contacting the TCAT bookstore ror verification of current ISBN numbers and editions.

- - Item subject to sales taK.

Revised 12-10-2015

EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Signature of Authority for Training Facility Officials

Trade Act of 1974, Amended 2002

Trainee SSN	Trainee Name First MI Last	Enrollment Date

Name of Training Facility _____

Address of Training Facility Street _____

_____

City _____ State ____ Zip Code _____

OTAA FUNDED

Weekly Request for Allowances by Worker in Training, LB-0429

Individual authorized to sign claimant's weekly claim

Name	Date	Signature	PhoneNu

Invoice TA-2

Individual authorized to bill the TN Department of Labor and Workforce Development for training costs

Name	Date	Signature	Phone Number

D OTHER SOURCE OF FUNDING _____

Name of Entity Funding Training _____

Address of Entity Funding Training Street _____

_____

City _____ State Zip _____

Contact Name _____ Phone Number _____

Weekly Request for Allowances by Worker in Training, LB-0429

Individual authorized to sign claimant's weekly claim

Name	Date	Signature	Phone Number

Agency Representative _____ Date _____

LB-0898 (R. 01/08)

TENNESSEE COLLEGES OF APPLIED TECHNOLOGY

TCAT- NEWBERN

2016

SPRING TRIMESTER

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						Jt

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					
						21

March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
						17

April

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						li

72

SUMMER TRIMESTER

May

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
			i			21

June

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
						15

July

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						19

August

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
						17

72

FALL TRIMESTER

September

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
						19

October

S	M	T	W	T	F	S
						1
2	3	4	5	a	1	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					18

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						20

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						15

72

-STUDENT HOLIDAYS

CJSTUDENT AND STAFF HOLIDAYS

CJADMINISTRATIVE CLOSING STUDENTISTAFF

0STUDENT HOUDAYS/ INSERVICE

rmTRAINING DAYS FOR THE MONTH

CJBEGINNINGIEND Of TRIMESTER

Note: * There must be 72 training days in each trimester.

EXAMPLE

Google Maps 220 French Landing Dr, Nashville, TN 37228 to Motlow State Community College Drive 25.1 miles, 32 min

220 French Landing Dr
ashville, IN 37228

Get on 1-65 S from Rosa L Parks Blvd

3 min (0.8 mi)

t 1. Head southwest

46ft

. , 2. Turn left toward French Landing Dr

95ft

r+ 3. Turn right onto French Landing Dr

249ft

r+ 4. Turn right onto Vantage Way

01 mi

. , 5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd

0.4 mi

I. 6. Use the right lane to merge onto 1-65 S via the ramp to Memphis

0.2mi

Take 1-24 E to TN-266 N/Sam Ridley Pkwy W in Smyrna. Take exit 668 from 1-24 E

22 min (21.1 mi)

I. 7. Merge onto 1·65 S

0.3mi

r+ 8. Keep right to stay on 1-65 S, follow signs for 1-40 EJKnoxville/Huntsville

2.4mi

't 9. Keep left at the fork to continue on 1-40 E, follow signs for 1-24 E/Knoxville/Chattanooga

I .Omi

r+ 10. Keep right to stay on 1-40 E

2.1 mi

f 11. Keep right at the fork to continue on 1-24 E, follow signs for Chattanooga

15 0 mi

12. Take exit 66B for Sam Ridley Pkwy/TN-266 E toward Smyrna

02mi

Continue on TN-266 N/Sam Ridley Pkwy W. Drive to Motlow College Blvd

7 min (3.1 mi}

I. 13. Merge onto TN-266 N/Sam Ridley Pkwy W

2.4mi

EXAMPLE

+t 14. Turn left onto Motlow College Blvd
O Destination will be on the left

0.7 mi

Motlow State Community College
5002 Motlow College Boulevard. Smyrna, TN 37167

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

EXAMPLE

Fonn **W-9**
(Rev. December 2014)
!lepar1nm of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

1 Name (as *!ihOvm* on your income lax re1urrNamo If. fCCLilted on litis line; do no1 leave lhci In"!o bInnk.

2 Busll)e$$ name/disregarded entity name, If dmeren1 from abOve

3 Check appropriate box for federaltax classificat1011: check only or the following saven boxes:

O Individual/sole proprietor or single-member LLC O C Corporation O S Co<poration O Pnrtroership O Trustlestato

O Limited liability company. Enter the lax classification (C=C corporation. S S corporation. P=par1ner.;hip) .,.

Note.For a single-member UC that is disreg;ud<ld. do not check LLC;check the appropriate box in the Une above !or the tax classification of the single-member owner.

O Other (1000 rotructlan!!) ..

4 Exemptions (codes apply only to certain entities, not individualS; see instructiOns on page 3):

Exempl. payee code *[If* any) —

Exemption from FATCA reporting code (if any) —

ID TQ - US.)

5 Address (number.strC!el. and apt. or sullo no.)

Requester's name and address (optio!lo

6 City. slate, and ZP code

7 List account nu s) 11010 (optional)

Taxpr Identification Number (TIN)

Enterycxn:TIN in_the box. TIN provided must_match tname given on line 1 to avoid backup withhok:tlllg. For rndrviduals,this IS generally your SOCial security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity. see the Part I instructions on page 3. For other entities, It ill your employer identIfrcation number (EIN). If you do not have a number, see *How to get a 17N* on page 3.

Note.If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for idelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this fon-n Is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not wi:>Jo<l *to* bael<up wiU,holdIng beCause: (a) I am exempt from backup withholding, or (b) I have not been notified by the InternalRevenue SeMee (IRS) that I am subject to backup wll hholding as a result of a failure to report all Interest or dividends, or (c) the IRS has notified me that I am no looger subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form Qf any) indicating that I am exempt from FATCA reporting is correct.

Certlfio<ltiOf1 instructions.You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding becauso you have failed to report aN interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured PfOperty, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payiTlCflts other than interest and dividends, you are not required to sign the certifrcation. but you must provide your correct TIN. See the Instruct ons on page 3.

Sign Hete | Signature of U.S. petSOO I" Date.,.

GeneralInstructions

Section references am to the Internal Revenue Code unless otherwise noted.

Fw.-e developments. Information about developments affecting Form W-9 (such as legislation enac::ted after we release h) is at *www.irs.gov/fw9.*

Purpose of Form

MIndividual or enI y (Fecm W-9 OO!ikw) who 13 required to n rnronnmton rIIIum h the IAS rrlust OblIIIn yOUt com>c. I tIIIpIIyIIIIdotIIIfiCOliO< nu!T\bQ< (fiN) which *mlly* be your soo IIl<laJrily numbor (SSN). irod"'od 13tIIV< ·yor ldL'IIhtlcallon nurnt>er(ITIN). ndop!loo I PiI)/00 JdefNficalloo numbclr!ATIN), or \ployIIt" odonliflcatl()ll num IN), repo<1 on M in!Of'mllltlon relum tho MIQIJht paJU to vou. Or other ount n!pO!tnblo oo n infO(rl\flon 111'um. Ex "Pio9 I Information rotums Inclucto, tM w nat hmlted o. tho fOllowing:

- Fonn 109!HNT (interest oam«J or paid)
- Form 1099-0N (dividends. incll.lding those from stocks or mutual funds)
- f'orm 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by broke<s)
- Form t 099-S (proceeds from real estate transactions)
- form I 099-K (merchant card and third pnrty network transactions)
- Form I 09II (home mortgage Interest). I O!III·E (student loan interest). 109II-T (tuition!
- Form 1099-C (cai"!Celed dobt)
- Form 1099-A (acquisitkm or abandonment oJ secured property)

Use fonn W-9 only if you are a U.S. pQf$011 Qncl\lding a resi(loot alien), to provi<le your correct TIN.

If you do not *mtum* Fonn *W-9 to !he requester with* a *TIN, you might be subject* fo *backup withholding.* See *What* is *backup withholding?* on page 2.

By signing lhe filled·out fonn. you:

1. Certify that the TIN you are giving is correct (or you are waiting lor a number to be issued).
2. Certify that you are no1 subject to backup withholding, or
3. Claim o cmpIloo from backup "li1hholdln(lll ou a P US e empt pay , It nppUcnt>lo. you aHIIIIOO cent ying I hot .,_, n US. person, your allocIlblo :;two or ny nIIfIIIIIp inr.nml" from a U.S tro<lo or bU:Iin<Mm III not cubjoot to lhC! whnhold1ng lroc on tor Jon partn« •&l'late of nIfoctlvcly con !id locomc. and

.:. C!!rlify that FATCI\code{:I) tered on this torm (if any) indicating that you are e. <empt from the FATCA reporting. is correct. See *What* Is *FATCA reporting?* on *page* 2 to- funlnlorm lion

EXAMPLE

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA Training Packet Checklist

Participant's Name	SID	Petition Number	AJC#	Start Date

- O VOS TAA Application, sign and dated by participant
- O VOS IEP-Goal & Objectives toward training, sign and dated by staff and participant
- O TMQ I (shown as TMQ4) Benefit History Master
- O LB- Financial Statement
- [{] LB-0738 TAA/WIA Training Assessment Referral from the LWJA
- O TABE Information
- O Supply & Demand information or School Placement Rate
- O Academic Plan (courses and hours planned for each session) or Course outline for TCAT
- [Z] Total Cost Sheet showing total of tuition, books, and supplies broken down by term
- [Z] List of all books, supplies, tools with cost for each item broken down by term
- [Z] LB-0898 Signature of Authority (both training facility and outside vendors)
- O School Calendar (identifying breaks in training that are over 30 days in length)
- D Comparison between a TCAT or state school if a private training facility is being requested.
- [Z] Mileage documentation
- D LB-1089 Willing to Commute Statement (when demand is outside the worker's commuting distance.)
- [Z] LB-1092 Worker Training Agreement and Responsibilities
- D Case Notes are Up to Date
  - Include Education Level, i.e. GED, Certificates, Diplomas, Degrees, field of study, dates received, and from what training facility.
- |Z] W-9 (when training requires travel outside the commuting area of 50 miles.)

COST SUMMARY:		COMMENTS:
Training Contract Amount		
Bookstore Contract Amount		
Vendor Contract Amount		
Total	$0.00	

BENCHMARK EXAMPLE

Example

TennessH

TRADE AOJIJSTMENT ASSISTANCE PROGRAM
Train1rg Bancnmark Rev•ew

Name: State 10: Application 10: 300680944

Petition; Re11iew Dllte: 6128/2016 Benchmm 10: 993

Trmning Activity	Provider	Program	Actual Begin Date	Projected End O.	Actual End Data	Completion Status
300 • Occupat\Clrlal j Skils Training·, ; ^ Pl'Oitidet' Lilt TJ	TENNESSEE COLLEGE OF APPUED TECHNOLOGY AT NEWS RN	WELDING	51212016	4/2912017		

BeQinning DIU of Benchmartl Perfod: 51'212016 EndiO. of Benchmark Period: 6/2812016

lathe partlc:lpant lftalntaining utiat.dory academic atanding(e.g.• not on probMion Gr determined to be •at r1sll" by the Inalructor or !raining Inalltutlon)? Yes

Is lie participant •chedt.lled to complete training 1NHtun the limeframea identified in the approved tnllning plaft? Yes

Supporting Evidence:

Participant Signature: Date:

Staff Signature

Date: Appe.. Righb
If :;OJ do not agree W'llh natt'lOu ntNe hftaar aays (15) 'rom the date mated in vtftuch to file an appeal Ally appnl snould be ftfed through !he Workforce Centeryoo Origl'\lllly flea your ctatm. If you cannot contac1 the olfice 1n ;Jenan in the lime ,.owed, wn1e *01* call that office In your letter you must exp'-n ..vl'ly yoo disagn.e Wllh tne determinat>an and provide oocumenlatioo

JOB SEARCH EXAMPLE

EXAMPLE

Department of
Labor & Workforce Development

Trade Adjustment Assistance Job Search Allowances Application

Trade Act of 1974 as Amended by the Trade Act of 2002, 2009, 2015

I. General Information

Participant Name _____
State ID _____
Petition Number
2002, 2011, or 2015 Max. Allowance $1250
2009 Max Allowance $1500

8

JS Application Start Date _____
JS Application End Date _____
JS Remaining Balance _____
JS App Deadline per Qualifying Separation _____
JS App Deadline per Petition Certification _____
JS App Deadline per Training End Date _____

II. Eligibility Criteria

1. You must be covered by a certified TAA Petition.
2. You must apply and be approved for Job Search Allowances prior to commencing a job search activity and before incurring any expenses.
3. The job search activity must be 10 miles or more away from your residence *(as defined by Google Maps, Rand McNally, Yahoo Maps).*
4. Suitable employment must not be available within a 10 mile radius from your home.
5. You must be totally separated from employment with your Trade-affected company.
6. You must complete a Job Search Allowances application within
   a. 365 days of petition certification;
   b. 365 days of most recent qualifying separation; or
   c. 182 days after conclusion of training.

III. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are as follows:
   a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
   b. 2009 Amendments – 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time.
4. Lodging and meals will be paid up to *either* 50% of the federal allowable daily rate for the travel destination (http :1/www .gsa.gov/oortal/category/21287) or the actual cost, whichever is less. *(only applicable if travel is over 50 miles one way)*
5. Only allowable job search activities *(as described in section IV)* will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation *(as described in section V),* in order to receive payment.

IV. Job Search Activity Definition

In reference to TAA Job Search Allowances, approved job search activities are:

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a resume;

RDA 1586

EXAMPLE

5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/resumes, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC *(Example interview preparation meeting with a headhunter or private placement agency);*
7. Attending a job fair or professional association meeting *(for networking purposes);*
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
   - Obtaining and using local labor market information;
   - Participating in skills assessments for occupation matching;
   - Attending job finding clubs;
   - Participating in pre-vocational workshops, incl. soft skills, resume writing, interviewing skills, etc.; or
   - Obtaining and following up on job referrals from AJC staff.

V. Required Documentation for Reimbursement

1. A copy of the approved Job Search Allowances Benefit Rights, Obligations, and Application.
2. A Job Search Activity Verification form, fully completed and signed by an authorized representative at the institution where a meeting takes place or services are sought (Example: library attendant, AJC staff, employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare, etc.);
5. Meal receipts; *(only applicable if travel is over 50 miles one way),* and
6. Lodging receipts *(only applicable if travel is over 50 miles one way).*

VI. Participant Attestation

By signing below, I affirm the following:

1. I have read and understand the above terms.
2. I was afforded the opportunity to ask questions regarding Job Search Allowances and all of my questions were answered satisfactorily.
3. I understand that giving any false information or withholding information in order to obtain or increase benefits is **FRAUD** and can subject me to liability to repay overpayments, program disqualification, and criminal prosecution with penalties ranging from fines to up to 10 years imprisonment.
4. I understand that this job search application will expire on and that any job search activities conducted after that date will not be covered.
5. I understand that upon expiration of this application, I can reapply for further allowances if my balance is not exhausted.
6. I will be responsible for submitting a completed and signed Trade Adjustment Assistance Job Search Activity Verification form, including all applicable and acceptable backup documentation (as described in section V), in order to receive payment.

I give this information to support my request for payment of a job search allowance under the Trade Act of 1974, as amended. The information contained in this request is correct and complete to the best of *my* knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

Participant Signature _____ Date _____

TAA AJC Representative Signature _____ Date _____

EXAMPLE

VII. Eligibility Determination (FOR C.O. USE ONLY}

1. Is the applicant eligible for TAA? Ges 0No
2. Is suitable employment available within the commuting area? O'es 0No
3. Is the customer totally separated from employment with the Trade-affected company? DYes 0No
4. Is the Date of Request within: § 365 days of most recent qualifying separation? § 365 days of petition certification? § 182 days after conclusion of training? Ges 0No

VIII. AGENCY VERIFICATION OF JOB INTERVIEW

BA completed Trade Adjustment Assistance Job Search Activity Verification Form
A Letter from the Company Official verifying interview
0Phone conversation with the Company Official verifying interview
0Email from Company Official verifying interview

Per the Trade Act of 1974, as amended, the above-named applicant is DeligibleOnot eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed $ __ __ __ __ __

TAA Coordinator/Merit Staff _____ Date _____

APPEAL Rights- You have the right to appeal this determination within 15 days from the date the notice is mailed. You may file an appeal by letter to the Appeals Tribunal, TN Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, Tennessee 37243-1002, by Fax 615-741-8933, or you may file through the office that filed your request. Your Social Security Number must appear on all correspondence.

RDA 1586

EXAMPLE

Guidance for Trade Adjustment Assistance Job Search Allowances Application.

This form must be filled out for the worker to apply for job search reimbursement funds. It must be completed before the job search begins.

Section I: General Information to be completed by TAA representative

1. Input name, State Id Number, Petition Number
2. Check box corresponding to which amendment the worker falls under
3. Enter the application start date (the day they apply for the job search)
4. Enter the day the job search application will end (30 days from the application start date)
5. Enter Job Search Allowance Remaining Balance, this will be $1250/$1500, depending on the petition, minus whatever has already been spent on previous job searches. (Amount spent on previous job searches can be found in the VOS on the TAA Budget Plan section of the previous 237 activity)
6. Enter application deadline per qualifying separation, application deadline per petition certification and application deadline per training end date. (all can be found on training application in VOS under TAA Calculations)

Section II: Eligibility Criteria

1. Discuss with the worker the 6 eligibility criteria.

Section III: Payment Criteria

1. Make sure the worker understands the 7 payment criteria listed in this section.

Section IV: Job Search Activity Definition

1. Discuss with the worker the Activity Definition to ensure they understand what can be covered.

Section V: Required Documentation for Reimbursement

1. Review with the worker the needed documents for submission for reimbursement after the job search has completed.

Section VI: Participant Attestation

1. The expiration date in line 4 should be completed for you. (30 Day completion date) If not please indicate the 30 day deadline date here.
2. Have the worker read this section and ask if they have any questions.
3. Have worker sign and date it.
4. You sign and date it.

Section VII: Eligibility Determination

1. This section is to be completed and filled out by the Central Office (C.O.)

EXAMPLE

IMI Labor & Workforce Development

Trade Adjustment Assistance Job Search Activity Verification

Dear Madam or Sir,

Whether you provide direct job offers or a service that is utilized for successful job search strategies, we would like to thank you for being an integral part of the TN Dept. of Labor & Workforce Development's Trade-affected Dislocated Workers Program. We greatly appreciate your efforts of returning Tennesseans to suitable employment.

By signing the statement below, you provide the necessary documentation to reimburse a participant for costs incurred with job search activities (within parameters of eligibility).

Thank you in advance for your collaboration.

Sincerely,

The TN TAA Team

PLEASE PRINT CLEARLY

Participant Name:_____ State ID: _____

Employer/Service Provider: _____ Contact Person, Title: _____

Complete Address _____ Contact E-mail: _____

_____

Phone: _____ Job Search Activity Date: _____

Job Search Activity Type: _____ Job Search Activity Time: _____

By signing below, I certify the information provided above is correct to the best of my knowledge. I understand that willful misrepresentation made to obtain allowances to which the participant is not entitled may result in serious penalties. Additionally, I understand that I may be contacted by a TAA staff member at the information listed above in order to verify this job search activity.

Comment:_____

_____

_____ _____

Employer/Service Provider Signature Date

EXAMPLE

Guidance for Trade Adjustment Assistance Job Search Activity Verification

This form is used to verify the workers job search activates. Please refer to the Trade Adjustment Assistance Job Search Allowance Application, Section IV to see what activities require this verification form.

The steps you will take are:

1. Fill in the participants name and State Id number.
2. Keep a template copy of this and give a copy to the worker.
3. Make sure you instruct them to fill in all the information requested and to have it signed by the potential employer/service provider.
    a. Without the information or employer/service provider signature, we cannot process the reimbursement.
4. Collect all verification forms for all job search activities and employers/service providers at the end of the 30 day job search activity time frame.
5. Add these verifications to the packet uploaded to VOS.
6. Notify Central Office the packet is ready for review.

EXAMPLE

Go. ·gle Maps

220 French Landing Dr, Nashville, TN 37228 to 220 French Landing Drive, Nashville, TN

Drive 74.2 miles, 1 h 22 min

220 French Landing Dr
Nt1shvi!k. 1 f\ 3722B

Get on 1-65 S from Rosa L Parks Blvd

3 min (0 8 mi)

t 1. Head southwest

46ft

., 2. Turn left toward French Landing Dr

95ft

r+ 3. Turn right onto French Landing Dr

249ft

r+ 4. Turn right onto Vantage Way

0.1 mi

., 5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd

0.4 mi

1. 6. Use the right lane to merge onto 1·65 S via the ramp to Memphis

0.2mi

Take 1-24 E to TN-96 E/Oid Fort Pkwy in Murfreesboro. Take exit 788 from 1-24 E

31 min (32.8 mi)

1. 7. Merge onto 1·65 S

0.3mi

r+ 8. Keep right to stay on 1-65 S, follow signs for 1-40 E/Knoxville/Huntsville

2.4 mi

'\' 9. Keep left at the fork to continue on 1·40 E, follow signs for 1·24 E/Knoxville/Chattanooga

1.0 mi

r+ 10. Keep right to stay on 1·40 E

2.1 mi

f 11. Keep right at the fork to continue on 1-24 E, follow signs for Chattanooga

26.7 mi

12. Take exit 788 to merge onto TN-96 E/Oid Fort Pkwy toward Murfreesboro

0.2mi

1. 13. Merge onto TN-96 E!Oid Fort Pkwy
O Destination will be on the right

3min (1 3 mi)

38 min (34.9 mi)

EXAMPLE

1313 Old Fort Pkwy
Murfreesboro, ▮ N 37! 29

Get on 1·24 W

4 min (1.9 mi)

f 14. Head east on Old Fort Pkwy toward Golf Ln/New Salem Rd

0.3mi

r+ 15. Turn right at the 1st cross street onto New Salem Rd

1.2 mi

A 16. Use the right lane to take the ramp to Nashville

0.4mi

Fallaw 1 24 W to US 41 ALT/Rosa L Parks Blvd in Nashville. Take exit 85 from 1·65 S

32 min (34.1 mi)

A 17. Merge onto 1-24 W

29.8 mi

f 18. Keep right at the fork to stay on 1-24 W, follow signs for Clarksville/Louisville/Interstate 65 N

2.7mi

19. Use the left 2lanes to take exit 46B to merge onto 1-65 S toward 1-40 W/Huntsville/Memphis

1.4mi

t-' 20. Take exit 85 for US-41 Alt/Rosa L Parks Blvd toward State Capitol/Farmers Market/Metro Center

0.1 mi

.. , 21. Keep right at the fork, follow signs for U.S. 41 Alternate N/Metro Center/Watkins College and merge onto US-41 ALT/Rosa L Parks Blvd

427ft

Continue on US-41 ALT/Rosa Parks Blvd. Drive to Mainstream Dr

4 min (1.7 mi)

A 22. Merge onto US-41 ALT/Rosa L Parks Blvd

0.9mi

r+ 23. Turn right onto Great Circle Rd

0.4mi

•, 24. Turn left onto Mainstream Dr
O Destination will be on the right

0.5mi

40 rmin (3/ ,' mi)

605 Mainstream Dr
Nashville, Ti'J 372:?.8

EXAMPLE

t 25. Head northeast on Mainstream Dr

0 5mi

•, 26. Turn left onto Great Circle Rd

0.6mi

,' 27. Turn right onto Athens Way

02mi

•, 2B. Turn left onto French Landing Dr

0.3mi

•• 29. Turn right

89ft

•, 30. Turn left

O Destination will be on the right

427ft

-;nin (1 .6 mi)

220 French Landing Dr
Nashville, TN 37228

These directions are tor planning purposes only You may find that construction projects, traffic. weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly You must obey all signs or notices regarding your route.

Google Maps

EXAMPLE

Form **W•9**
(Rev. December 2014)
Departm«rt of the Trea5Uf)I
Internal Revenue SeMce

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name lasshOwn on your fncom e tax return). Name is required on this line; do not leave this line blank

2 B<lsiness Nll1101diolregarclod entity name, if dilforen1 from above

3 Check appropriate box for federaltax classifiCation; check onlyof the following ooven boxes:
O IndividuaVsol& proprietor or Single-member LLC O C Corporation O S CotpOration O Partnerstlip O Trust/e$1ate
O limited liability company. Enter the tax classification (CC CO<pl)(ation. S=S corporation. P=partnership) '''
Note. For a singlo-member l.LC that is disregarded. do not check llC; check the appropriate box m the 1ine above- or the tax classification of the single-member owner.
O Other

4 Exemptions (codes apply only to ;,.a =•in:,ividuals; see Exempt payoo code ny) _____
Exemption hum FATCA reporting code (if any) _____
ID ..... - mainlaUI-...US.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Print or type
See Specific Instructions

Part I Taxpayer Identification Number (TIN)

Enter yovr TI n the appropriate box. The provided must match the name given on *line* 1 to avoid bacl<up wllhholding. For ind vidualsl, thrs is ganef"ally your social ecurlty number (SSN). However, for a rooident lien, sole propri or, or disregarded entity. see the P r11 1nstruct ons Of! page 3. For other entitles, it Is yovr employer identification number (EI). If you do not have a number. see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Or

Employer identification number
☐☐ - ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury: I certify that:

1. The number shown on this fonn Is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am no subjec1 io backup withholdrng because: (a) I am exempt from backup withholding, or (b) I have not been notified by the InternalRevenue Service (IRS) that I am subject 10 backup vilhholding as a resuh of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longe" subject to backup withholding: and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certifrcation imtructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding becauso you have failed to report all interest and dividends on your lax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, paymeo other than interest and dividends, you are not required to sign the certification. but you must provide your correct nN. See the nstructions on pqge 3.

Sign Here S gr ature of U.S. peROn ''' Date '''

GeneralInstructions

Soction references are to the fntemaf RevemJS Code unless otllerwise noted.

Futuro dCMllopmenllJ Inlonnatfon l!bout developments affecting Form W-9 (such aa leglslollantad 1111(1!' rote • II) Is at *www.irs.gov/fw9.*

Purpose of Form

An Individual o. on ly (Fonn W·9 r wster) who Is requ ed to II n Inlormatlon rutum wlfh tt-e IRS nIUSI otnaln your &O<roct_In>!pa dcntlf llon rurmtMtr {TIN) whi<th rn:ry be yQUf ·<>C.!lleec mty r mbo< (SSN), fnalvfd 1(11 p3)'0I' IdentIflcalk:In numbor Qnn), adeipllon 1 payer tlfJCallon nombet (ATI , or nmptoyer IdentIflcallon rombef (8 , to report on an Infan-natlon rotumrno amount paid to you. or otker amount riiPO'Wbla *on* n!nl ormallon m111m. Exomt 1115 ol ''' orrMiior> ■—lf!CI<Jd<), bulnt not tunil!!d to, tPI fOllowing;

- Form 1099-INT (interest eamoo or paid)
- Form 1099-0IV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099·8 (stocl< or mutual fund sates and C<lf1ain other lfansactions by brokers)
- Form 1099-S (proceeds from realestate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mor1gage Inleres1). 10911-E (student loan interest), 1098-T (Iuilion)
- t=orrn1099-C (canceled debt)
- Form 1099- A (acquisiUon or e.bandOnmonl or secured property)

Use Form W-9 only if YOU are a U.S. petSQn ncluding a resident alien), to Pf'OVide your correct TIN.

ff you do 11ot rotum Form *W-9 to the requoster with* a *TIN, you might be sub{«t to baclrup withholding.* See *What is backup wi!hhclding?* on page 2.

By signing the filled-out form. you:

1. <Artify that tho TIN you are giving is correct (or you are walling for a number to be issued),
2. Certify that you are not subject to backup wit!lholdhg, or
3. Claim OICI.-rnplfoo frotfl bnckup wrthholdl"9 at you are a U.S. cxempr payoo. If apptleablo, you *at* also rhtlfyfng thllt *M* a U.S. pet!IOII, your ollo<;.;lblo slulcil of any part ship I M rrom ll.S. Il1ldo or lwslno:-"..lou not !l<lbjc(Ilto 11'10 withholding rox on foreign p&nJIOilr shore of ft'QClrv ly connr.ctod locotm!, and
4. Certify that FATCA code{s) 11<1tered on this form (if any) indicating that YOu are exempt from the FATCA reporting, is correct. See *Whalls FATCA reporting?* on page 2 lor further information

RELOCATION ALLOWANCE EXAMPLE

Example

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

REQUEST FOR RELOCATION ALLOWANCES

TRADE ACT OF 1974

FOR STATE OFFICIAL USE ONLY		
PETITION NO. 081956		DATE FILED 12-5-13
LOCAL OFFICE	COST CENTER NO.	DATE OF APPLICATION 12-9-13
SOCIAL SECURITY NUMBER		PAYING STATE Tennessee

WORKER'S NAME (LAST, FIRST, MIDDLE)

ESS (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)

ADDRESS FOR CI-ECI< I.AAIIING (/'JO.. STREEr O/TYORCOUWTY. STATE. ZIP CODE)

A. WO ApPL:IcAlION FOR RELOCATION ALLOWANCES

	YES/	HO
1. WERE YOU TOTALLY SEPARATED FROM ADVERSaY AFFECTED EMPLOYMENT?	/S/	O
2. ARE YOU CURRENTLY EMPLOYED? (IF •YES," COMPLETE THE INFORMAnON CONCERNING YOUR PRESENT EMPLOYMENT.)		O

NMIEANO OF ARiyt

011re OF EMPLOYMENT EXPECTED TO END:

	YES/	NO
3. 1S THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED..	rJl	O
4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT?		O

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER nr: DciD<U'It.IMWI\ r:nVnt I

NAME AND ADDRESS OF FIRM OFFERING EMPLOYMENT:

JOB TITLE: Senior Planner

STARTING DATE: /2--/6-/3

CITY AND STATE OF RELOCATION: Sandersville,

EXPECTED DATE OF MOVE: 3/8/14 3/10/14

B. WORKER REQUEST FOR TRAVEL ALLOWANCES

TRAVEL IDENTIFICATION	NUMBER PERSONS	TRAVEL DATES FROM	TRAVEL DATES TO	TRAVEL BY AUTO MILEAGE	TRAVEL BY AUTO COST	TRAVEL BY COMMERCIAL CARRIER TYPE	NO. PASSENGERS	ACTUAL COST
WORKER	[redacted]	3/8/14	3/10/14	Drove truck				
SPOUSE	J	3/8/14	3/10/14	283				
CHILDREN"								
OTHER FAMILY MEMBERS"								
ABSENT CHilDREN OF FAMILY MedBERs•								

NAME: S...; O...; F...; T...; M...; V; E; ...; L; ...; E...; RS; ... -t- A: G = E+-...; R; ...; ELA; ...; I...; O; ...; SH; ...; P -+_; JU...; S...; T...; HCA...; ON=-<(...; 0...; ...; 11-I...; F...; I!fAMILYMEMBERSANDLATEDEPARTUR

42 Applicant
42 wife

C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS

COMERCIALCI\aRIER TYPE OF SERVICE	O. MILES	ESTIMATED CHARGES	TRAII.I;.R HAUIeD BY AUTO TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES	OOMMERCIAICARRIERANOIOR TRUCK RENTAL IYPEOFSERVICE	NO. MILES	ESTIMATED CHARGES
MOVING		$	'mAILERRENTAL		$	TFWLERHAUI.S) 8VC C		
ACCESSORIAL		$	FEDERAL RATE		$	CAR!!Im		$ 427.55
						TRUCK RENTAL		$
TOTAL		S	TOTAL		$	TOTAL		$

NAME AND ADORE56 Of' COMfo.-fERCIAL CARRIER AND/RENTAI COMPANY

LB-()113O ETA-000 (Rev. 1iOB}

Poge1

RDA2250

RECEIVED MAR 24 2014 Field Operations/TAA Unit

Example

D.WORKER REQUEST FOR LUMP SUM PAYMENT

AVERAGE WEEKLY WAGE $ ....L.9 ? -- (MULTIPUED BY THREE (3)) $ 2928

E.WORKER RECORD OF EXPENSES

•MEALS

bATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
:;} 14 'le Clt.. oiL IlL¥	.Q3	/O.q5 fJ.:2q'-.	1?;./Cf &a. 'Kl	0

•LODGING

DATE		Nh OTEL	AMOUNT

"ATTACH RECEIPTS

F.WORKER CERTIFICATION

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USEO•FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

SIGNATURE

DATE

G. STATE AGENCY DETERMINA110N

1. O YOU ARE NOT ELIGIBLE TO RECEIVE RELOCATION ALLOWANCES UNDER PROVISIONS OF THE TRADE ACT OF 1974, AS AMENDED, (20 CFR PART 617, SUB PARTE, 617.40) BECAUSE

)(RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

2. (a))l\ TRAVEL EXPENSE AT$ a tcJ
COMPUTED 90% OF THE TOTAL OF: /$1 –
(1) O $/Q£'/1:. at$0,.:1(, PER MILE FOR PRIVATELY OWNED AUTO j (laA,.
FOR 4! MILES

(b) O LODGING AND MEALS OF $ .3C). J'f
COMPUTED AT 90% OF THE LESSER OF: l.j {1/.
(1}$ £a. f54 OF AC'TUAL EXPENSE, OR
(2) O $ 50% OF FEDERAL DAILY LIVING ALLOWANCES

(c))zt MOVING ALLOWANCE OF J, L 33
COJPUTED AT 90% OF: 7W&,CJ
(1) S }jtMJfL FOR COST OF COMMERCIAL CARRIER OR TRAILER HAULED BY COMMERCIAL CARRIER OR RENTAL TRAILER, OR TRUCK.
(2) O $ COMPUTED BY
$ _____ PER MILE FOR
— — — MILES FOR TRAILER OR HOUSE TRAILER HAULED BY AUTOMOBILE

(d) O LUMP SUM OF /,j5'1) ()(J
COMPUTED AT 3 X $(}-f/tAE!.-
(AVERAGE WEEKLY WAGE) NOT TO EXCEED $1,250.00

TOTAL AMOUNT PAID $!c?t?i&;!

DATE OF PAYMENT (MO., DAY. YR) <.!- poI V

TAA COORDINATOR 4-23-201n DATE

H. APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.

Example

Form **W-9**

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is reqt,Jired on this line; do not leave this Iloo blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

O Individualfsole proprietor or single-member LLC O C Corporation O S Corporation O Partnership O TrusUestate

O Umited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership).,.

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

O Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (ff any)

(Apples'''accounts rnaint-"""*'lite U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optionaO

6 City, state, and ZIP code

7 Ust account numbef1s) here (optional)

Part I Taxpayer Identification Number {TIN)

Enter youTIN in.the appro ri te boK. ThTIN provided must.match te name given on line 1 to avoid bacflup withholdmg. For 1ndiv1duals, thiS 1s generally your soc1alsecunty number (SSN). However, for a resident alien, sole proprietor, or disregarded enti1y, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a T1N* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

DJJ -OJ -1 | | | |

or

Employer identification number

| | | - | | | | | |

Part II Certification

Under penalties of pe ury, I certify that:

1. The number shown on this form is my correct tSKpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am eKempt from backup withholding, or (b) I have not been notified by the Intemal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (f any) indicating that I am eKempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tSK return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, canct\llation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | nature of U.S. person ... Date ...

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Infonnation about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An Individualor entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) whiCh may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification numbef (EIN), to report on an Information return the amount paid to you. or other amount reportable on an infonnation retum. Examples of information returns include, but are not limited to, the following:

- Fonn 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes. awards, or gross proceeds)
- Form 1099-8 (stock or mutual fund sales and certain other transactions by brokers)
- Fonn 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. pernon (including a resident alien), to provide your correct TIN.

If you do not return Form *W-9 to the requester with* a *TIN, you might be subject to backup withholding.* See *What is backup withholding?* on page 2.

By signing the filled-out fonn, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a numbef to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Example

December 11,2013

RE: **Offlr of Emplcmptnt**

Dear

is very pl....cl to confirm our otrer of employment for 1M futt-time position of Senior Buyer/Planner at our 5andemville faciRty reporting dlrwctly to . . OlreGtor of Materials. Your offlclal&t n dote is Monday, December 16, 2013. *lw* discussed, should your employment not eommenee on Novomber 11111 as agnted upon, Chis offer willbe rescinded.

111111
If you accept this otter, your initial statting base Sltlty would be **It** the rata of to be paid bl-weel(ty (every other FrtdayThis Is annual **beN of**

itltritd Bonys Plan
In addition, you are eNgibl to participate In the Salaried Bonus Plan which Is 5°Al af your anrual sal ry c:ommetlclng next fiSCal year, September 1, 2013. To be eligible for payment, you mu&t be employed on August 31" of each fisall '/' rand on the date of the bonus payout. The Bonus ProgNm wm be revilwMd with you during your new·hlre orientation. This is in no way • guarantee of 1bonua .-yout.

Signing Bon'''
In aadltlon to the salary, this offer tndudes e one--time sign-on bonus amount of (groaead up} less appllc:abl taxes and withholdtngs. This Dl'MHime bonua la set to be paid by the 15day of employment. With this signing bonus, yau muet at&o agree to execute a 24-month retention agNMNnent.

Paid 111M Off
You wfll•cctue Paid Time Off (PT'O) at • n te of 120 hows annuartv. In addition, provides t.n (10) paid ho&da)'s tech calendar year.

Ptrftmwnct ftr4twa
Ba.eed on an employment date of December 16, 2013, Introductory revtew wll be 85 da)la (R)m date of hlnl. Thereafter, perfonnance revi,awa ant conducted annually. Also.based on your employment date, you would not be elglble for a mertt increase untilDecember. 2014.

Example

WOJ1sHoura
As an exempt employee, you will be expected to work whatever hours are necessary to perform your job and to be fl xlble to shift ct.nges. Your aclualhours may wry Ckle ta the nature of lhla position.

Confi!entf!!lnformatlorl
You will. during the tefTTl of your employment and thereafter, hold In str ct canlidcnoe and not disclose to any pers011 or ntity wtthotrr the express prior authortzatlon of the Campany, any Information. flnanclal, ma'lufac:turfng or mari<eting d . technique, process, formula, developmental or experimental WOitc In proeess, buslne$s methods. made secrets (Including. wtthout limitation. any CUitomef list or !lata of CA elom r sources), or any other secret or confidentiallnfonnallon l'"lating to the p ots. sSNices, customer, sales. or business affairs of the Company or ita affiliates. You that you will not make us of any of the bove at any time after tenntnation of)'OUr employment hertundar. Upon termination of your employment, you will deliver to ihc Company all documents, records, notebooks. work papers and all similar repositories containing any Information conceming the Company contalnlf'9 any of the foragolng in1onnatlon. whether ptepared by ygu, the Company or anyone else. In addition, you will not dtsdou _ list of toppllers and/or cuatomet'S. or any pricing or 00$t Information refa'tlng to product& and/or seMc:es.

P So:flcftatt9f'l of mptoms
Curing the term *of* your employm nt and for a period of three years thereaft6r, you will not, directly. olndire ly, for youtSelf, *or* as n agent *tor* or on b&half Qf or In conjunction with any other person, firm, partn rshlp, corporation or other ntity, lnduoo or ntkle any employee or Its affiliates to leave suet! employment or cau enyone else fD do so.

!JntJflt Plan!and £mp.layment Status
Medical. denial, prncrfption drug, and vi ion plan are currently avallabl , as well as a 401(k) Plan (after sattafylng aligibllitv requirements). Further details on all plans are available during a new employee orientation during yor fltst A Mk. While the Company Iwaendeavors to provid exc:ehnt beneflt&, we do r&aeNe the right to alter or terminate benetlts at the company's discretion.

_ _ dsp!y P!dod
Al new employees hlrer:f into dallgnated claasffications wonc In an • ntroductor}l status *tor* the first 85 caltndllr days after date of hire. This tntroduo!ol)l period gives both you and the upervisor tt1e opportunlt)' to determine the flt betwe n the employae and the posltlon. Both before and after the Introductory period, employment Is strictly vat wllr and may be terminated with or without cause and with or without t oilce. by either yourself or the Company. This agreement regarding "at wllr emplo ment can only be modified by an express written agreement signed by the President of the company.

Example

Paae3

Pbnlsal . . . . . Cbtofc
Employment Is contingent upon aUCCHiful completion of a post-offer physlc:al and satilfactory rnrance and backGround chedcs. Colt of the physical18 paid by the Company and arrangements will be made by our Medical Department for you to be examined at the Company dlnlc.

SUrmiiY
wtoatc forward to hiving you join CHI' team. If you aN In.grwement wtth the offer of emplo nt u descrtbed above, plaase sign in the space provided beloW 1nd return the arQned acceptance vta ....,.., or fiX to:

We look forward to wat*Jng with you. Pfuu feel free to contact me at should you haw any further quesflol18.

Sincerely,

ACCEPTED IY:

_____ *12-1/-11*
Date

S..rt o.t.: Monday- O.cember US 2013 Confirmed:
(pleai8tnltial)

cc: – Director of Materials

Example

All Receipts artd 3 Maps From Acceptable Sources Detailing The Route Taken Must Be Provide.

RTAA EXAMPLE

Department of
Labor & Workforce Development

TRA UNIT
P.O. BOX 280450
NASHVILLE, TN 37228
PHONE: (877) 813-0950
FAX: (615) 532-3374

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name _____ *Social Security Number* _____ *Local Office Number* _____

Worker's Address *Street* *City* *State* *Zip Code* *Phone Number* _____

I, _____, Social Security Number _____
understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name _____

Doing Business As _____

Mailing Address _____
Street

_____
City State Zip Code

Physical Address _____
Street

_____
City State Zip Code

Employer's Phone _____
(With Area Code)

Date of lack of work separation from above mentioned employer _____

Number of hours worked during last full week _____
(32 *hours or more excluding overtime)*

Rate of pay per hour during last full week _____

1, the worker, make oath that the information contained on this form. to the best of my knowledge and belief. is true and correct.

Worker's Signature _____ Date _____ Agency Representative's Signature _____ Date _____

LB-1069 (Rev. 08-16)

RDA 2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY
TRAUNIT
P. O. BOX 280450
NASHVILLE, TENNESSEE 37228

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER

PHONE: (615)253-D948
866-331-1271, ext. 1866
FAX: (615)532-3374

SSN:
BYE:

DATE FILED:
DATE MAILED:
MUST BE RECEIVED BY:

CLAIMANT

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT OUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN $50,000 ANNUALLY FROM HIS/HER TRADE-AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE.

FIRST DAY WORKED: _____

JOB TITLE: _____

HOURS WORKED PER WEEK: _____

TYPE OF EMPLOYMENT QSALARY O COMMISSION Q CONTRACTURAL

WAGE PER HOUR: _____

EMPLOYMENT STATUS: Q FULL-TIME 0PART-TIME

EMPLOYER NAME AND TITLE	TELEPHONE NUMBER	FAX NUMBER	DATE

RTAA-Q1

Department of labor and Workforce Development
TRA Unit
P.O. Box 280450

Request for Eligibility
Reemployment Trade Adjustment Assistance (RTAA)
Trade Act of 1974, Amended 2009 and 2011

WORKER'S NAME (First, Middle Initial, Last)	SOciAL SECURITY NUMBER	ILONUMBEA	PETITION NUMBER ____ TAW
WORKER'S ADDRESS (Street)	AGE	DATE OF BIRTH	PETITION CERTIFICATION
CITY	STATE	ZIP CODE	IMPACT DATE

TRADE SEPARATED EMPLOYER

TRAD EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE	
JOB TITLE	DATE OF LAST FULL WEEK	RATE OF PAY PEA HOUR LAST FULL WEEK	NUMBER OF HOURS LAST FULL WEEK

1 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE	
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
WORKER JOB TITLE	DATE OF ARST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK

2 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE	
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
WORKER JOB TITLE	DATE OF ARST FULL WEEK	RATE OF PAY PER HOUR ARST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK

RTAA PROGRAM SELECTION

D I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of ftgllla r TRA. I understand that receipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.

CERTIFICATION

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this form is correct to the best of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

SIGNATURE OF WORKER _____ LOCAL TAA REPRESENTATIVE _____

DATE DATE _____

FAX TO 615-532-3374 TN Department of Labor and Workforce Development FROM: _____

COMMENTS: _____

Department of
Labor & Workforce Development

TRA UNIT
P.O. BOX 280450
NASHVILLE, TN 37228
PHONE: (877) 813-0950
FAX: (615) 532-3374

Verification of Employment for Monthly Wage Supplement

Trade Act of 1974, Amended Trade Adjustment Assistance Reauthorization of 2015

NEW EMPLOYER'S NAME			**WORKER'S NAME** *(First, Middle Initial, Last)*	
NEW EMPLOYER'S MAILING ADDRESS *(Street)*			**SOCIAL SECURITY NUMBER**	
CITY	**STATE**	**ZIP CODE**	**PETITION NUMBER** TAW	**LO NUMBER**

EMPLOYER DIRECTIONS

Following a worker's RTM Determination of Eligibility, monthly employment data must be submitted to issue an RTM wage supplement to this worker. Based on the information below, the TM representative may issue a wage supplement payment. The wage supplement for RTM benefits will be determined by answering one (1) and two (2) and entering the number of hours worked per week.

EMPLOYMENT STATUS

1. What is the worker's current wage per hour? $ _____

2. If worker has separated, enter that last day worked? _____

WEEK1

WEEK 1: SUNDAY BEGINNING DATE	WEEK 1: SATURDAY BEGINNING DATE	WEEK 1: NUMBER OF HOURS WORKED

WEEK2

WEEK 2: SUNDAY BEGINNING DATE	WEEK 2: SATURDAY BEGINNING DATE	WEEK 2: NUMBER OF HOURS WORKED

WEEK3

WEEK 3: SUNDAY BEGINNING DATE	WEEK 3: SATURDAY BEGINNING DATE	WEEK 3: NUMBER OF HOURS WORKED

WEEK4

WEEK 4: SUNDAY BEGINNING DATE	WEEK 4: SATURDAY BEGINNING DATE	WEEK 4: NUMBER OF HOURS WORKED

EMPLOYER CONTACT PRINT NAME	**SIGNATURE**	**EMAIL ADDRESS**
DATE COMPLETED	**PHONE NUMBER**	**FAX NUMBER**

WORKER CERTIFICATION

I give this information to support my request for an RTM wage supplement under the Trade Act of 1974, Amended 2015. The information contained in this request is correct and complete to the best of my knowledge.
I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTM assistance for which I am not entitled.

DYES ONO I have more than one employer and am submitting more forms.

SIGNATURE OF WORKER DATE SIGNED

Department of
labor & Workforce
Development

TRA UNIT
P.O. BOX 280450
NASHVILLE, TN 37228
PHONE: (877) 813-0950
FAX: (615) 532-3374

INSTRUCTIONS FOR VERIFICATION OF EMPLOYMENT FOR MONTHLY WAGE SUPPLEMENT ON RTAA

AMENDED 2015

This form must be completed every four weeks and faxed or mailed to

TRA Unit
Department of Labor and Workforce Development
P.O. Box 280450
Nashville, TN 37228

Fax: (615) 532-3374

within 7 days of the last week covered on the verification form.

A. **Full-time** is defined as 32 hours or more per week. To qualify under RTAA, individuals must work 32 hours or more each week.

B. **Part-time** is defined as two or more jobs totaling 32 hours or more each week. Worker must provide a completed form for each job worked.

NOTICE TO EMPLOYERS

The RTAA program provides an incentive to older workers (50 years of age or older) to find new employment quickly. An eligible individual who finds a new full-time job paying less than $50,000 annually may receive a salary supplement to bridge the gap between the old and new salary (up to 50% of the difference). The supplement may be paid until $10,000 has been paid to the individual or the end of a 2-year period, whichever occurs first.

Please complete the information included under Employment Status. If there has been any change in hourly rate during the weeks, please note the wage change and date of change. Please sign and print your name in the employer contact box.

EXPLANATION OF BEGINNING AND ENDING DATES

Form begins with first full week of reemployment. Hours worked must be reported by calendar week of Sunday through Saturday.

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Amended 2009 and 2011

GUS B. WONDERFUL
WorkerName

""f.t:i-- U ""hi--li-
social Security Number

0101
Local Office Number

1 3 CLAIMS STREET WORK HARD TN. 37111
Worker's Address *Street* *City* *State* *Zip Code*

'tot-Jl.3-4 .r'2
Phone Number

I, G;v1 8.. k/OA(D€3-t{vl..-- , Social Security Number i-:'1---i- —j .:j..-ffl:j.., understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name ELMER'S fv{)6fi. COMPANY

Doing Business As ELMER'S FUDGE COMPANY

Mailing Address 600 CALORIE STREET
Street
WORK HARD 1?1/1
City *State* *Zip Code*

Physical Address SAME
Street
City *State* *Zip Code*

Employer's Phone ----- .'t....::O I_-...LJ.L..!li'---_._IL..Lil-'--1--------
(with Area Code)

Date of lack of work separation from above mentioned employer ---=0:..._"..... ..... -/'3 C:::.....//._:::.l:...>0<...!./..:o..[L-_

Number of hours worked during last full week *(32 hours or more excluding ovatime)* 't.L--0

Rate of pay per hour during last full week 1.01

I, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

)AwB.V
Worker's Signa.tu.re

05/04/2016
Date

Marcus Warren
Agency Representative's Signature

p /oyj;.-oJ'
Date

LB-1049 (Rev.05-12)

ADA 2258

'N()\U

LB - \Q(oq C:RQ..\J.— \ )

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY
TRAUNIT P.O.
BOX 280450
NASHVILLE, TENNESSEE 37228

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER
p..o(t..,r'J ctiHI'''.r C o.-M flNY
y S SL tiwf Jd- wilY
ltV'¥ {t HfHl[:)ı TAI· "3 III

PHONE: {615)253-0948
866-331-1271, ext.1866
FAX: {615)532-3374

SSN: 1-1-t-1--"1--- 1-i-.J-
BYE: rJJ/1'-1/I"J

DATE FILED: t!) S/It/1 ▼
DATE MAILED: O.S/uiJ'
MUST BE RECEIVED BY: o SI'''

CLAIMANT
(;11S B. WPJ/Df.Hv"

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTM) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN $50,000 ANNUALLY FROM HIS/HER TRADE-AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE.

FIRST DAY WORKED: 03/16/2016
JOB TITLE: CLAIMS APPf..BvE&
HOURS WORKED PER WEEK: _____
TYPE OF EMPLOYMENT O SALARY O COMMISSION — CONTRACTURAL
WAGE PER HOUR: _____
EMPLOYMENT STATUS: — FULL-TIME 0PART-TIME

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go6Ly- Fv.v.JH.\Vf- - f)W/tV fl- 9o/- '}))· "'0).11 "tOI 'J'tl/ -/'?'((/S)(J/j.<l}(,
EMPLOYER NAME AND TITLE TELEPHONE NUMBER FAX NUMBER DATE

RTM-o1

Department of Labor and Workforce Development
TRA Unit
P. O. Box 280450
Nashville, Tennessee 37228

Request for Eligibility
Reemployment Trade Adjustment Assistance (RTAA)
Trade Act of 1974, Amended 2009 and 2011
TAA Reform Act of 2003

WORKER'S NAME (First, Middle Initial, last)	SOCIAL SECURITY NUMBER	LO NUMBER	PETITION NUMBER
(;; £fl.Fvt,	x-x-x-x-xxxx	0101	TAW OfS'f (,

WORKER'S ADDRESS (Street)	AGE	DATE OF BIRTH	PETITION CERTIFICATION
123 CLAIMS STREET	55	08/01/60	04/16/2015

CITY	STATE	ZIP CODE	IMPACT DATE
WORK HARD	:Al	3 ./11	04/07/2014

TRADE SEPARATED EMPLOYER

TRADE EMPLOYER NAME	FIRST DAY WORKED	TOTAS EPARATION DATE
ELMER'S FUDGE COMPAN	04/30/2001	09/30/2015

JOB TITLE	DATE OF LAST FUUWEEK	RATE OF PAY PER HOUR LAST FULL WEEK	NUMBER OF HOURS LAST FULL WEEK
FUDGE TASTER	09/26/2015	12.01	

1 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE
R0. '! I-lh'rt.t COMPANY	03/16/2016	

CONTACT PERSOf)I AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
"tiffAKf TV f.Tt.t: Li .S (, gLtIV'Ptll4 W' Y W0/../£- IfR,., ,nV. '3"?]l]	ROBINBCOOL@G.MAIL.COM	901-922-021	901-344-176

	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK
CLAIMS APPROVER	03/26/2016	10.00	

2 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE

CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK

RTAA PROGRAM SELECTION

[Zf I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of regular TRA. I understand that ipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.

CERTIFICATION

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this fonn is correct to the best of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

SIGNATUAOF WORKER ..2!..... 6_ LOCAL TAA rPAESENTATIVE '\!('''''''''''''

DATE .£r 11,/a DATE S J1 b/,

FAX TO 615-532-3374 TN Department of Labor and Workforce Development FROM: — — — — — — — — — — — — —
COMMENTS: _____

Department of Labor and Workforce Development
TRA Unit
P. O. Box 280450
Nashville, Tennessee 37228

Verification of Employment for Monthly Wage Supplement

Reemployment Trade Adjustment Assistance (RTAA) Trade Act of 1974, Amended 2009 and 2011
TAA Reform Act of 2003

NEW EMPLOYER'S NAME			WORKER'S NAME *Wirst. Middle lrzilial. Last)*	
ROBIN'S CLAIMS COMPANY			GUS. B. WONDERFUL	
NEW EMPLOYER'S MAILING ADDRESS *(Street)*			SOCIAL SECURITY NUMBER	
456 SLOWPOKE WAY			j-j- + -1- – f..1--'J.	
CITY	STATE	ZIP CODE	PET1110NNUMBER	LONUMBER
WORK HARD	TN	37111	TAW 0g} J..(,	01

EMPLOYER DIRECnONS

Following a worker's RTAA Determination of Eligibility. monthly employment data must be submitted to issue an RTAA wage supplement to this worker. Based on the infonnation below, the *TAA* representative may issue a wage supplement payment. The wage supplement for RTAA benefits will be detemtined by answering questions one (I) and two (2) and entering the number of hours worked per week.

EMPLOYMENT STATUS

1. Whalis the wol1<er's current wage per hour? $ 10.00

2. If worker has separated, enter that last day worked _____

WEEK 1		
WEEK 1: SUNDAY BEGINNING DATE	WEEK 1: SATURDAY ENDING DATE	WEEK 1: NUMBER OF HOURS WORKED
3/20/16	3/26/16	
WEEK 2		
WEEK 2: SUNDAY BEGINNING DATE	WEEK2: SATURDAY ENDING DATE	WEEK 2: NUMBER OF HOURS WORKED
3/27/11	4/2/16	
WEEK 3		
WEEK 3: SUNDAY BEGINNING DATE	WEEK 3: SATURDAY ENDING DATE	WEEK 3: NUMBER OF HOURS WORKED
4/3/16	4/9/16	
WEEK 4		
WEEK 4: SUNDAY BEGINNING DATE	WEEK 4: SATURDAY ENDING DATE	WEEK 4: NUMBER OF HOURS WORKED
4/10/16	4/16/16	

EMPLOYER CONTACT PRINTNAME	SIGNATURE	EMAIL ADDRESS
TIFFANY TURTLE	Tiffany Turtle	ROBINSCOOL@GMAIL.COM
DATE COMPLETED	TELEPHONE NUMBER	FAX NUMBER
7/19/16	901-922-0211	901-344-1061

WORKER CERTIFICATION

I give this info;mation to support my request for an RTAA wage supplement under the Trade Act of 1974, Amended 2009 and_2011. The infonnation contained in this request is correct and complete to the best of my knowledge. I understand that the law pmv1des severe penalties for willfully failing to report earnings or knowingly giving false infonnation to obtain RTAA assistance for which I am not entitled.

DYES ☒ NO I have more than one employer and am submitting more forms.

SIGNATURE OF WORKER: Gus B Wonderful

DATE SIGNED: 7/19/16

LB-1050 (Rev. 05-12)

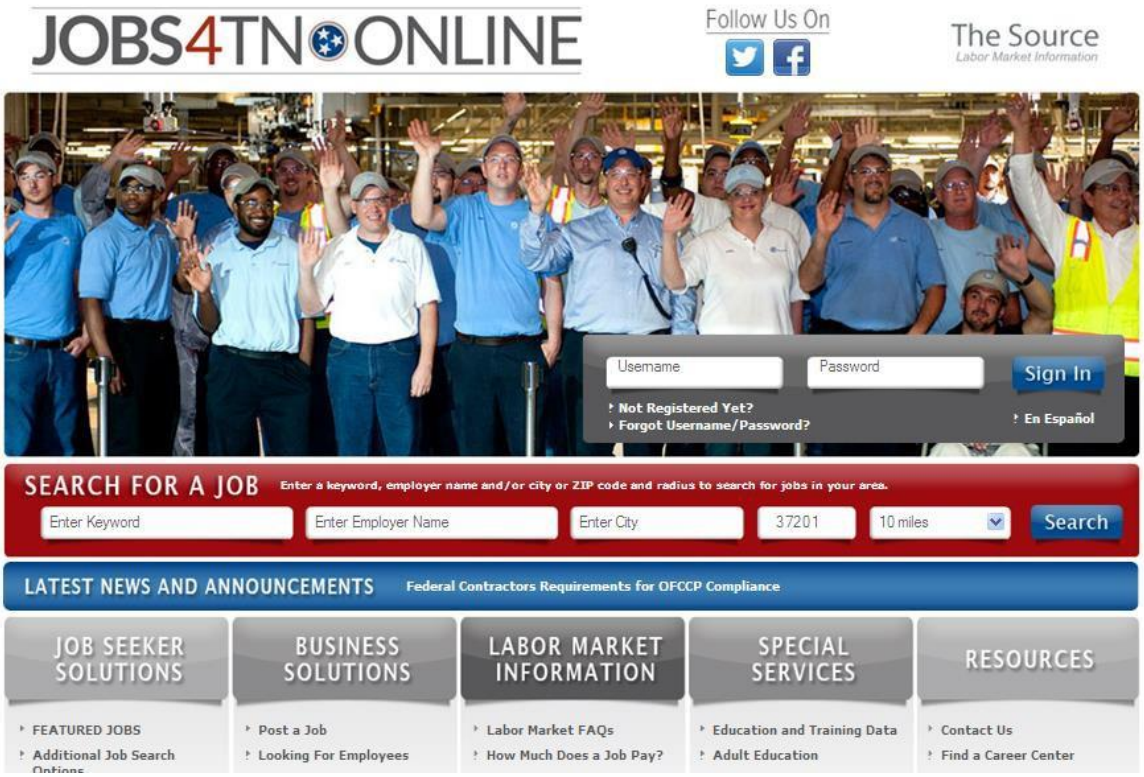
RDA2258

Side-by-Side Comparison of TAA Program Benefits under the 2002 Program, 2009 Program, 2011 Program, and 2015 Program

	2002 Program	2009 Program	2011 Program	2015 Program
Group Eligibility: Defines the worker group that is eligible to apply for and potentially receive benefits through the TAA program.	Manufacturing sector workers ONLY - - - - - - - - - - Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to the outsourcing of jobs to a country with which the U.S. has a Free Trade Agreement	Manufacturing sector workers Service sector workers Public sector workers - - - - - - - - - - ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption) - - - - - - - - - - Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to **ANY** country	Manufacturing sector workers Service sector workers - - - - - - - - - - ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption) - - - - - - - - - - Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to **ANY** country	**SAME AS 2011** Manufacturing sector workers Service sector workers - - - - - - - - - - ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption) - - - - - - - - - - Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to **ANY** country
Trade Readjustment Allowances (TRA): Income support available in the form of weekly cash payments to workers who are enrolled in a full-time training course.	Up to **104 weeks** of TRA available to workers enrolled in full-time training *OR* Up to **130 weeks** of TRA available to workers enrolled in remedial training Must enroll in training within 8 weeks of certification or 16 weeks of layoff	Up to **130 weeks** of TRA available to workers enrolled in full-time training *OR* Up to **156 weeks** of TRA available to workers enrolled in remedial training Must enroll within 26 weeks of either certification or layoff	Up to **130 weeks** of TRA available to workers enrolled in full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met Must enroll within 26 weeks of either certification or layoff	**SAME AS 2011** Up to **130 weeks** of TRA available to workers enrolled in full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met Must enroll within 26 weeks of either certification or layoff

	2002 Program	2009 Program	2011 Program	2015 Program
Training Waivers: Basic TRA is payable if an individual participates in TAA training OR is under a waiver of the requirement to participate in training. Training may be determined not feasible or appropriate and waived as a requirement for basic TRA eligibility for the following reasons:	1. The worker will be recalled to work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in or complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available	1. The worker will be recalled to work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in or complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available	1. The worker is unable to participate in or complete training due to a health condition 2. No training program is available 3. An enrollment date is not immediately available	**SAME AS 2011** 1. The worker is unable to participate in or complete training due to a health condition 2. No training program is available 3. An enrollment date is not immediately available
Funding: Training Funding: Funds to states to pay for TAA training. State Administration Funding: Funds to states to pay for state administration of TAA benefits, not administration of TRA or ATAA/RTAA (covered by UI Funding Agreement). Job Search and Relocation Allowances Funding: Funds to states to pay allowances. Case Management Funding: Funds to states to pay for TAA case management and employment services.	$220 Million Statutory Cap Applies to Training Funds Only An additional 15% above the amount provided for training is available for State Administration Additional funds are available for Job Search and Relocation Allowances No funds are available for TAA Case Management and Employment Services	$575 Million Statutory Cap Applies to Training Funds Only An additional 15% above the amount provided for training is available for State Administration, and Case Management and Employment Services Additional funds are available for Job Search and Relocation Allowances At least 1/3 of these funds must be used for TAA Case Management and Employment Services States also receive $350,000/year for TAA case management and employment services	$575 Million Statutory Cap Applies to Training, Job Search and Relocation Allowances, Case Management and Employment Services, and related State Administration No more than 10% of the amount provided may be spent for State Administration No less than 5% of the amount provided may be spent for TAA Case Management and Employment Services DOL may recapture states' Fiscal Year funds that remain unobligated after two or three FYs and distribute such funds to states in need of funds, if authorized under FY appropriation.	**NEW AMOUNT** $450 Million Statutory Cap Applies to Training, Job Search and Relocation Allowances, Case Management and Employment Services, and related State Administration No more than 10% of the amount provided may be spent for State Administration No less than 5% of the amount provided may be spent for TAA Case Management and Employment Services DOL may recapture states' Fiscal Year funds that remain unobligated after two or three FYs and distribute such funds to states in need of funds, if authorized under FY appropriation.

	2002 Program	2009 Program	2011 Program	2015 Program
Job Search Allowances: A cash allowance provided to workers who cannot find an available job within the commuting area (e.g. 50 miles). Used to cover transportation costs, etc. Relocation Allowances: A cash allowance provided to workers who have to accept a job outside of their commuting area and relocate.	90% of allowable job search costs, up to a maximum of $1,250 - - - - - - - - - - 90% of allowable relocation costs, plus an additional lump sum payment of up to $1,250	100% of allowable job search costs, up to a maximum of $1,500 - - - - - - - - - - 100% of allowable relocation costs, plus an additional lump sum payment of up to $1,500	90% of allowable job search costs, up to a maximum of $1,250, available if state elects to provide the benefit - - - - - - - - - - 90% of allowable relocation costs, plus an additional lump sum payment of up to $1,250, available if state elects to provide the benefit	**SAME AS 2011** 90% of allowable job search costs, up to a maximum of $1,250, available if state elects to provide the benefit - - - - - - - - - - 90% of allowable relocation costs, plus an additional lump sum payment of up to $1,250, available if state elects to provide the benefit
Alternative Trade Adjustment Assistance/Reemployment Trade Adjustment Assistance: A wage supplement provided to eligible workers over the age of 50 that supplements a portion of the wage difference between their new wage and their old wage (up to a specified maximum amount).	Alternative Trade Adjustment Assistance: Requires a separate group certification Available to workers earning less than an annual salary of $50,000 Maximum total ATAA benefit of up to $10,000 Reemployed within 26 weeks of separation Reemployed in full time employment Training benefit NOT available	Reemployment Trade Adjustment Assistance: Does not require a separate group certification Available to workers earning less than an annual salary of $55,000 Maximum total income support (RTAA and TRA) benefit of $12,000 Reemployed with no deadline Reemployed in full-time or part-time employment in combination with approved training Training benefit is also available	Reemployment Trade Adjustment Assistance: Does not require a separate group certification Available to workers earning less than an annual salary of $50,000 Maximum total income support (RTAA and TRA) benefit of $10,000 Reemployed with no deadline Reemployed in full-time or part-time employment in combination with approved training Training benefit is also available	**SAME AS 2011** Reemployment Trade Adjustment Assistance: Does not require a separate group certification Available to workers earning less than an annual salary of $50,000 Maximum total income support (RTAA and TRA) benefit of $10,000 Reemployed with no deadline Reemployed in full-time or part-time employment in combination with approved training Training benefit is also available
Health Coverage Tax Credit: A tax credit offered to eligible TAA recipients to help pay for qualified health insurance premiums of the worker and their family. http://www.irs.gov/Individuals/HCTC	72.5% of qualifying health insurance premium costs http://www.irs.gov/Individuals/HCTC			



Trade Adjustment Assistance (VOS) System

Operating Instructions

December 2016

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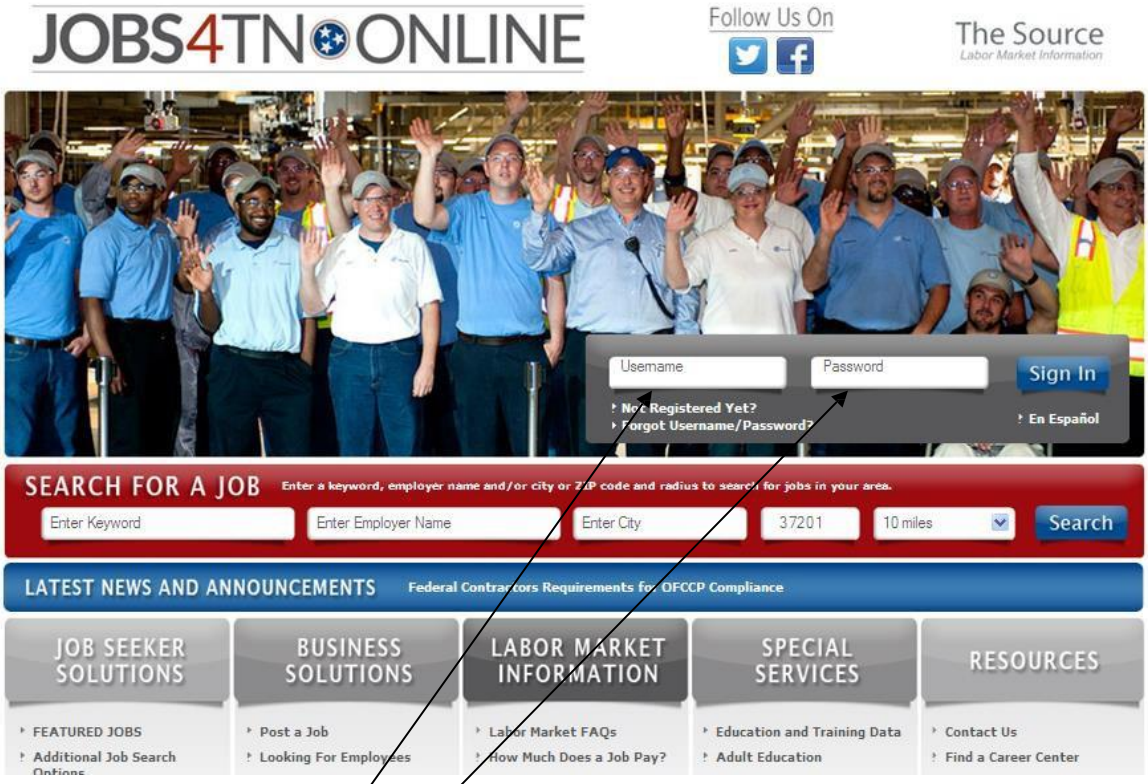
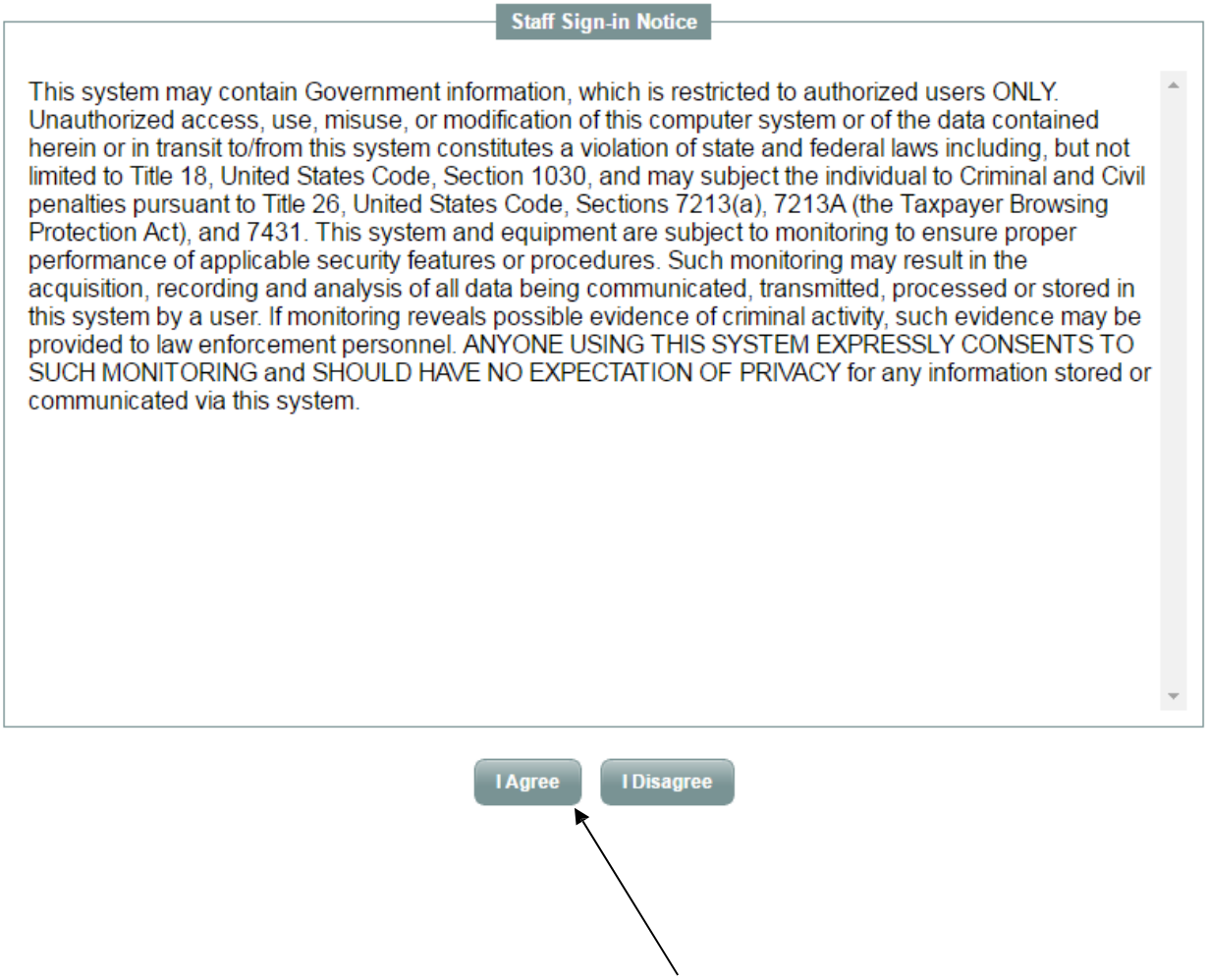
LOG IN SCREEN



Log into Jobs4TN

1. Enter your staff user name (either your CC or CG #)
2. Enter your password
3. Press the enter key on your keyboard.

Staff Sign In Notice

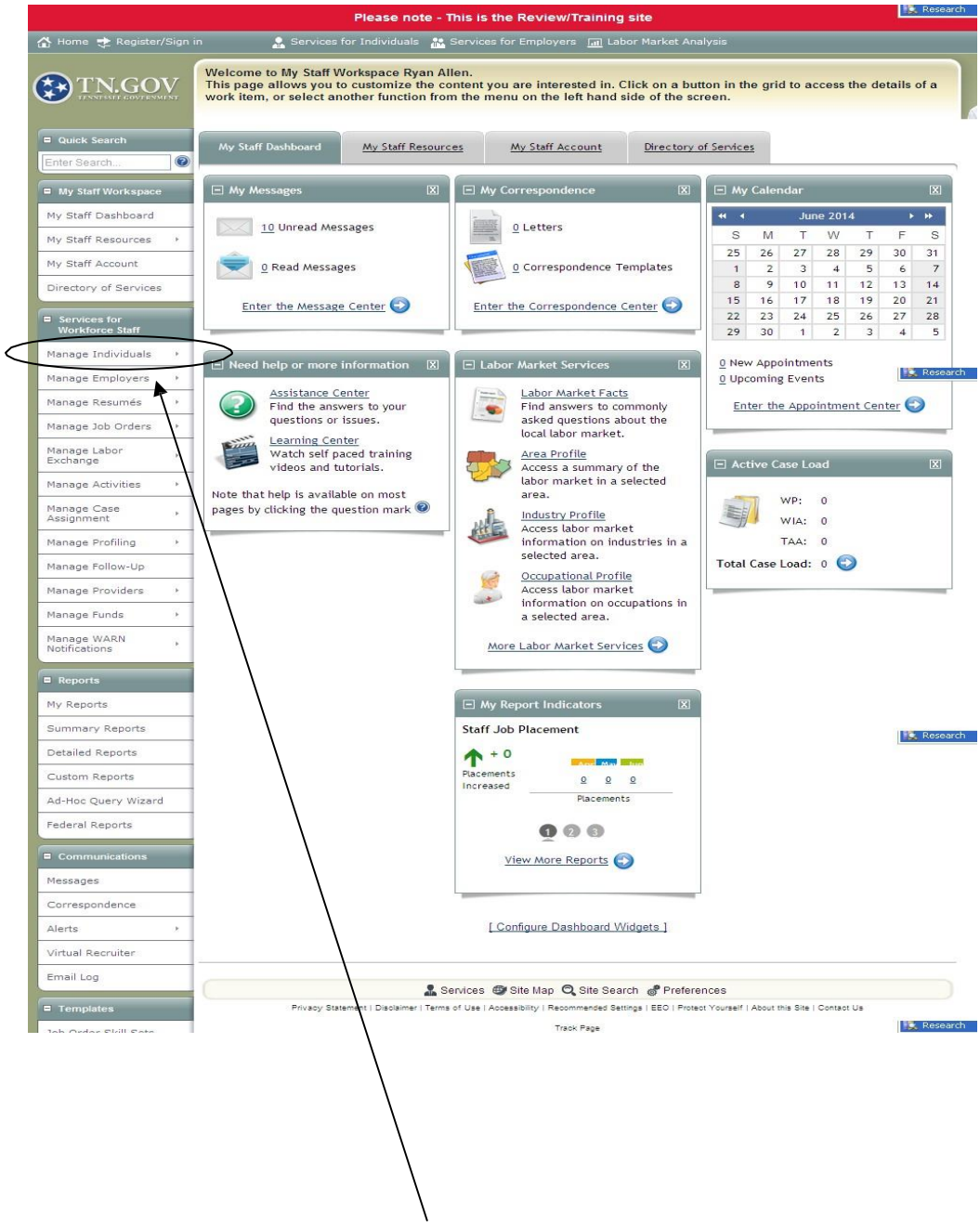


1. Read and accept Staff Sign in Notice by selecting I Agree.

DASHBOARD

Manage Individual

This is your Dashboard. It is the screen from where you will start your search.

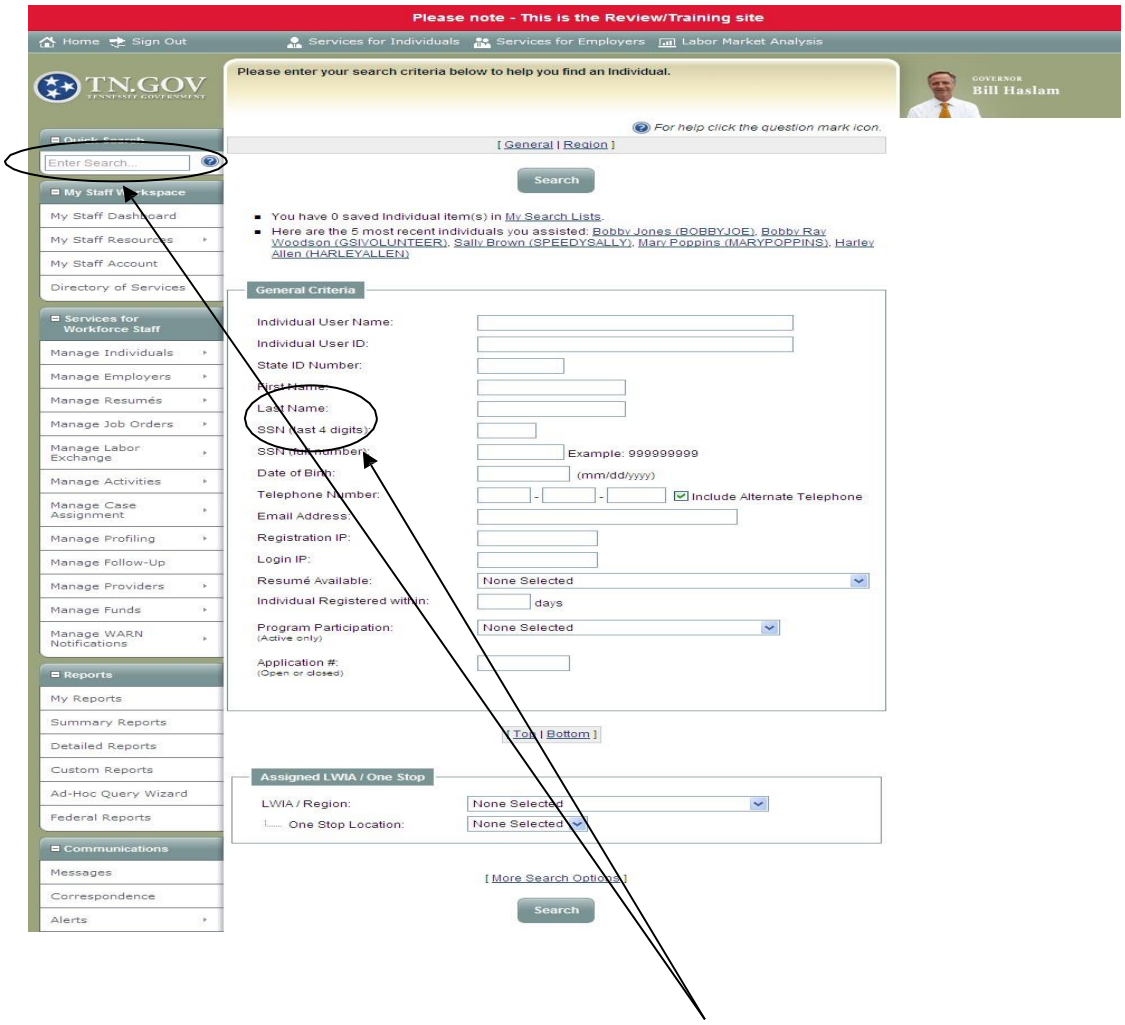


1. To assist a participant click “Manage Individuals”

ASSIST AN INDIVIDUAL SCREEN SHOT

1. Click on “Assist an Individual”

ASSIST AN INDIVIDUAL "SEARCH"



1. Click on the "Last Name Box" and key last name. Then click on the "SSN (Last 4 digits)" box and key the last 4 Digits.

2. Click Search.

Or,

1 Click on the "Quick Search at the top left hand side of the page. Key full SSN or SID.

2 Name should appear below the "Quick Search" box.

3 Click on the appropriate name.

PROGRAMS

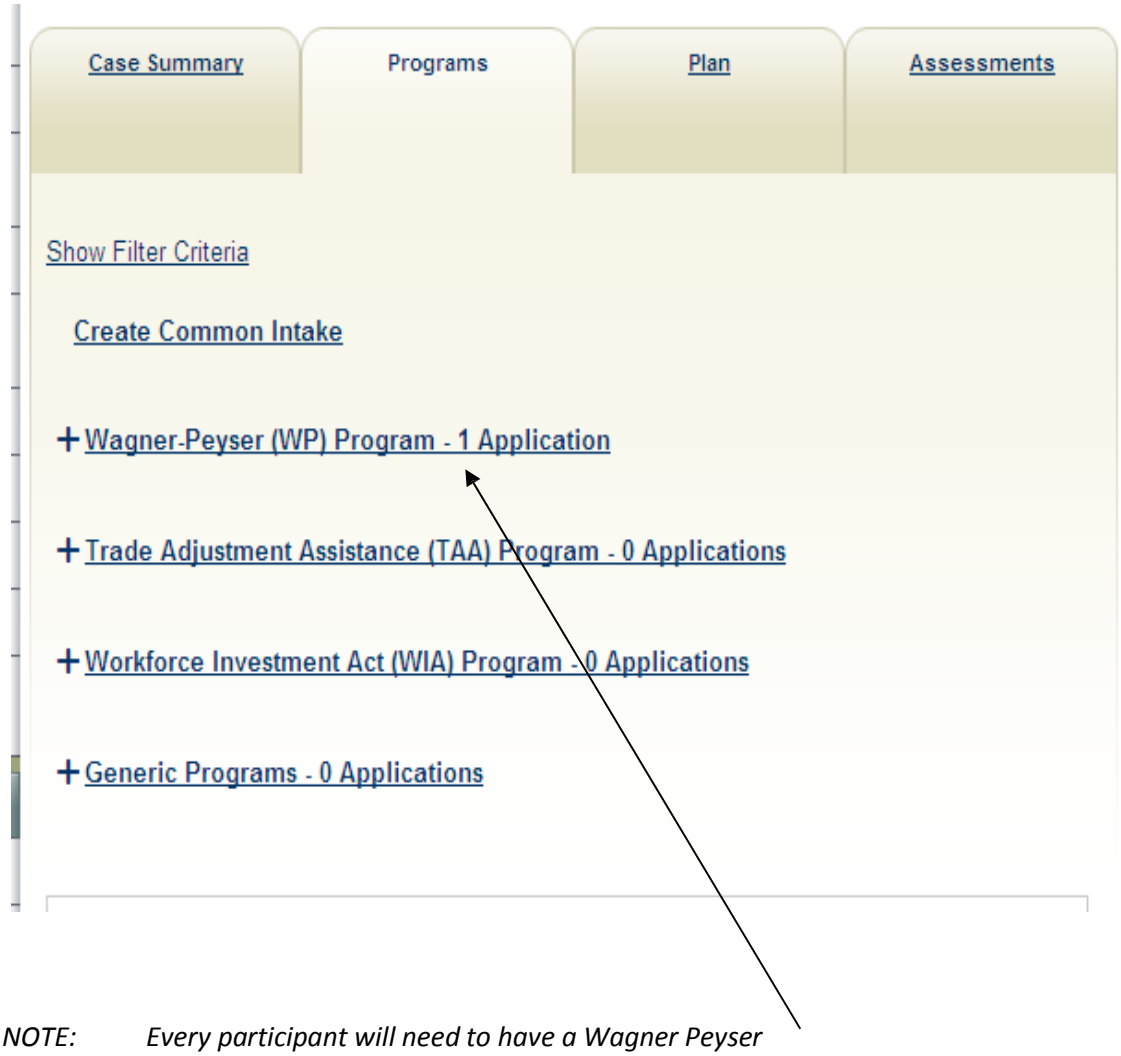
TAA Participant's name will appear here.

1. To Complete a TAA application for this participant, look under "Staff Profile" and click "Programs"

NOTE: *If your screen does not show the drop down menu, click on "Staff Profile", then "Case Management"*

NOTE: *Sometimes this screen will not appear due to worker not being active in Wagner Peyser. Be sure to activate worker before proceeding to the Programs Tab.*

WAGNER PEYSER APPLICATIONS



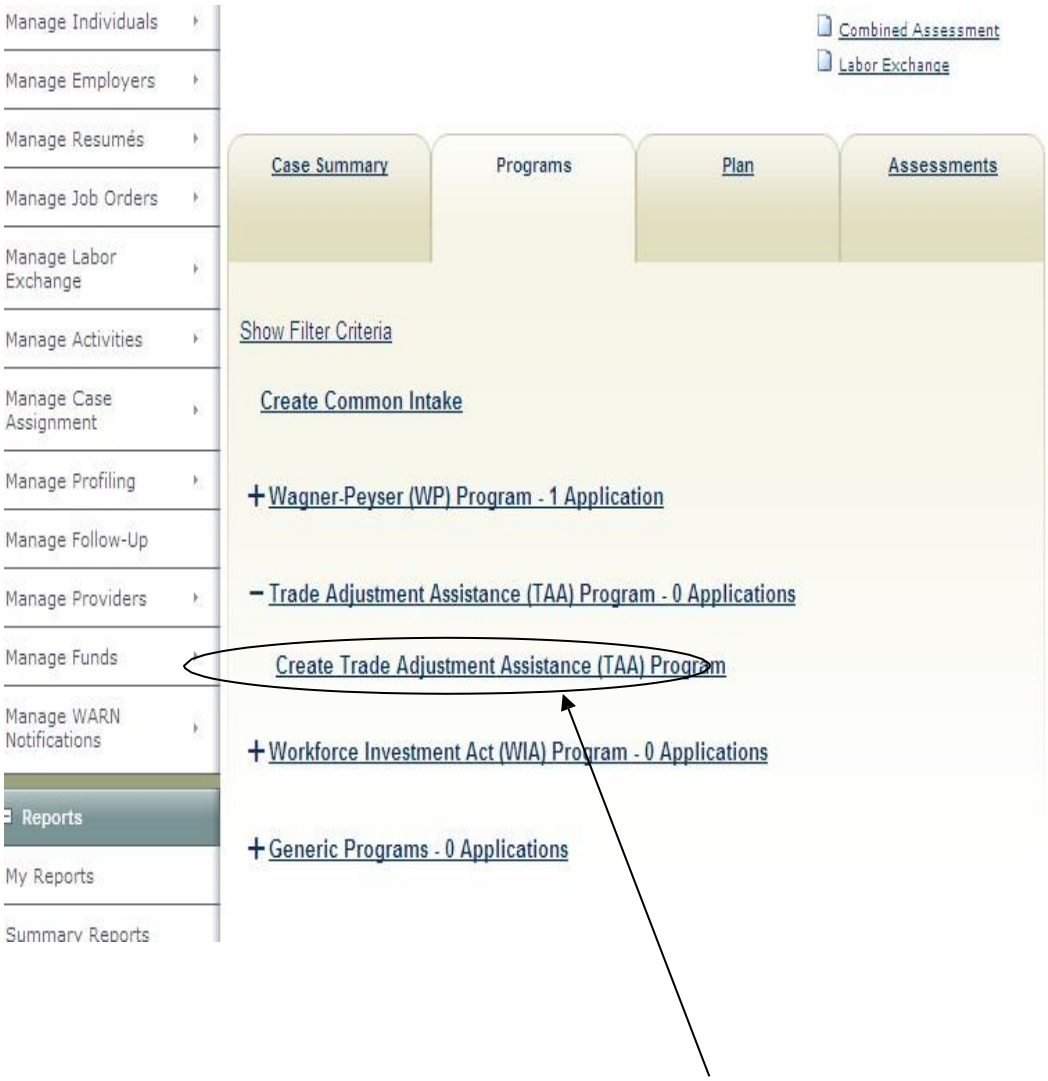
NOTE: *Every participant will need to have a Wagner Peyser Application, Resume, and Virtual Recruiter (job search purposes) completed before we proceed with creating a TAA application. If there is no WP application, we will ask the participant to complete one along with the resume and virtual recruiter (job search purposes), in the resource room before we can assist them further.*

If a Wagner Peyser application, Resume, and Virtual Recruiter (job search purposes) is already present, you must review and verify with the applicant that the information is accurate and up to date.

TRADE ADJUSTMENT ASSISTANCE APPLICATION

Once the Wagner Peyser Application, Resume, and Virtual Recruiter have been completed:

1. Click on the "+ Trade Adjustment Assistance (TAA) Program"

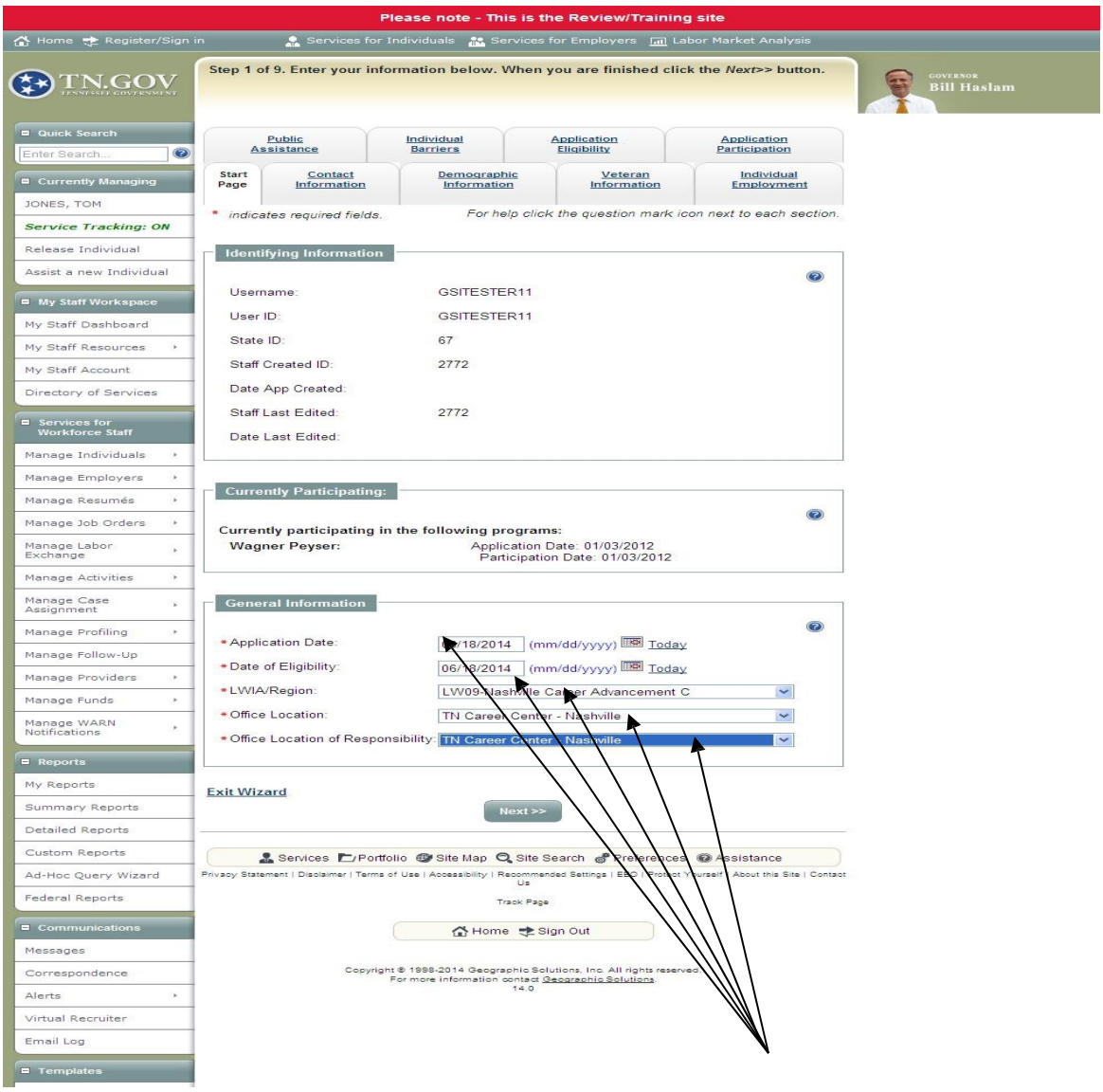


"Create Trade Adjustment Assistance (TAA) Program" is now available (If not Contact your TAA specialist for assistance.)

1. Click on "Create Trade Adjustment Assistance (TAA) Program

NOTE: At this point in the process we are just collecting information to see if this person meets the requirements for the program. There will be 9 input screens to complete the trade application. Most of which will be auto-filled from the Wagner Peyser application. The Wizard will be utilized to work through the application process.

TAA APPLICATION, Start Tab

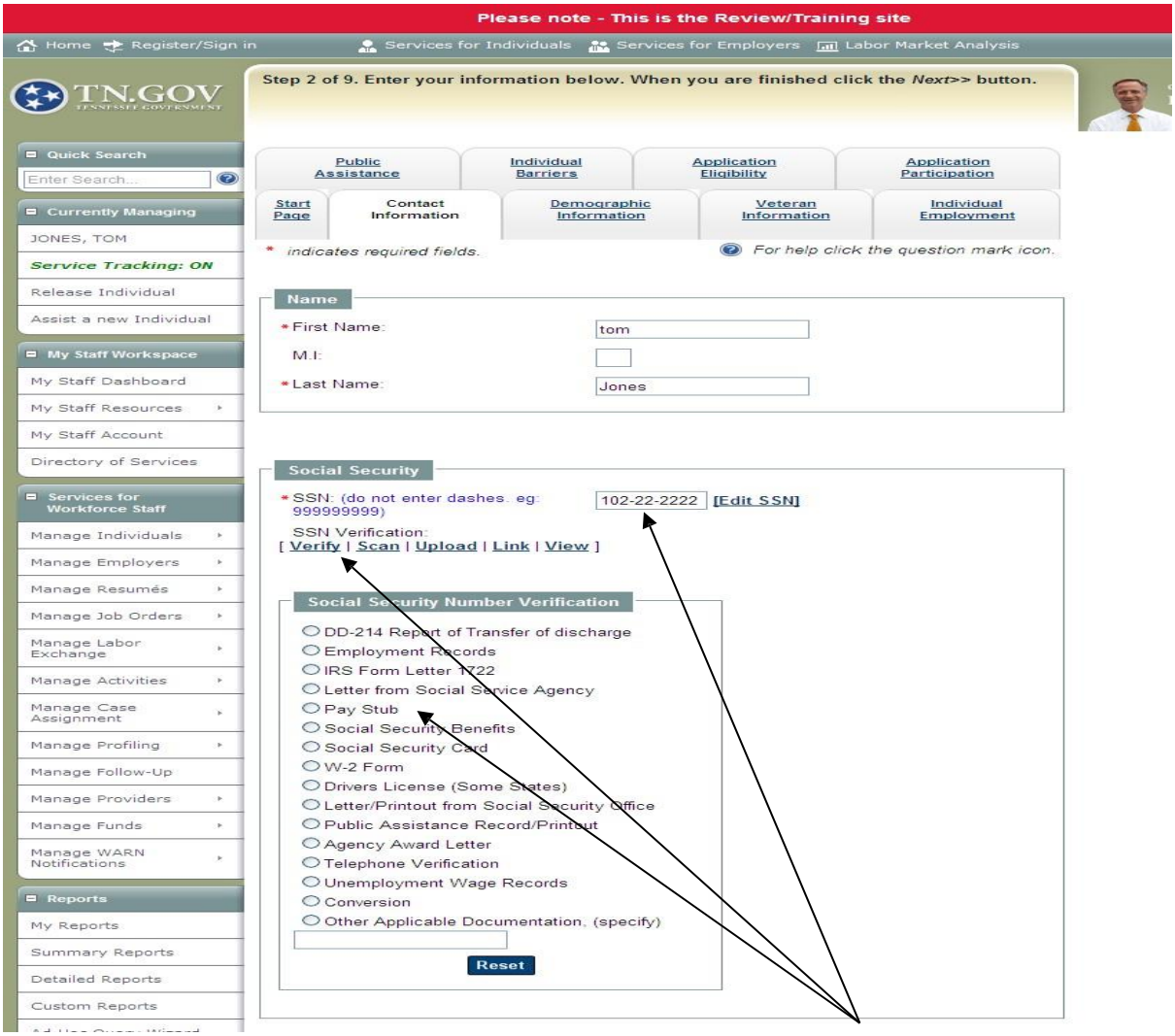


1. Key the “application date”. Use the TRA Claim Date (TRA claim dated can be located in ESCOT on the TMQ1 screen) or Date participant applies for the TAA Program if no TRA Claim has been established.
2. Key in the “date of Eligibility”. This is the decision date of TRA Claim (found in ESCOT on the TMQ1 screen). If there is no TRA claim, use date participant applies for the TAA Program and layoff has been verified to fall within the impact period.
3. Select the “LWIA/Region” from drop-down
4. Select the “Office location” (normally your career center)
5. Select the “Office Location” of Responsibility

Note: The application date is the date in which the impacted participant applies for the program. The date of Eligibility determination is the date the participant is determined to be an adversely affected participant. We may use ESCOT screens to obtain this information or if the impacted participant has a layoff notice from the separating company, then we have to verify as being trade impacted before we can proceed. If the latter is the case, then use the same date as the application date.

6. Press “next” to continue.

Contact Information Tab



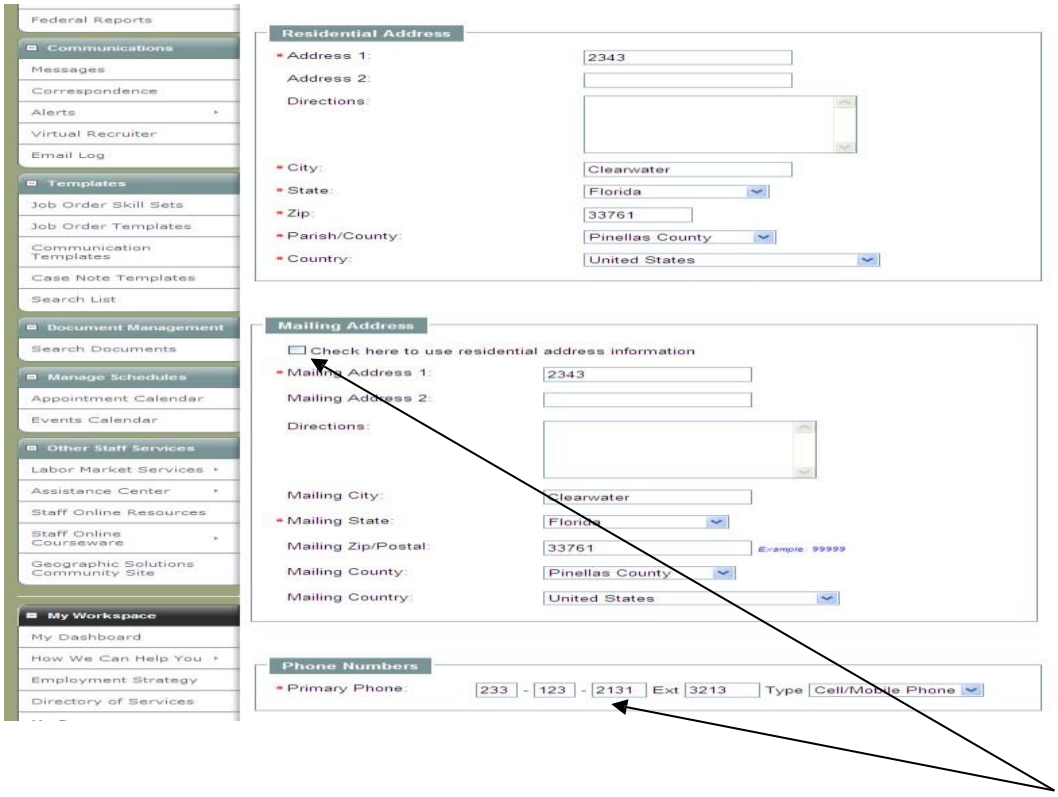
Name

1. First name should already be populated (mandatory field)
2. Last name should already be populated (mandatory field)

Social Security

3. Key "SSN" (mandatory field)
4. Click on "Verify" under SSN Verification (mandatory field)
5. Select documentation used to verify SSN
6. You can also upload the verification document if one has not already been uploaded.

Contact Information Tab (cont.)



Residential Address

1. Address should auto-populate from Wagner Peyser application (mandatory field)

Mailing Address

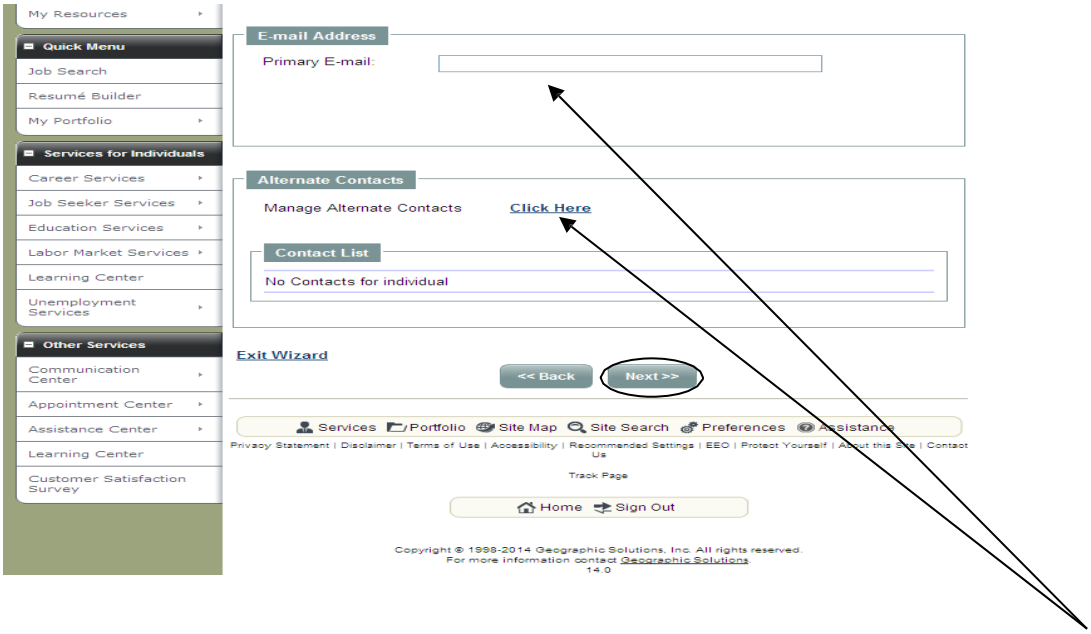
1. Click "Check here to use residential address information" (This will allow the residential address to be used for mailing).

   Note: If the mailing address is different than the residential address, i.e. P. O. Box, please complete the mailing address information.

Phone Number

1. Key phone number and select the appropriate definition for the phone, i.e. home, mobile, work, etc.

Contact Information Tab (cont.)



E-mail Address

NOTE: We need to ensure that we obtain an email address for the TAA participant. If the participant has no email address, one can be developed for them.

1. Key email address

Alternate Contact

1. If participant has an alternate contact, click on "Click Here"

CLICK "NEXT"

*NOTE: If you do not press **Next** here the information you have captured on this tab will not be saved.*

Demographic Information Tab

Please note - This is the Review/Training site

Home | Register/Sign in | Services for Individuals | Services for Employers | Labor Market Analysis

TN.GOV

Step 3 of 9. Enter your information below. When you are finished click the *Next>>* button.

Governor Bill Haslam

Public Assistance | Individual Barriers | Application Eligibility | Application Participation

Start Page | Contact Information | Demographic Information | Veteran Information | Individual Employment

* indicates required fields. For help click the question mark icon.

Individual Information

* Date of Birth: 01/03/1983 (mm/dd/yyyy)

* Date of Birth Verification: [Verify | Scan | Upload | Link | View]

✔ Birth Certificate

Date of Birth and Age Verification

- Baptismal Record with Date of Birth
- Birth Certificate
- DD-214
- Driver's License
- Federal, State or Local Government ID Card
- Hospital Birth Record
- Passport
- Public Assistance/Social Service Record
- School Records/Identification
- Work Permit
- Decree of court
- Native American Tribal Document
- Tribal Record with Date of Birth
- Conversion
- Other Applicable Documentation, (specify)

Reset

Age: 31

* Gender: Female / Male

* Do you have a disability?
- Yes, I do have a disability.
- No, I don't have a disability.
- I do not wish to answer (optional)

Disability Verification: [Verify | Scan | Upload | Link | View]

Type of Disability: None Selected

* Are you a U.S. Citizen? Citizen of U.S. or U.S. Territory

USCIS (Alien Registration) Number: e.g. A123456789

USCIS (Alien Registration) Expiration Date: (mm/dd/yyyy)

Educational Information

* Individual Registration Highest Grade Completed: Bachelor's degree or equivalent

* Federally Reported Highest Grade Completed: Bachelor's degree or equivalent

Quick Search | Currently Managing | My Staff Workspace | Services for Workforce Staff | Reports | Communications

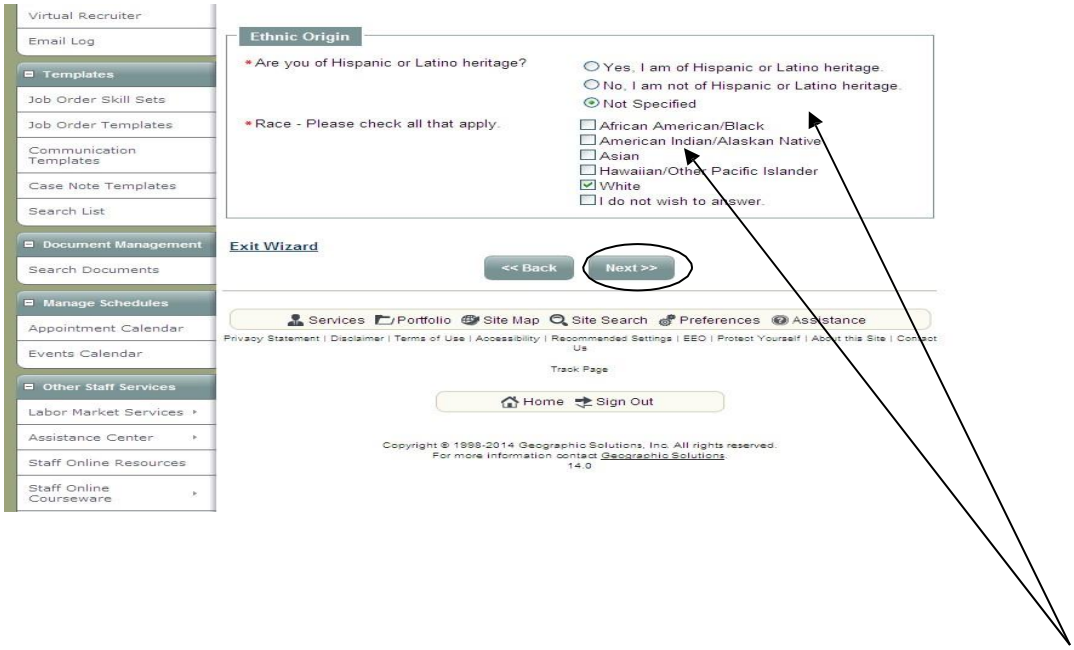
Individual Information

1. Birthday should auto-populate from Wagner Peyser application (mandatory field)
    a. If not already verified, Click on "Verify" under Date of Birth verification (mandatory field)
    b. Select document used for verification (mandatory field)
    c. Upload copy of verification document if one is not already available.
2. Gender should auto-populate from Wagner Peyser application (mandatory field)
3. Disability should auto-populate from Wagner Peyser (mandatory field)
    a. If there is a disability, if not already verified, click on "Verify" to the right of Disability Verification (mandatory field)
    b. Select appropriate verification
    c. If necessary upload verification of disability
4. "Are you a U.S. Citizen, should auto-populate from the Wagner Peyser application. Complete USCIS information if participant is not a U.S. Citizen. (mandatory field) "Verify" if necessary.

Educational Information

5. Select appropriate education level completed under Individual Registration Highest Grade Completed (mandatory)
6. Select highest graded completed under Federally Reported Highest Grade Completed (mandatory)

Demographic Information Tab (cont.)



Ethnic Origin

1. Select appropriate answer to, “Are you of Hispanic or Latino heritage?” (mandatory field)
2. Select appropriate answer to, “Race – Please check all that apply. (mandatory field)

CLICK “NEXT”

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Veteran Information

Please note - This is the Review/Training site

Home | Register/Sign in | Services for Individuals | Services for Employers | Labor Market Analysis

TN.GOV

Step 4 of 9. Enter your information below. When you are finished click the *Next>>* button.

GOVERNOR Bill Haslam

Quick Search
Enter Search...

Currently Managing
JONES, TOM
Service Tracking: ON
Release Individual
Assist a new Individual

My Staff Workspace
My Staff Dashboard
My Staff Resources
My Staff Account
Directory of Services

Services for Workforce Staff
Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Case Assignment
Manage Profiling
Manage Follow-Up
Manage Providers
Manage Funds
Manage WARN Notifications

Reports
My Reports

Public Assistance | Individual Barriers | Application Eligibility | Application Participation

Start Page | Contact Information | Demographic Information | Veteran Information | Individual Employment

* *indicates required fields.* *For help click the question mark icon.*

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

* **Question 1.** Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? ○ Yes ◉ No

* **Question 2.** Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service? ○ Yes ◉ No

* **Question 3.** Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? ○ Yes ◉ No

If you answered No to questions 1, 2 and 3 above please proceed to the bottom of the page and click the Next button.

Exit Wizard

<< Back | Next >>

Services | Portfolio | Site Map | Site Search | Preferences | Assistance

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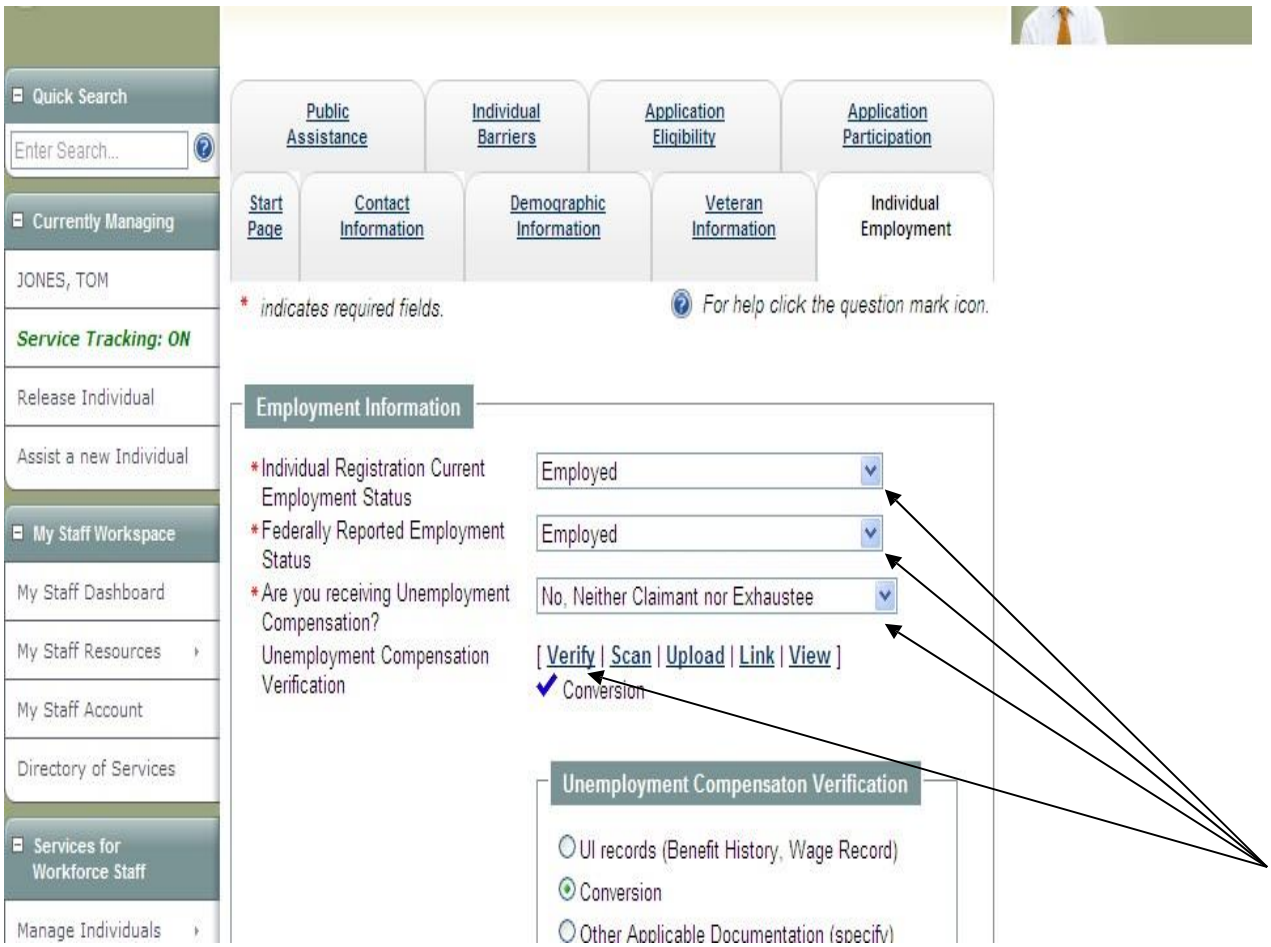
Military Service

1. These 3 questions should be auto-populated from Wagner Peyser. Verify they are answered correctly before continuing. (mandatory field)

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

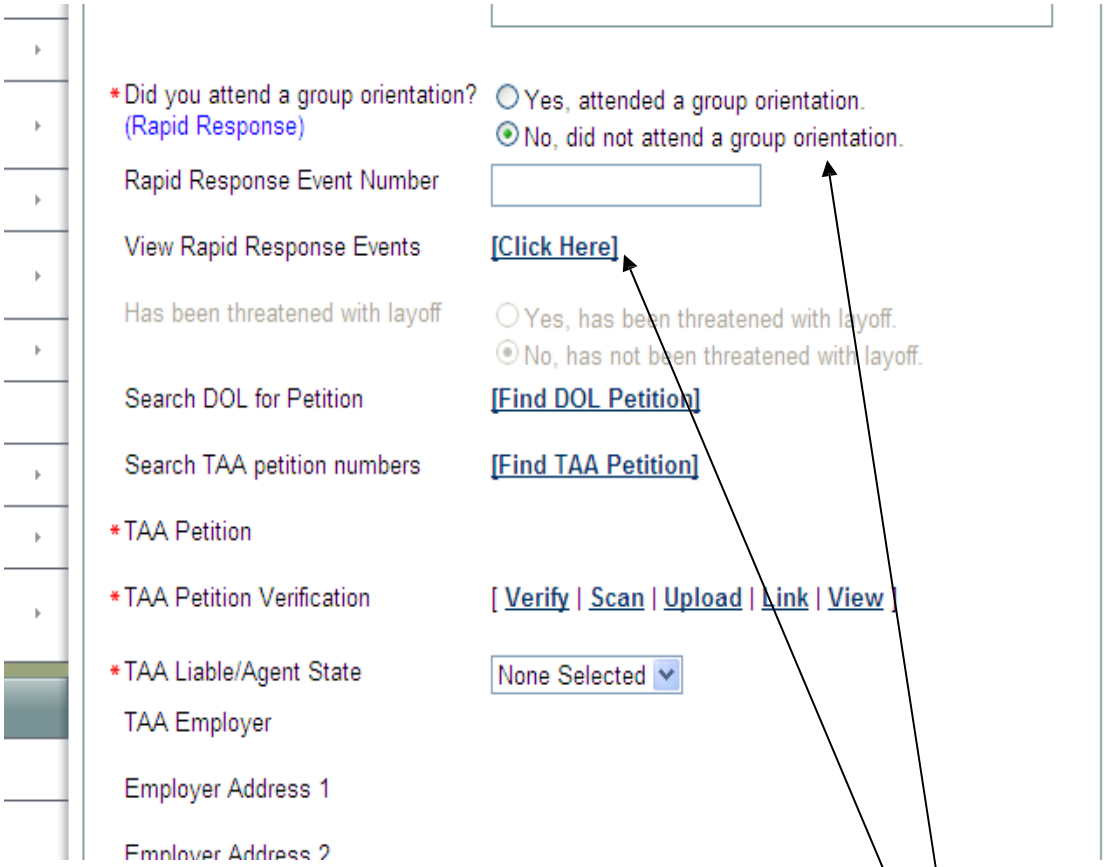
Individual Employment Tab



Employment Information

1. Select the appropriate answer to “Individual Registration Current Employment Status.” (mandatory)
2. Select the appropriate answer to “Federally Reported Employment Status.” (mandatory)
3. Select the appropriate answer to “Are you receiving Unemployment Compensation?” (mandatory)
4. If the answer to question #3 is anything other than “No, neither claimant nor exhaustee” click on “Verify”
5. Select the appropriate documentation and if necessary upload a copy of the document into the system.

Individual Employment Tab (cont.)

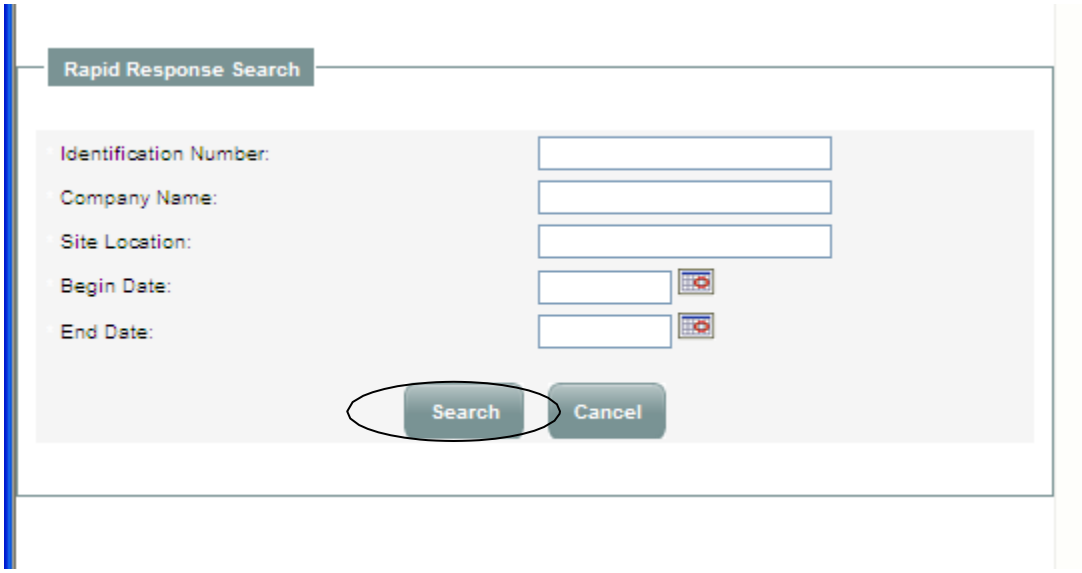


Rapid Response

1. Select the appropriate answer to “Did you attend a group orientation?” (Rapid Response)(mandatory)
2. Click on “Click Here” to locate a Rapid Response Event Number.

Note: If they have attended a rapid response meeting you must select “Yes” on “Did they attend a group orientation?” in order for this information to be captured for reporting purposes.

Rapid Response Search Screen



1. Rapid Response Events can be searched by any of the following:
   - Identification Number
   - Company Name
   - Site Location
   - Begin Date
   - End Date

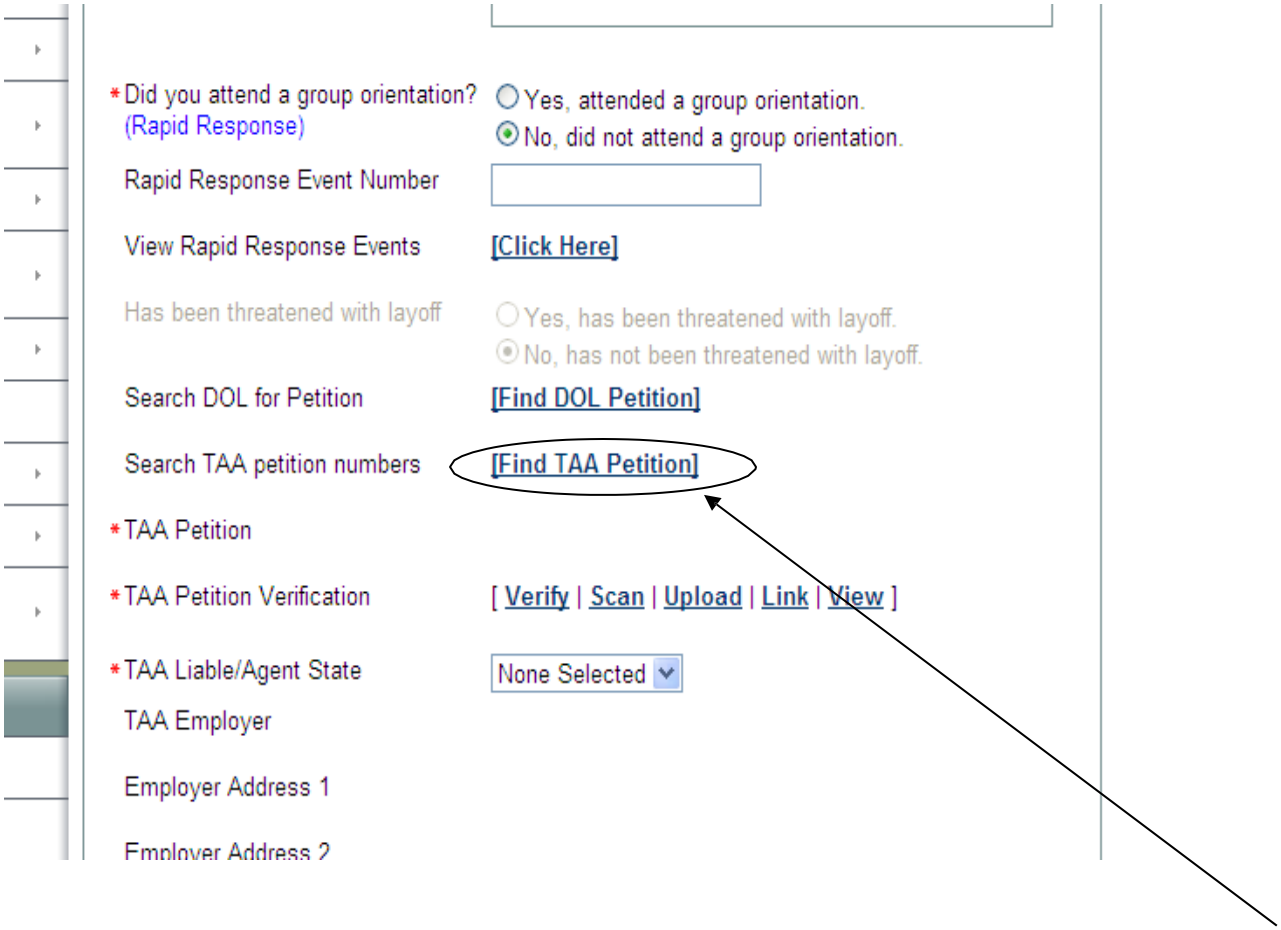
2. Enter the search criteria
3. Click Search

Events Listing

Event Number	Company Name	Site Location	Begin Date	End Date
99999999999	Event not Listed	Event not Listed	01/01/1974	12/31/2020
10118	Goodyear Tire & Rubber Co	Goodyear Tire & Rubber Co	09/01/2006	09/01/2006
11908	Goodyear Tire & Rubber Co	Goodyear Tire & Rubber Co	02/28/2009	06/30/2009
13138	Goodyear Tire and Rubber Co	Goodyear Tire and Rubber Co	07/11/2011	12/31/2011
13164	Goodyear Tire and Rubber Co	Goodyear Tire and Rubber Co	07/11/2011	12/31/2011

1. Click on “Event Number”
2. Rapid Response event number will populate on the Individual Employment Tab beside “Rapid Response Event Number
3. If the employer does not show up and you know they attended an event please select #99999999 “Event not Listed”.

Individual Employment Tab (cont.)



Petition

1. To complete petition information, click on "Find TAA Petition"
2. The "Filter Criteria" screen will appear.

Note: If participant application happens to be a conversion record, a petition search is still required so that the dislocating employment information will be populated.

Note: Any employment information not populated must be manually enter.

Individual Employment Tab (cont.)
Petition Filter Criteria Screen

– Hide Filter Criteria

Filter Criteria	
Petition Number	
Company Name	
Decision Date	From mm/dd/yyyy To mm/dd/yyyy
Impact Date	From mm/dd/yyyy To mm/dd/yyyy
Expiration Date	From mm/dd/yyyy To mm/dd/yyyy
City	
State	
Zip code	
Status	All Active Inactive

[Apply Filter | Reset Filter]

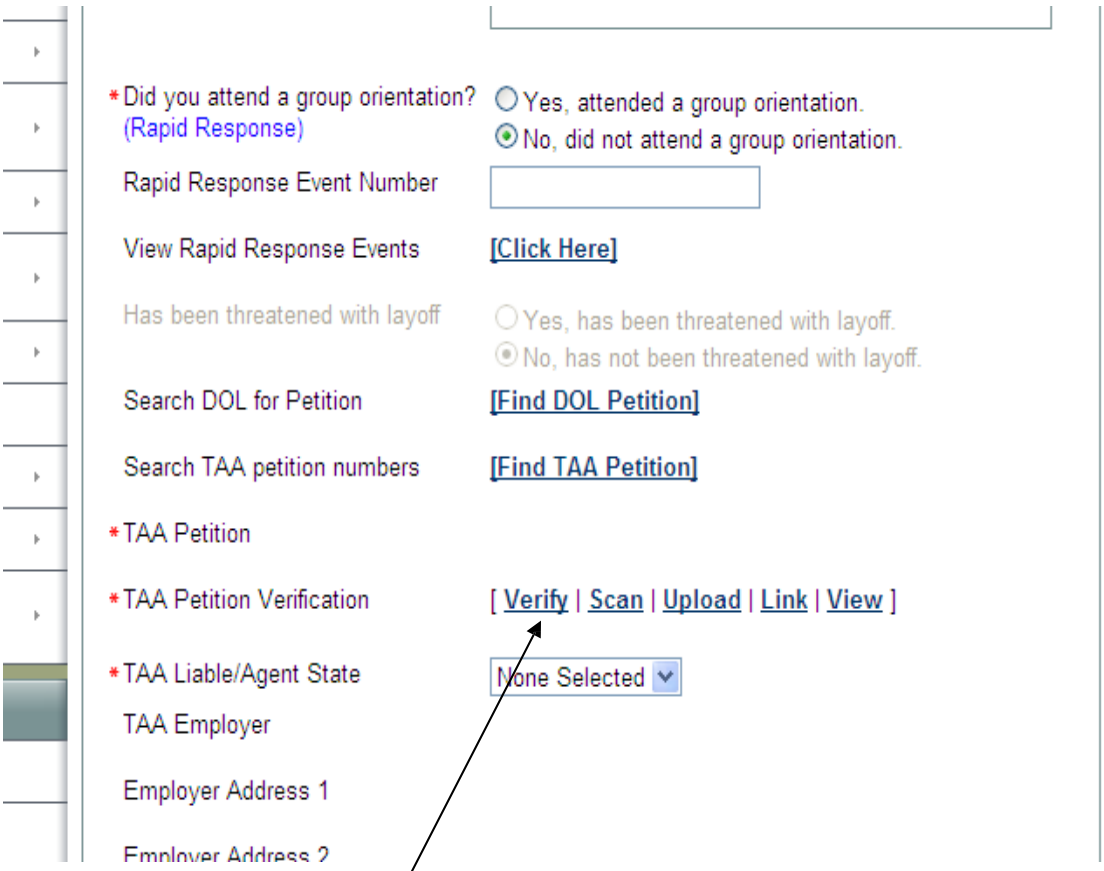
TAA Petition Number	Company Name	City	State	Zip	Employer Contact	ATAA Certified
81945	Pfizer	Knoxville	TN	37901	Jonas Smith	Yes
75252	Goodyear Tire and Rubber	Gadsden	AL	35903	Susie Q	Yes
82939	Volex, Inc.	Hickory	NC	28602	HR	Yes

Add New TAA Petition

1. On this screen you can filter by:
   - Petition Number
   - Company Name
   - Decision Date
   - Impact Date
   - Expiration Date
   - City
   - Zip Code
   - Status
2. Key the search information and click "Apply Filter"
3. The Petition information should appear
4. Click on the appropriate Petition Information

NOTE: The option to add a new petition may only be accessed by TAA Central Office Staff.

Individual Employment Tab (cont.)

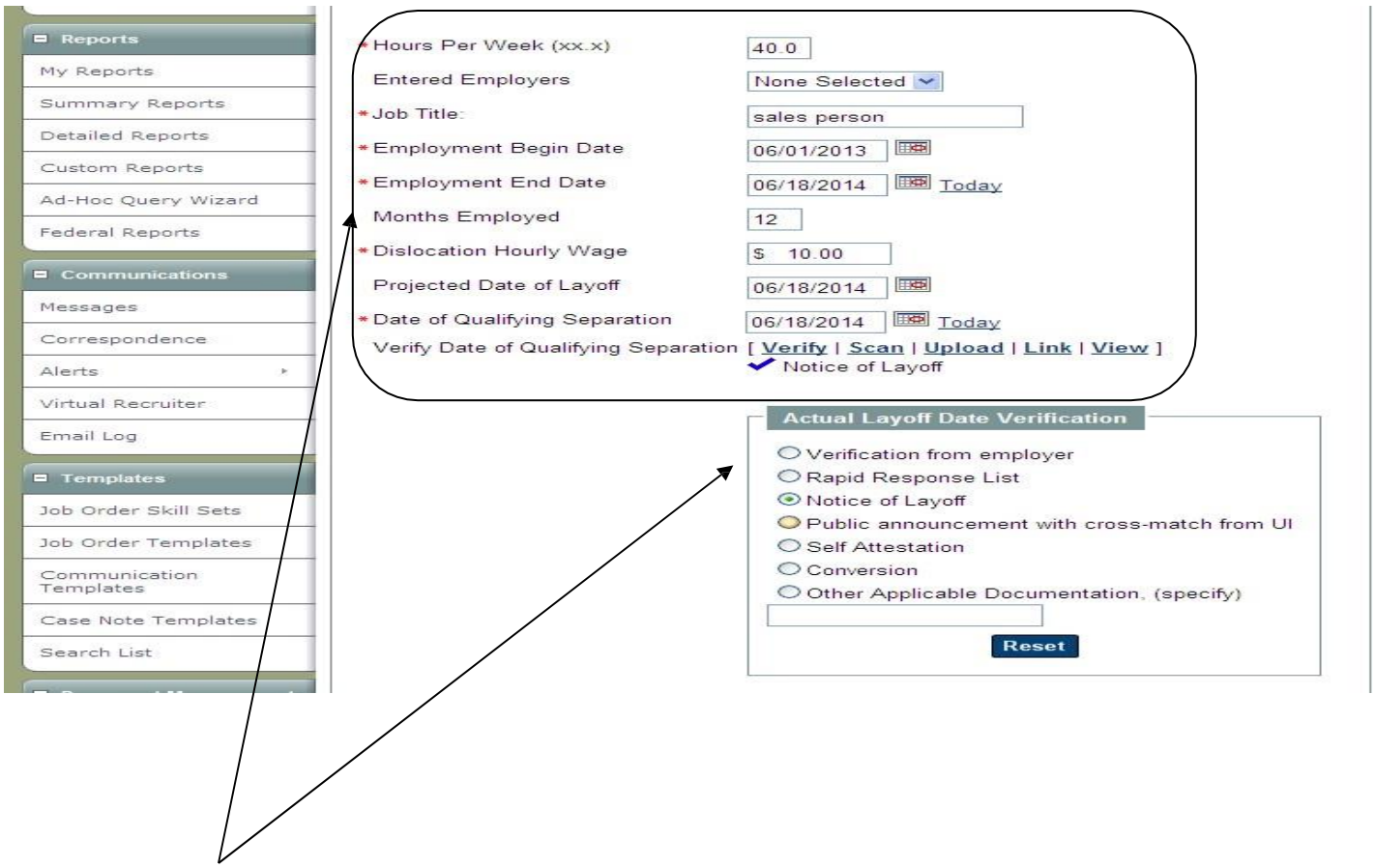


1. TAA Petition, will appear after the petition has been selected on the Filter screen (mandatory)
2. Click "Verify" to the right of TAA Petition Verification and select the appropriate documentation (mandatory)
3. Select the appropriate answer to "TAA Liable/Agent State" (mandatory)

NOTE: Liable State is the <u>state that holds the petition and pays the TRA benefits</u>. Agent State is the state that assists the liable <u>state with training funds when the participant is an out-of – state participant</u>. Select both when Tennessee is the petition state and the state covering the training cost.

4. Petition information, i.e. company and address will appear after the petition has been selected on the Filter screen.

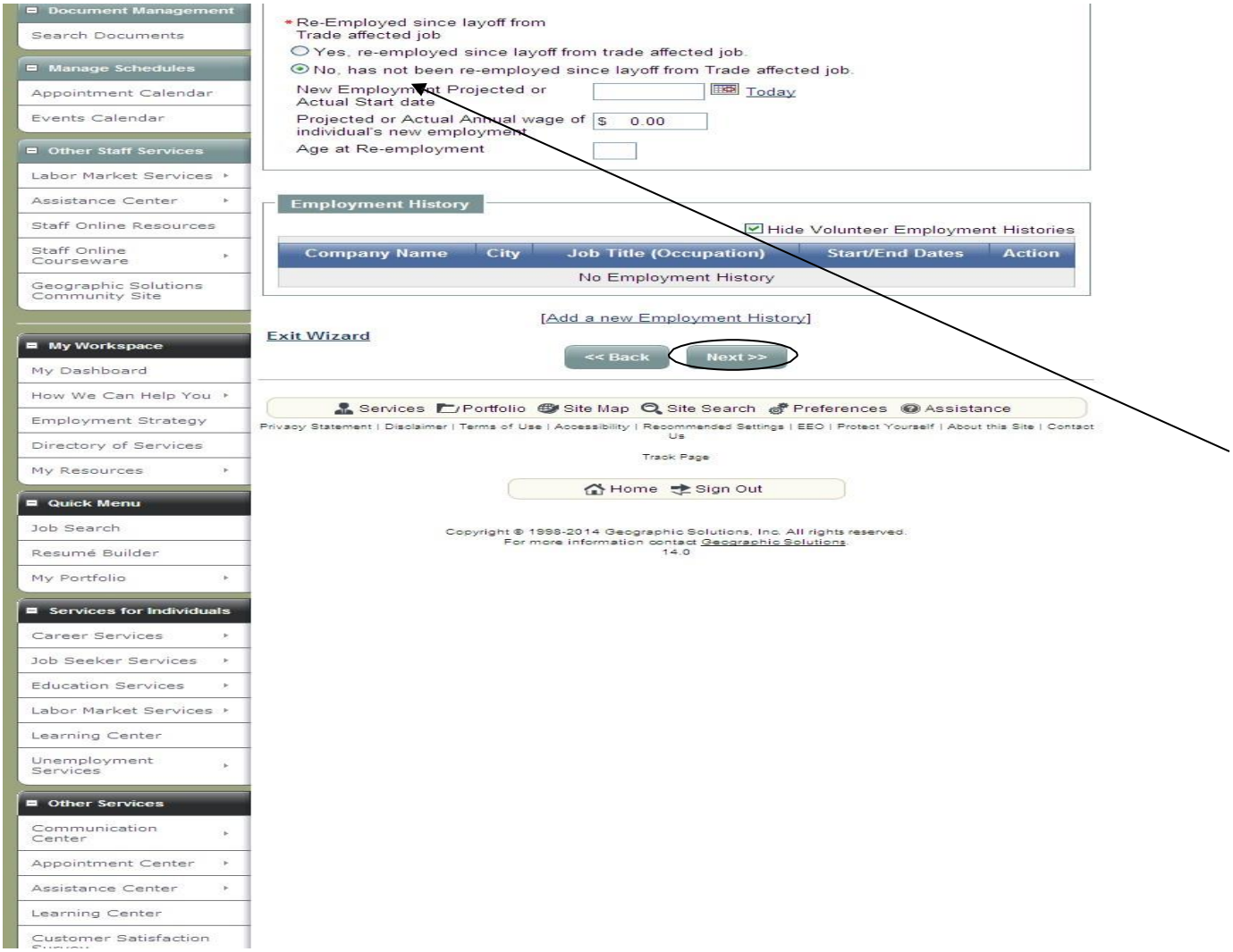
Individual Employment Tab (cont.)



Dislocating Employment Information

1. Key number of Hours per Week. (mandatory) Must be keyed in xx.x format, Or like 00.0
2. Key dislocating job title (mandatory)
3. Key "Employment Begin Date" with the dislocating employer. (mandatory)
4. Key "Employment End Date' from the dislocating employer. (mandatory)
5. Months Employed will auto-populate
6. Key "Dislocating Hourly Wage" (mandatory). This is the wage the participant was making when he/she was laid off.
7. Key the "Date of Qualifying Separation" (mandatory). This information can be found in ESCOT on the TMQ1 (*shows TMQ4*) Screen. It would be identified as the Separation Date.
8. Click "Verify" to the right of Verify Date of Qualifying Separation
    a. Select the appropriate documentation used for verification. (mandatory)

Individual Employment Tab (cont.)

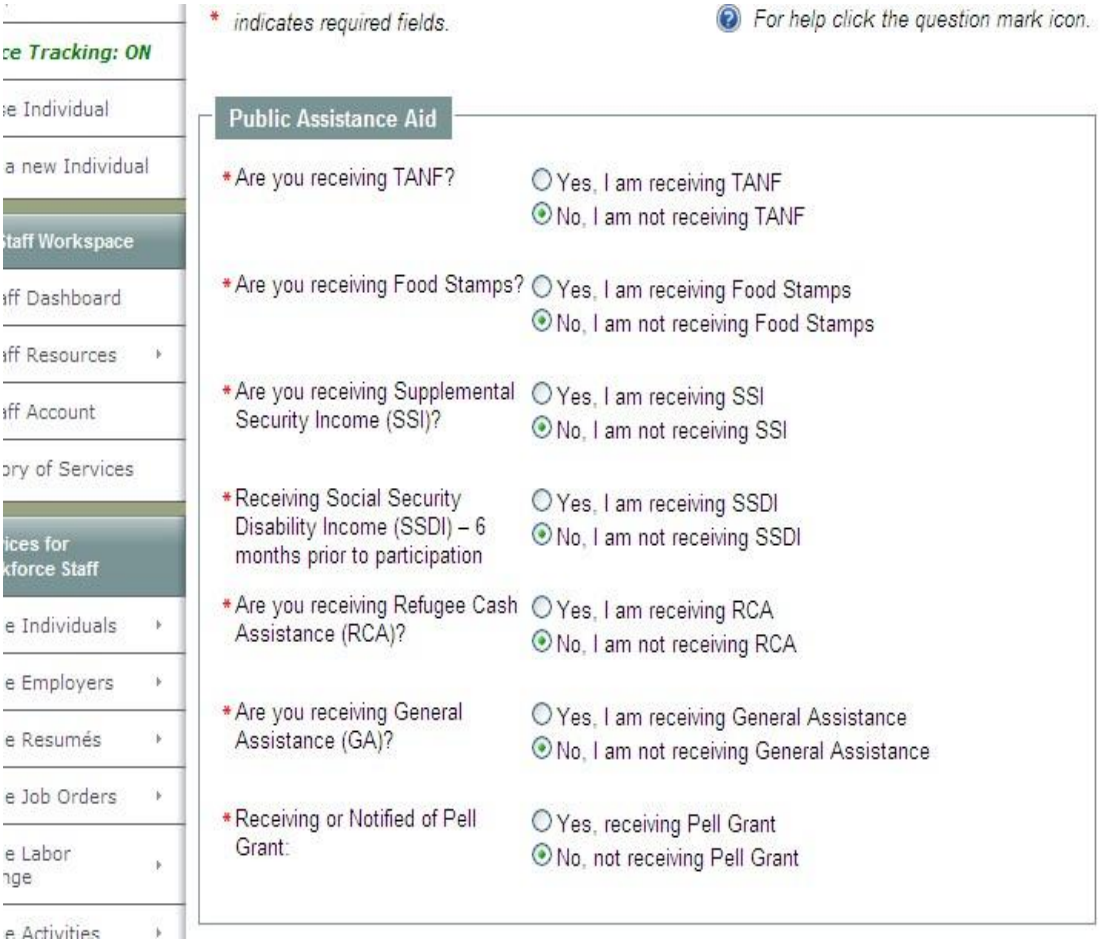


1. Re-employment since layoff from trade affected job is mandatory
2. Select the appropriate answer and complete the remaining information if applicable.

CLICK "NEXT"

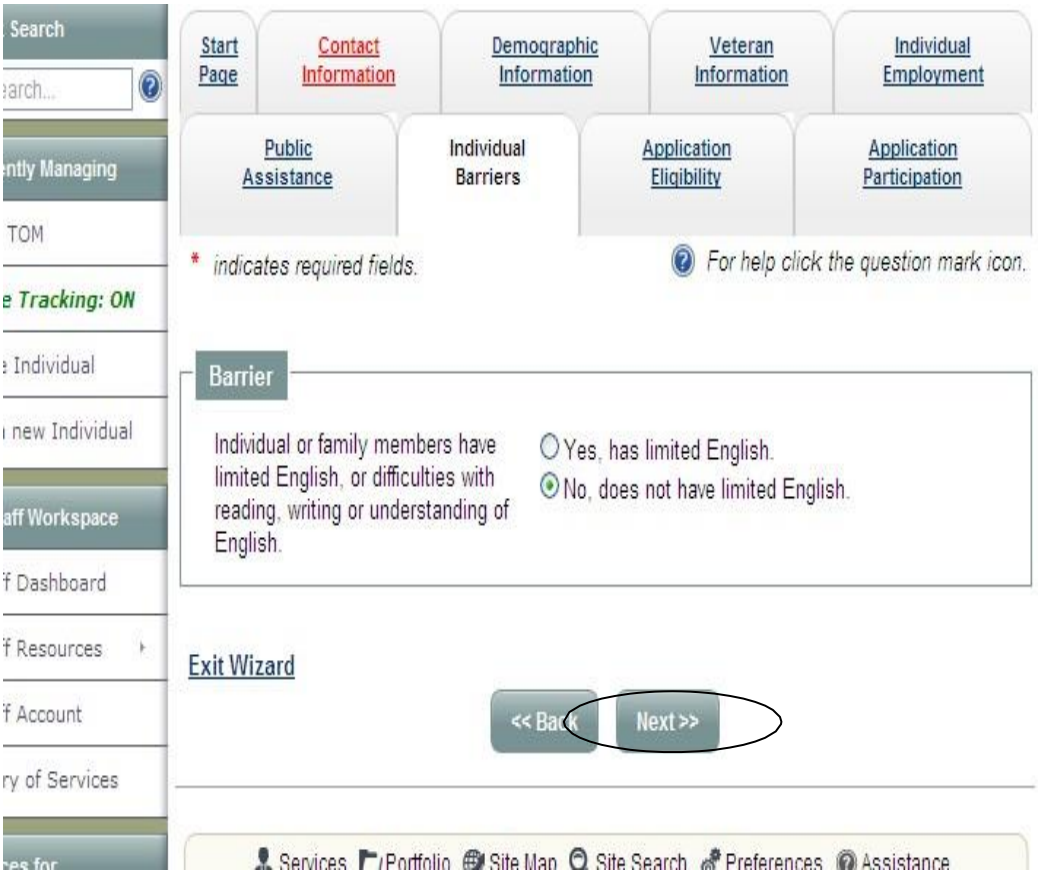
*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Individual Employment Tab (cont.)
Public Assistance Tab



1. These are questions that the participant should have answered when completing the Wagner Peyser Application. All questions should be answered.
2. Review for accuracy and correct if necessary.

Individual Barriers Tab

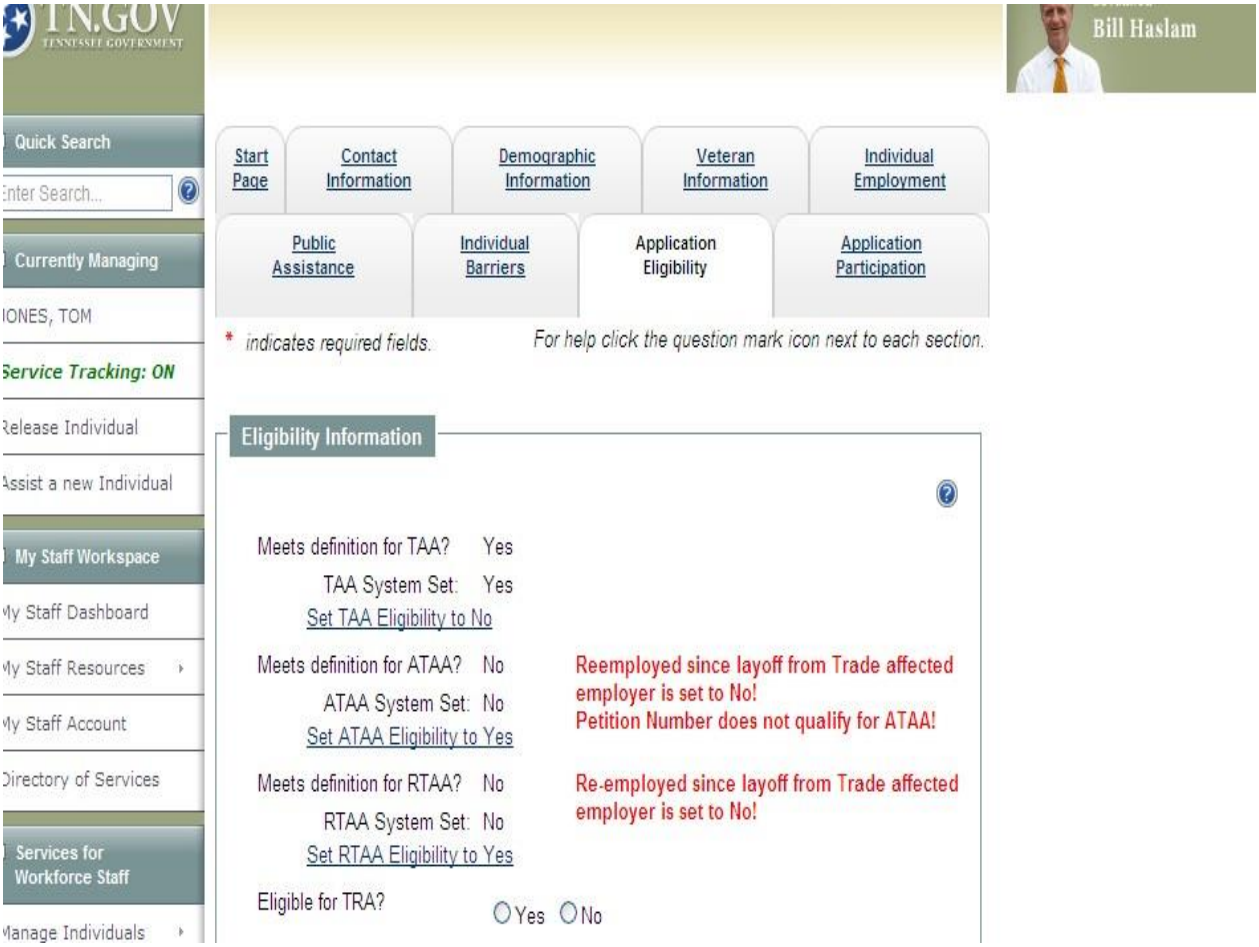


1. Select appropriate answer to “Individual or family members have limited English…

CLICK “NEXT”

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Application Eligibility Tab

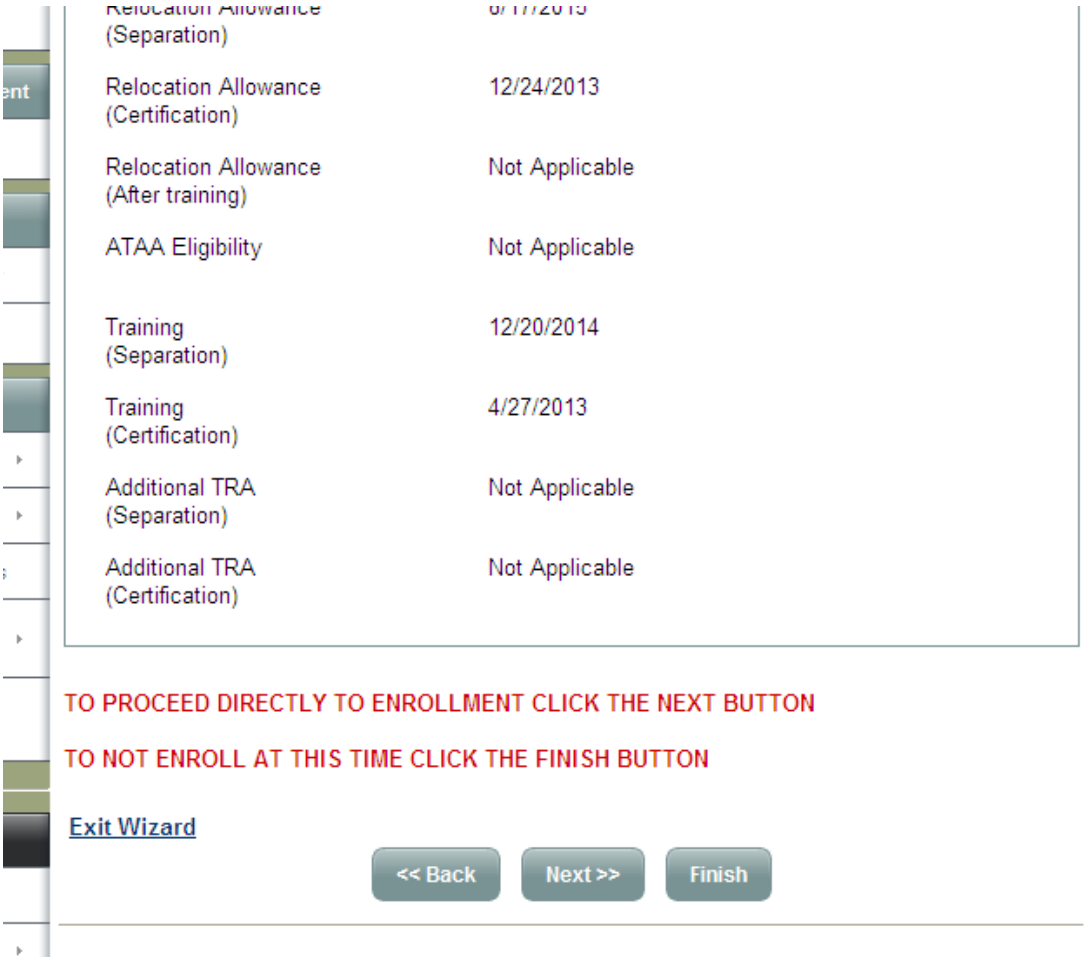


1. Meets definition of TAA will indicate yes or no
2. Meets definition of ATAA will indicate yes or no
3. Meets definition of RTAA will indicate yes or no
4. Eligible for TRA, if you are aware that the participant is drawing TRA mark eligibility "Yes". Leave blank if you are not sure.

NOTE: At this point you should have a good idea as to whether the participant is in fact trade impacted. If the answers do not appear to be accurate some investigation may need to be conducted. Contact your Trade Specialist in Central Office for assistance.

NOTE: Case Notes are a must for everything we do in Trade. Update case notes as you work through the enrollment process to ensure needed information is available for eligibility determination.

Completion of the Application



Relocation Allowance (Separation)	6/17/2015
Relocation Allowance (Certification)	12/24/2013
Relocation Allowance (After training)	Not Applicable
ATAA Eligibility	Not Applicable
Training (Separation)	12/20/2014
Training (Certification)	4/27/2013
Additional TRA (Separation)	Not Applicable
Additional TRA (Certification)	Not Applicable

TO PROCEED DIRECTLY TO ENROLLMENT CLICK THE NEXT BUTTON

TO NOT ENROLL AT THIS TIME CLICK THE FINISH BUTTON

Exit Wizard

<< Back | Next >> | Finish

Note: At this point in the process you are ready to enroll the participant. To enroll a participant into the TAA program you must enter at least one activity.

CLICK "NEXT" if you are ready to enroll. CLICK "FINISH" if not

Note: If you click finish at this point you can go ahead and print the application. If you chose to click next to proceed to the enrollment and activity you can wait to print the application when those are finished. (Print instruction can be located on page 42 of this manual.

NOTE: If you do not press either Next or Finish here the information you have captured on this tab will not be saved.

Application Participation Tab

Please note - This is the Review/Training site

Home | Register/Sign in | Services for Individuals | Services for Employers | Labor Market Analysis

TN.GOV

Manage Case Participation Record.

GOVERNOR Bill Haslam

Quick Search

Enter Search...

Currently Managing

JONES, TOM

Service Tracking: ON

Release Individual

Assist a new Individual

My Staff Workspace

My Staff Dashboard

My Staff Resources

My Staff Account

Directory of Services

Services for Workforce Staff

Manage Individuals

Manage Employers

Manage Resumes

Manage Job Orders

Manage Labor Exchange

Manage Activities

Manage Case Assignment

Manage Profiling

Manage Follow-Up

Manage Providers

Manage Funds

Manage WARN Notifications

Reports

My Reports

Summary Reports

Detailed Reports

Custom Reports

Ad-Hoc Query Wizard

Federal Reports

Communications

Start Page | Contact Information | Demographic Information | Veteran Information | Individual Employment | Public Assistance | Individual Barriers | Application Eligibility | Application Participation

* indicates required fields.

For help click the question mark icon.

General Information

Staff Username	2772
State ID	67
Name	tom Jones
Application Date	06/18/2014

Participation Information

* Participation Date	06/18/2014 (mm/dd/yyyy) Today
Participation Age	31
* Highest Education Level Achieved	Bachelor's degree or equivalent
* Are You Attending School?	Not attending school,H.S. Graduate
* Employment Status at Time of Participation	Employed
* UC/UI Eligibility status at Participation	No, Neither Claimant nor Exhaustee

Exit Wizard

<< Back | Next >>

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Participant Information

1. Key "Participation Date" In most cases that would be the current date. (mandatory)
2. Participation Age will auto-populate from the Wagner Peyser application
3. Select appropriate answer for "highest education level achieved. (mandatory)
4. Select appropriate answer for "are you attending school?" (mandatory)
5. Select appropriate answer for "employment status at time of participation" (mandatory)
6. Select appropriate answer for " UC/UI eligibility status at participation" (mandatory)

CLICK "NEXT"

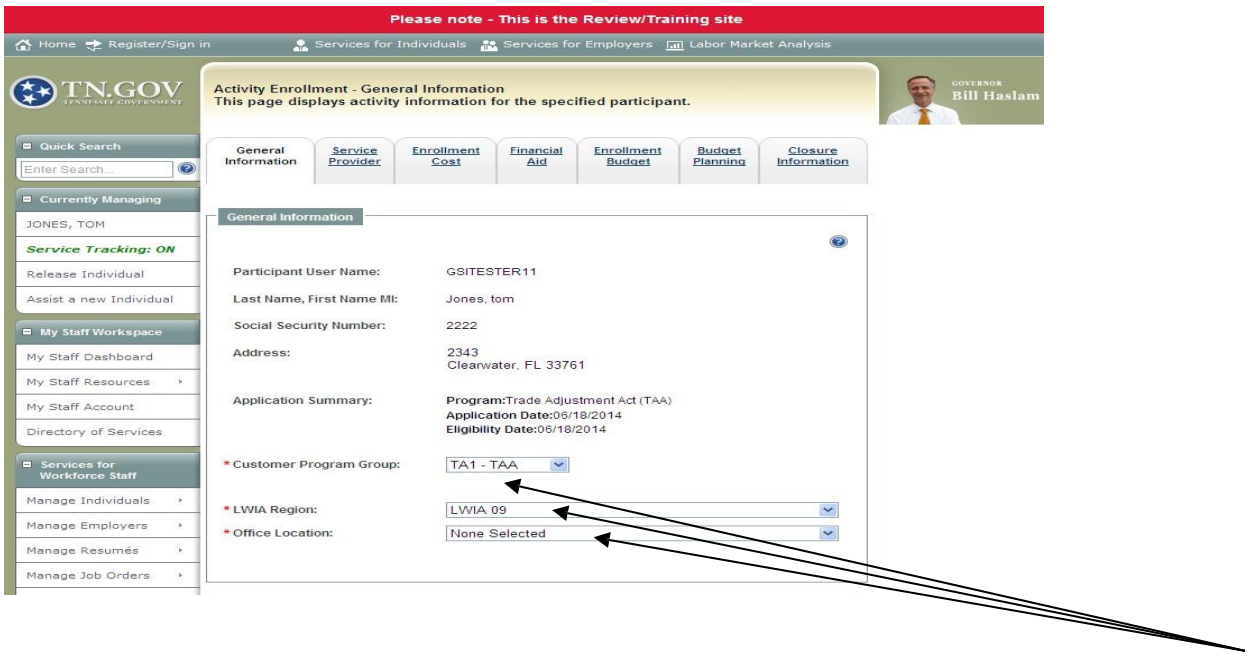
*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

NOTE: To start participation you must give the participant an activity. The date that you give the client their first activity is the applicant's participation date.

NOTE: Activity Enrollment is up to 7 screens. For non-funded activity you will use only 3 of the tabs. If this activity is a funded activity, all 7 screens will be utilized by both you and your TAA Specialist.

NOTE: The very first activity we should see on a trade impacted participant is ***Initial Assessment!!!!*** *(For basic services provided by career center staff, the provider will be the Tennessee Department of Labor.)*

General Information Tab

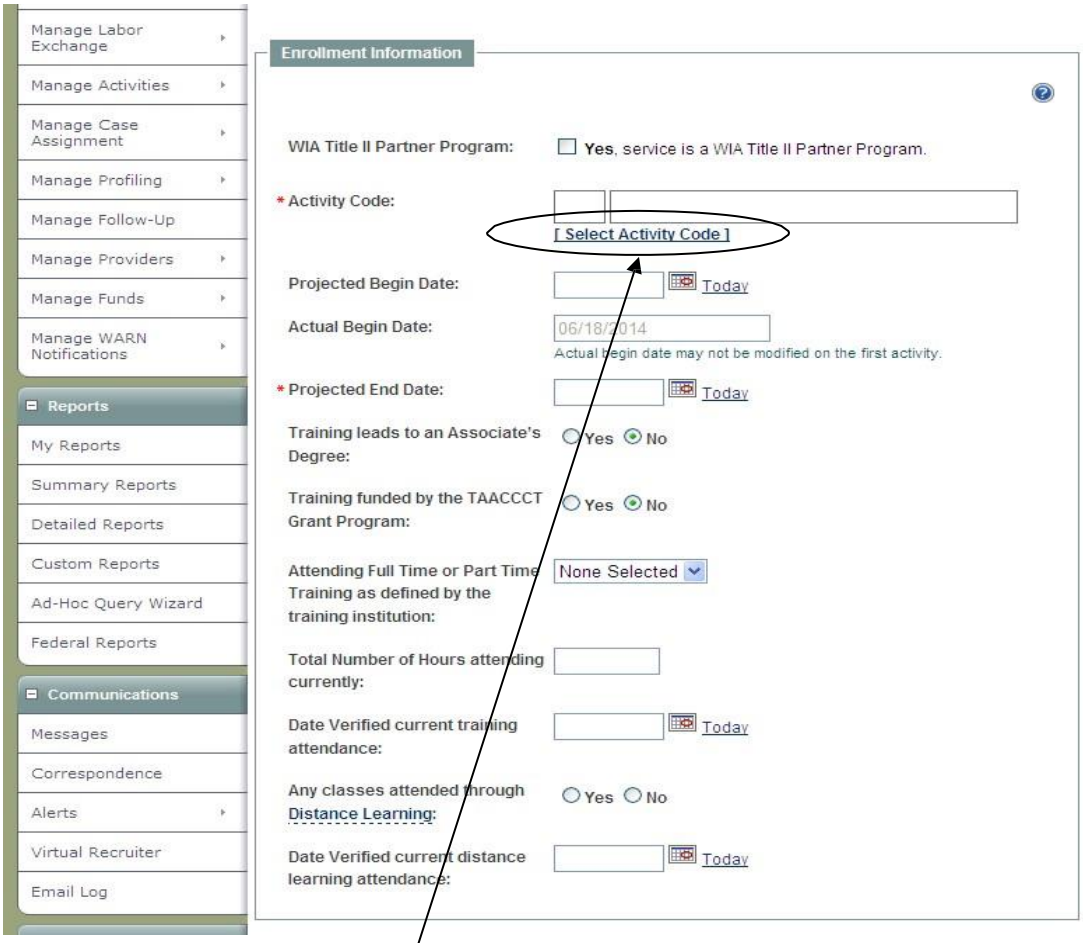


This is general information on the trade impacted participant. It gives you his "user name", his name, last 4 digits of his SSN, address, and application Summary.

His application summary identifies the participant's application date and eligibility date.

1. Select the appropriate "Customer Program Group. (mandatory) For Trade this will be "TAA" (mandatory)
2. Select the appropriate LWIA/Region if not already identified. (mandatory)
3. Select the appropriate Office Location if not already identified. (mandatory)

General Information Tab (cont.)



Enrollment Information

4. Click on "Select Activity Code"

NOTE: There are some activities that are fundable and some that are not.

General Information Tab (cont.)

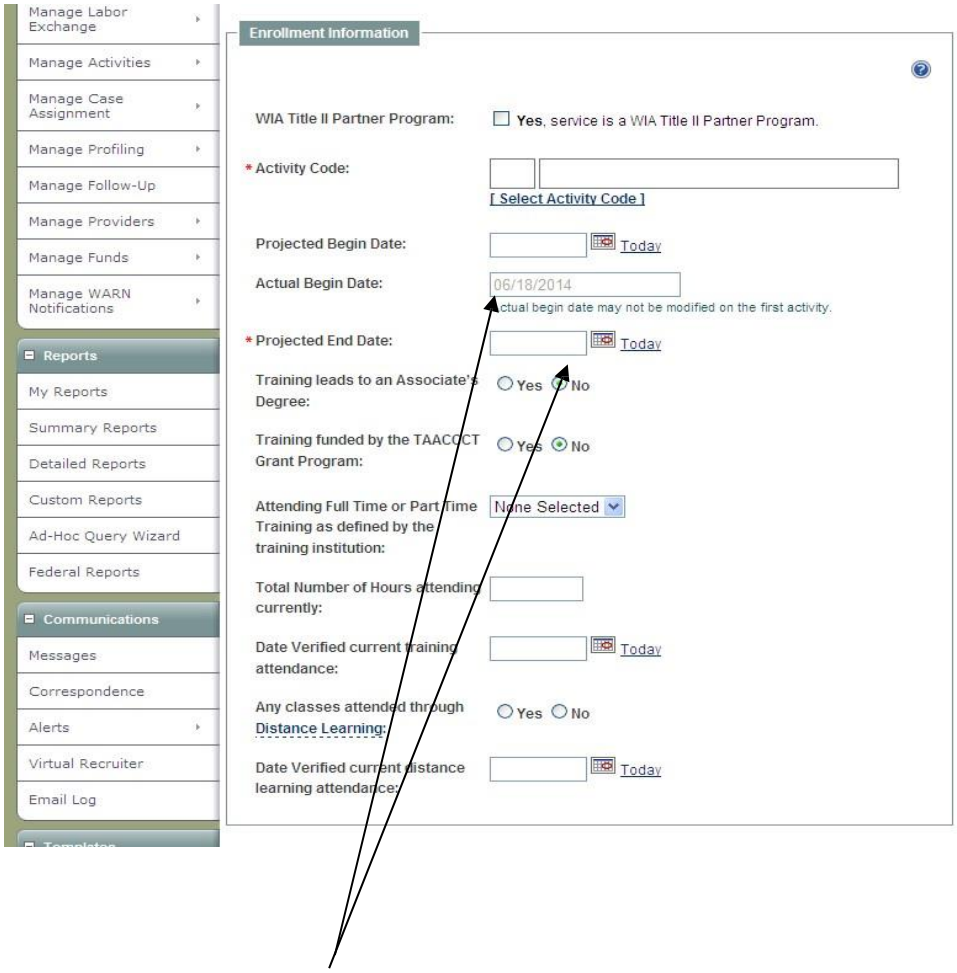
Activity Screen

This is a list of activity codes that can be utilized in the trade program. In this example we have selected Initial Assessment Code 102.This is not a fundable activity. All TAA participants must have this activity and should be your first activity.

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	rov· er ype
001	Hold waiting for activit es or health/medical	PS - Office Services
101	Orientat on	PS - Office Services
102	Initial Assessment	PS - Office Services
107	Provision Of abor Market Research	PS - Office Services
110	Attended Ragid Resgonse	PS - Office Services
125	Job Search/Placement Asst. inc. Career Counseling	PS - Office Services
185	Suggort Service -Other	SS- Other
202	Career Guidance/Planning	PS - Office Services
205	Develog Service Strategies (IEP/ISS/EDP}	PS - Office Services
209	Referred To State And Local Training	PS - Office Services
210	Referred To Educational Services	PS - Office Services
211	Referred To WIANIIOA	PS - Office Services
214	Adult Literacy. Basic Skills or GED Pregarat on	PS- Other
215	Short Term Pre-Vocational Services	PS- Other
217	Suggortive Service - Relocation assistance	SS - Relocation
222	English as a Second anguage (ESL}	PS - Training Non-ITA
231	Waiver - Recall	PS - Office Services
232	Waiver - Marketable Skills	PS - Office Services
233	Waiver- Ret remert	PS - Office Services
234	Waiver- Poor Health	PS - Office Services
235	Waiver - Dellay for Training	PS - Office Services
236	Waiver - Traininq Not Avai able	PS - Office Services

General Information Tab (cont.)

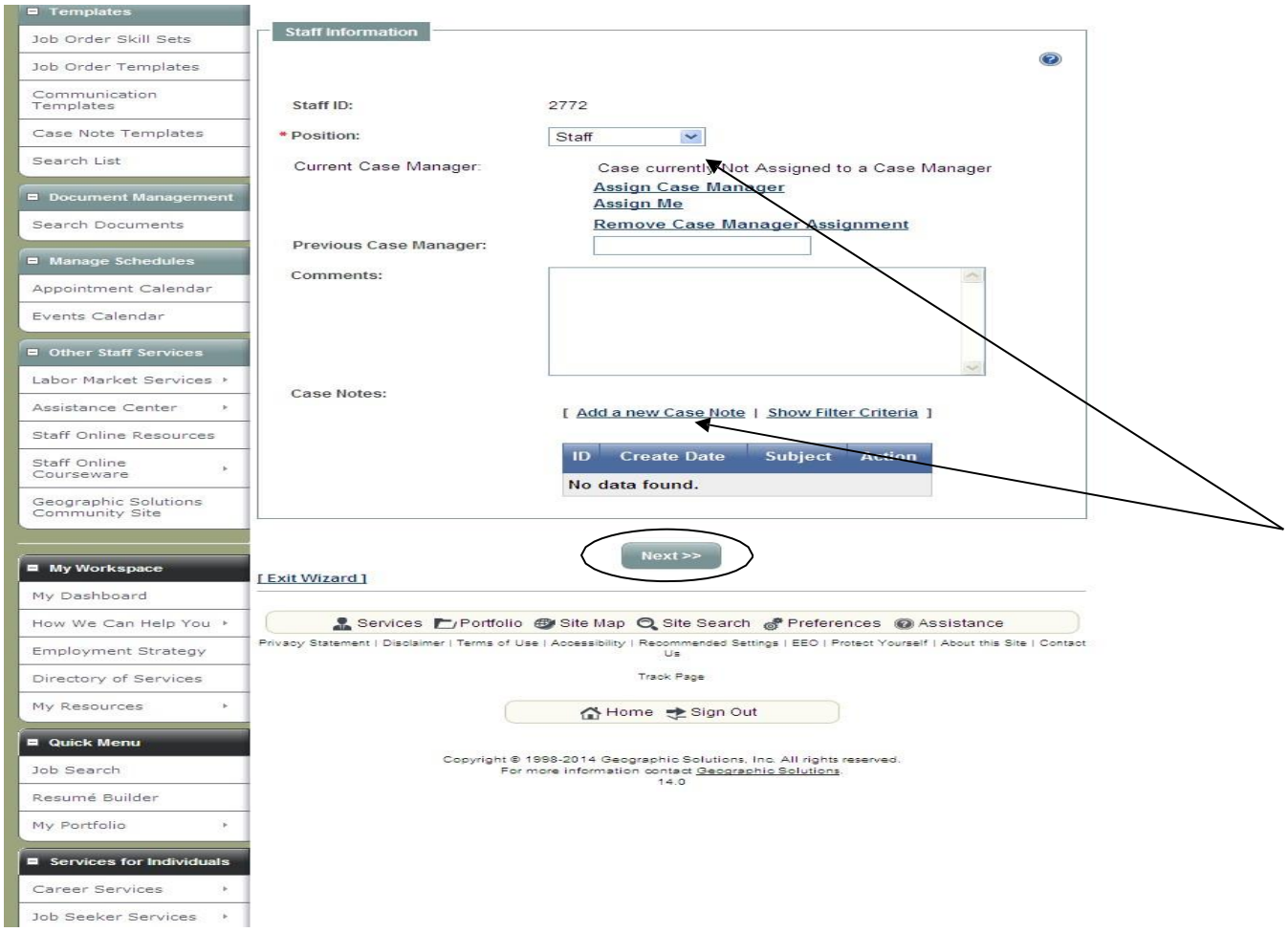


1. Key Actual Begin Date if not already populated.
2. Key Projected End Date (mandatory)

NOTE: Remaining items on this page are not applicable to this activity.

Initial Assessment begin and end date should be the same date because you completed this activity all in the same day.

General Information Tab (cont.)



1. Select the appropriate answer to “Position”
2. You may add a comment here if you choose.

CLICK “NEXT”

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Service Provider Tab

Enrollment Service Provider Information

Enrollment Summary:

Enrollment ID: 1606114
Username: DAkers41945
TAA Application ID: 3410391
Activity Code: 300
Activity Dates: 8/18/2014 - 12/10/2012

* Provider:

[Select Provider]

* Service, Course or Contract:

[Select Service, Course or Contract]

Provider Locations:

[Select Provider Locations]

Provider Contacts:

[Select Provider Contacts]

* Occupational Training Code:

29206100 - Licensed Practical and Licensed Vocation

[Occupational Training Code]

<< Back Next >>

1. Click on “Select Provider.” (mandatory)

The Provider box will pop up for you to search for a provider of services. See following screen for an example.

Service Provider Tab
Provider Search Box

This is a list of service providers that can be utilized in the trade program. Since we are using the "Initial Assessment ", we will use the Tennessee Department of Labor as the Provider. (This is not a fundable activity.)

Click on any Provider Name to select it.

[-] Hide Filter Criteria

Use the fields below to filter the displayed Providers

Provider Name:

Provider FEID/SSN:

Vendor ID:

[Filter | Reset]

Provider Code	Provider Name	Address	Programs Available
5396	Conversion Provider		1
5397	Tennessee Department of Labor	220 French Landing Drive Nashville, TN 37243	1

Close Window

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14.0

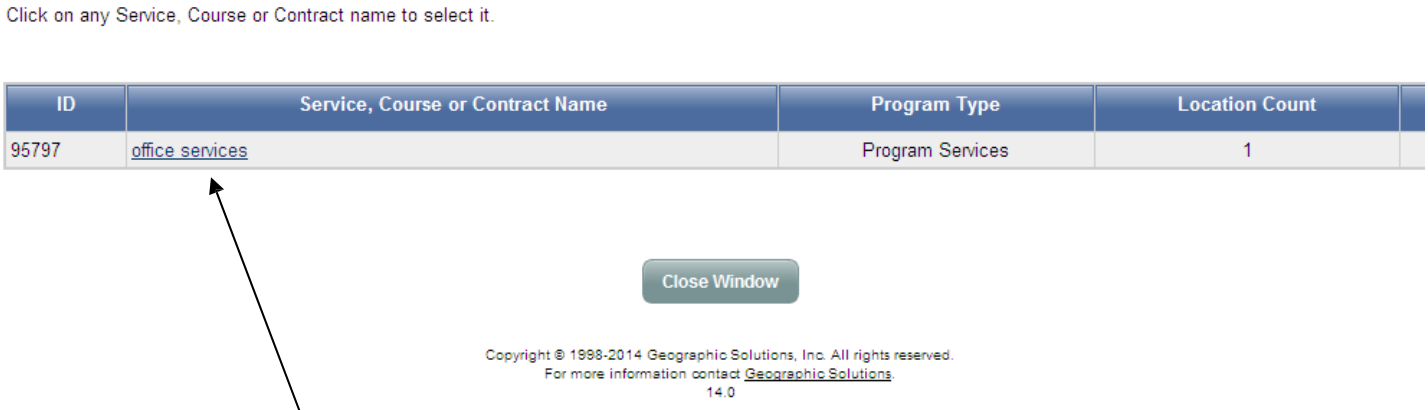
1. Click on the provider name or filter by the provider name, FEID, SSN, or vender ID to locate the provider you are seeking. Provider box will be populated.

NOTE: In other activities a provider could be the LWDA, school, bookstore, uniform store, etc.

NOTE: If the provider is not shown in the drop down you will need to contact the TAA Central Office unit so they can create the provider.

Service Provider Tab (cont.)

1. Click on "Select Service, Course or Contract." The Service Search Box will appear. (mandatory) See following example.



1. Click on appropriate service. Enrollment Service Provider Information screen will be populated.

Service Provider Tab (cont.)

Enrollment Service Provider Information

Enrollment Summary:

Enrollment ID: 1614306
Username: LWiese87434
TAA Application ID: 3393900
Activity Code: 125
Activity Dates: 6/20/2013 - 10/28/2014

* Provider: Tennessee Department of Labor
[Select Provider]

* Service, Course or Contract: office services
[Select Service, Course or Contract]

Provider Locations:
[Select Provider Locations]

Provider Contacts:
[Select Provider Contacts]

* Occupational Training Code: Not Applicable

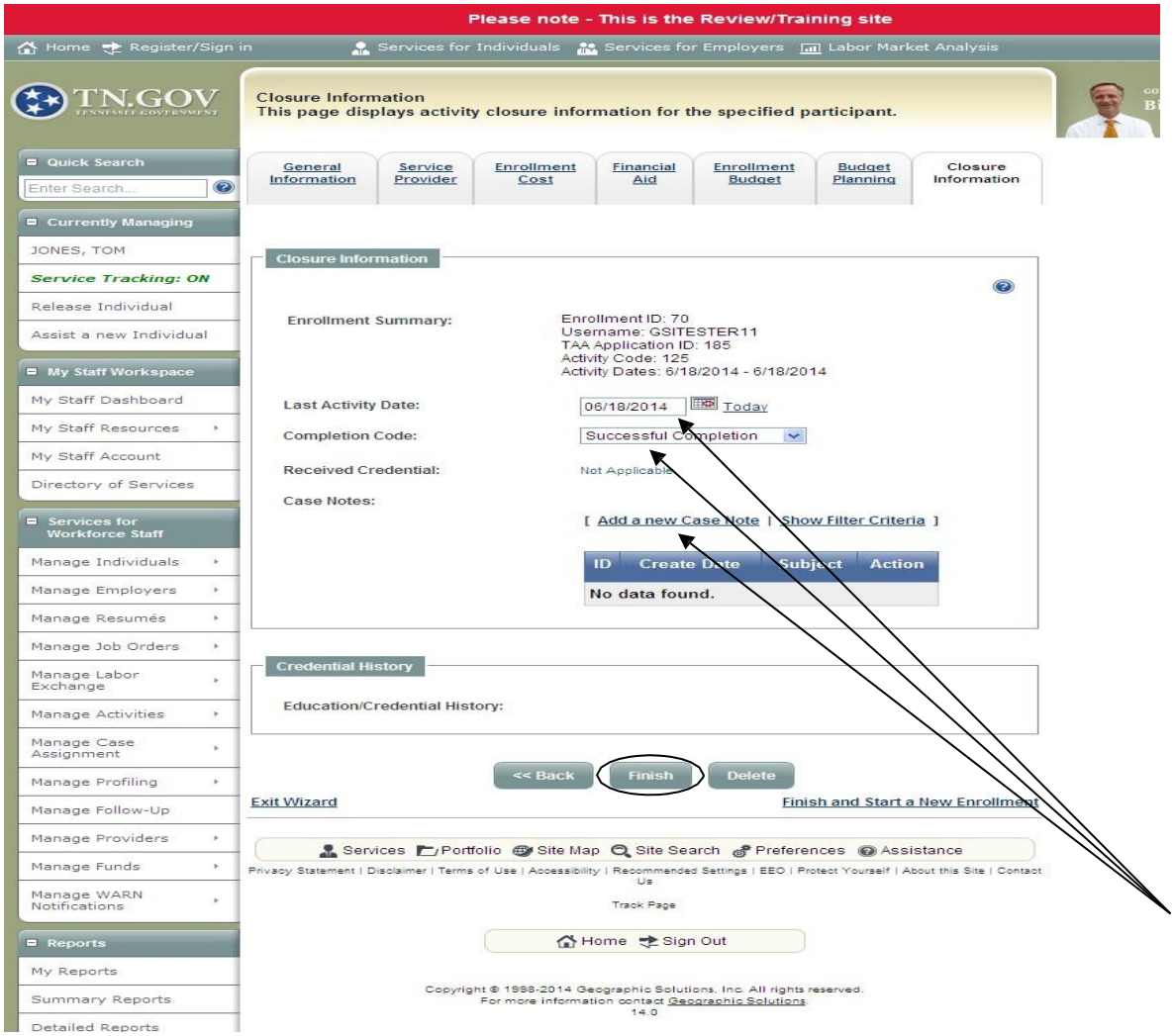
<< Back Next >>

1. Service, Course or Contract will be populated. (mandatory)
2. Click on "Select Provider Location". Select appropriate information and the name and address of training provider will populated the location box. (not mandatory)
3. Click on "Select Provider Contact" to obtain name of contact for the provider. (not mandatory)

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Closure Information Tab



Note: Final Tab is Closure Tab. Once a non-fundable activity has been completed, it should be closed by completing the following steps. Most non-fundable activities will be closed the same day they are created, with one exception. The IEP must remain open throughout the training and reemployment search.

1. Key "Last Activity Date"
2. Select the appropriate "Completion Code"
3. Update "Case Notes" with information regarding the closure of this activity.
4. Select "Finish"

NOTE: At this point in the process you will need to print the application and have the participant sign and date it. You will sign your name and date the form.

Closure Information Tab

Job Search Allowance (Certification)	4/15/2016
Job Search Allowance (After training)	Not Applicable
Relocation Allowance (Separation)	3/29/2017
Relocation Allowance (Certification)	6/14/2016
Relocation Allowance (After training)	Not Applicable
ATAA Eligibility	7/30/2016
Training (Separation)	5/21/2016
Training (Certification)	6/13/2015
Additional TRA (Separation)	8/26/2016
Additional TRA (Certification)	11/12/2015

Edit Eligibility Information

Individual Signature

☑ Create PDF

☑ Include Staff Signature

Applicant Signature

Return Print

To Print the Application:

1. Return to the Programs Tab
2. Click on "Trade Application" to open
3. Scroll to bottom of the screen
4. You will see a "Print" button
5. Uncheck the "Create a PDF" checkbox at the bottom of the screen.
6. Click on "Print"
7. Document will appear on your screen
8. Click your "Print" button for hard copy
9. Have the participant sign and date the document.
10. You will need to sign and date the document.

See next 2 pages for a print view of the TAA Application

TAAApplieation:

JOBS4TN.GOV

General lnformadon:

Usernatne-:	1297769	LWIAl'Region:	13-IWA 13
State 10:	1265277	Office Location:	N cap Gel'llf!f"Mell1)nis Wa'
Application Date:	06115120 16	Date of Eligi bilifr.	06115120 16
Application 1O:	300763005	Social Securily •:	·.aS00

Contract Information:

Mime:	HUDSOH.KATIE	Email:	HUOSONKATI MAf t. COM
Mnary Phon&:	(901)857·7182 IIIIIII	Primary Pflone Type:	Home
Resid&1'1611 Adclress:	440 DREGER RD	MaDing Address:	440 OREGER RD
City _ State, Zip:	MEMPHIS_ TN 381 1J9.0000	City, State, Zip:	MEMPHIS, TN 38109

Equal Employtn tnt Opportu nity Information:

fo:;;;;JBirth:	0 3J09 11956	Age:	60
		Registered with Setec1ive Service:	
Do youhavea Disablity?	No. IdCl'l't have a clsabilily	Type *o1* Disability:	
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Highest Education Level Acfliewed:		12IfICCiff"4lleteG & Oicl not r n,.e dipiCl'l'la or eqt.i.ratenl	

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Mlilary S&rvke Begin Dlle:		Miitary S&rVlee E Date:
Eligible Veteran Status:		Mi itary CltllpaI9f' Blldge: No
Disabled Veteran:		Homeless Veteran: No
Recent y aur led:	No	Attended TAP Wo,_sllopwithin S Years: No

Employment lnfotmadon:

Employment Status:	'''''''''''	TAA Pet ton:	085926
TAA Employer:	IQC Cuslom ProclueiS Wlc	Ul'l&tnploymont Compensat on?:	No, Neilhf!r Clair'nanlltt« Ex1'18uslee
Employer Addtess:	1725 Soulfl ll'l.., SII Men'IFfiS, TN 38109	:.Job Tit e:	S SCI'
		Hours per Week: 40.0	Months Emptoyecf:)192
Employment Begin Date:	IIIIIIIIIIIIIIII	Employment End Date:	01129/2016
Dislocation Hourty W890:	$25.00	Date of Qualifying Separation:	01129/2016
Re-Employed Since Layoff From Trade Addeeted Job:		Yf!S, re-empk'l)'f!d Si'lcetayoff from Iracle aff«:::ed job	

New Employment Projected or Actual Start Date:	051271201 6 Projected or At111al Annual W"90 of dividual's New Employment:.	$13.00

Barrier Infotmadm:

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Eligibility Information:

Meets Definition for TAA? :	Me«s Definition bATAA? :
Meets Definition for RTAA? : Yes	

TAA Cateutationa:

Waiver Dat& (Certifi:ation):	06113120 15	Waiver Date (Most Record arltlon Date):	05121120 16
Waiver Issued 01116-		Jol! Sean:ta AllowarKe (Se)atation):	01128120 17
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Training (arat Oll):	05121120 16	Tra ning (Certific-ation):	06113120 15
Additional TRA (Se,aration):	08126120 16	Addit onal TRA (Certification):	11112n015

Staff Information:

Staff Crelll& 1O:	CC40149	Stcl Position:	",
Date Cr&eted:	06115120 16	Otra Locat;ort Of Riii'SponsaNility:	TN catcer'llet"Uli!r'l1)hiswa1 t G<o.e
Curr&l'lt Cas.e Mal\leer:		Prelous Case Ibrtae&r.	
Staff Edited 1O:	CC40149	Oatt LUI Edited:	06115120 16
Record Re-view St_ _ 1O:		R&<ord Review Ollie:	
Met Quality Requirements:			

Signatures

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)*

1. 1oettirya11r1eirt:>rmalionon Ihis 8i)plc:ali0tlis ac:osa1e to 1r1e bes lor *trrt* •now1e0ge.
2. 1unc5efUancllh:81*t'lf* M1f..,niss1a1el'l'lef'ltdlhe facts mayeauset rry f011dlurt of rigrllsitllfle TAA atn andtnay resuni'lctin'litlalldion.
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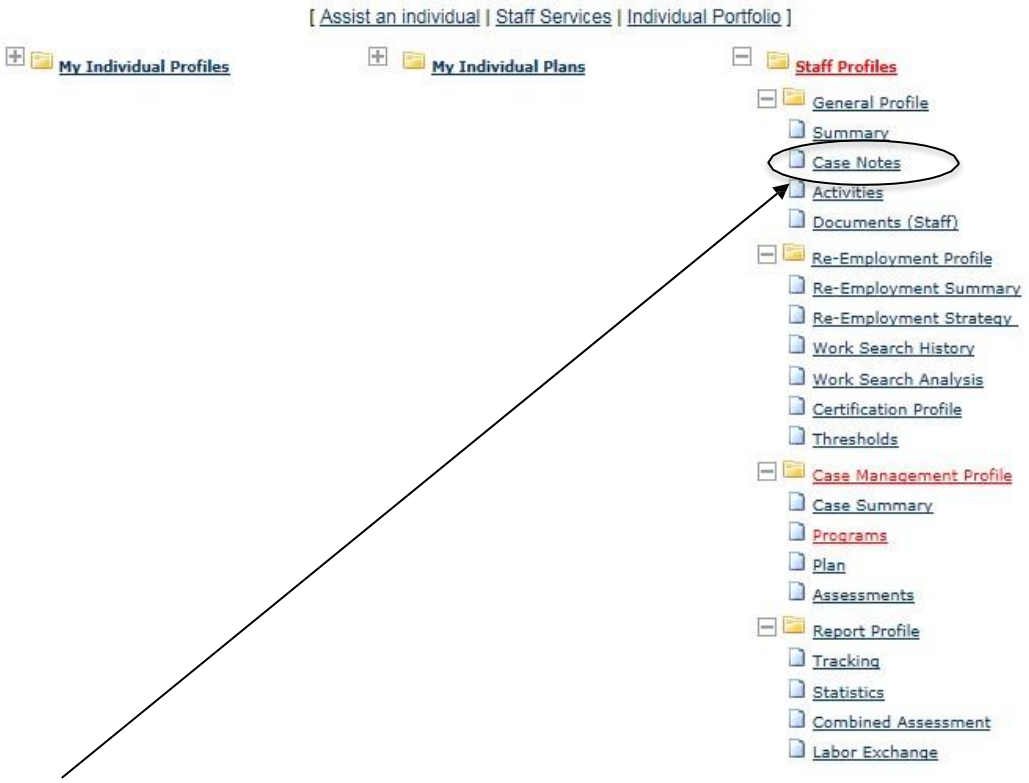
Applicant SignatlJre	Date	Parent/Guardlan S gnature	Date
Staff SIgnat...-e	Date	TN Career Center - Memphis Walnut Grove One Stop Center	

NOTE: This document will print off in 2 pages. Be sure the participant and you sign and date the document. Scan and upload when you have the <u>*complete packet*</u> *into Jobs4TN {VOS} and maintain only the original signed documents in the partieipant's casefile.*

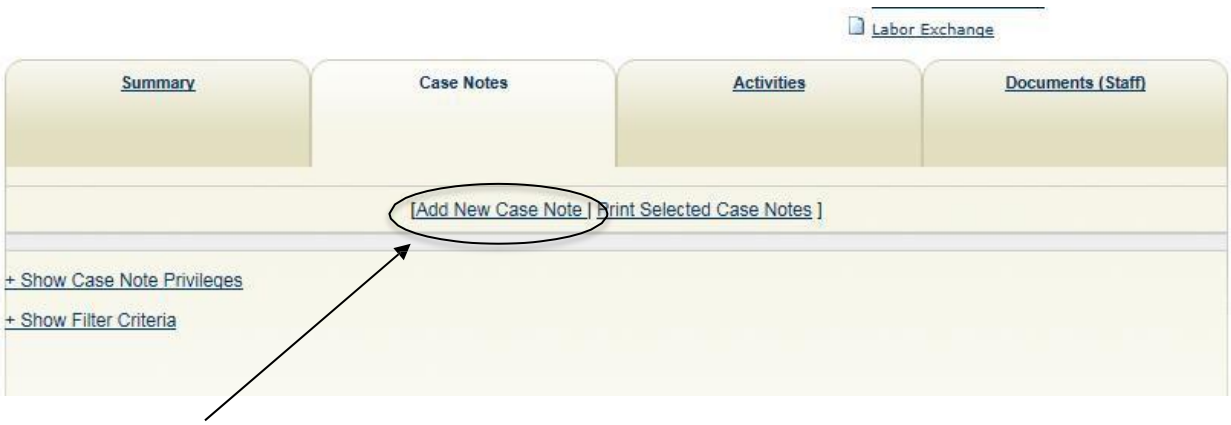
CASE NOTES

Case notes are a must for everything we do in Trade. If y o u do no t do cum ent it, it didn't happen! Create case notes throughout the worker's participation in Trade.

(Examples: activities, IEP's, enrollment(s), benchmarks, etc.)



To create a case note you select Case Notes under the General Profile.



Then you click on add new case note. An example of a case note is on the next page.

Case Note Details

☑ Please check to suppress this Case Note

* Contact Date: 12/02/2014 Today

* Program:	Trade Adjustment Assistance (TAA) Program
App ID:	3163216
Case Note Type:	Application
Type ID:	3163216
* LWIA/Region:	LW09-Nashville Career Advancement C
* Office Location:	TN Career Center - Nashville
Partner Program:	None Selected
* Subject:	TAA Application
Contact Type:	Face-to-Face

* Case Note Description:

Mr. Allen, has requested information concerning TAA. I have completed his application and referred him to the WIA for Assessment and also to the school to gather information about training he may be interested in applying for.

1. Indicate Date Case Note is written
2. Select Program if not already populated
3. Identify the Case Not Type
4. Select appropriate LWIA/Region (Mandatory)
5. Select appropriate Office Location (Mandatory)
6. Note Subject of Case Note (Mandatory)
7. Indicate appropriate Contact Type (not mandatory)
8. Post case note.

Click "Save"

Note: To prevent duplication of case notes you can either post a case note from the Case Note Link or within an activity or benchmark. It is not necessary to create a case note in both.

Other Activities Needed

After completing the *Initial Assessment Activity (102)* you will create the following activities as you do them:

- Individual Employment Plan (IEP - 205) – *End date needs to be 6 month past estimated completion date.*
- Labor Market Information (LMI - 107)
- Rapid Response (110)
- Job Search (125)
- Referral to LWDA/WIOA for Assessment (211)

You will create these by selecting the "Create Activity" button under the expanded trade application section, as shown below.

After you select this, the steps will be the same for all the above listed activities.

Note: All of these activities will have closure date with the exception of the IEP (205) it should have an anticipated closure date of 6 months past the anticipated completion date of training.

Requesting Training

At this point the participant should have been assessed by the LWDA/WIOA and had training recommended (Activity 211) and no suitable employment was found. Therefore, he/she may request TAA Funded Training. For a participant to be considered as eligible for a training service, a training activity will be required. To be able to complete the activity in Jobs4TN (VOS) the participant will be required to assist in obtaining the necessary documentation from the provider to establish the cost of training, as well as, meeting the other criteria. The TAA Training Check List LB- 0948, located at www.tn.gov/workforce/article/technical-assistance-policies-wfs can be a tool used to obtain the needed information. The following documentation will be required to be scanned and uploaded into Jobs4TN (VOS) as supporting documentation for eligibility determination:

Total Training Cost

- Cost sheet showing the total cost of training, broken down by term for each of the following: tuition/fees, total book cost, total tool cost (if applicable), and total miscellaneous cost (if applicable).
- Breakdown of books, tools, and supplies with cost of each item per term

Training Information

- Academic plan/course outline per term
- Signature of authority for the attendance forms and billing
- School Calendar showing breaks in training

Miscellaneous Information

- Mileage information (1 source)
- Demand Documentation
- Worker Training Agreement & Responsibilities LB-1092
- TAA Training Financial Support Statement LB-1090
- Willing to Commute LB-1089 (if traveling outside area for employment)
- TABE/CASAS Scores
- WIOA Referral to Training Form LB-0738

Documents

- Signed and Dated TAA application, by Participant and Career Center TAA Staff
- Signed and Dated IEP, by Participant and Career Center TAA Staff
- Completed, signed and dated IRS Form W-9

Remember:

- All of the above items (those on the check list) will need to be collected and saved to be uploaded as one packet to VOS when you are ready to request review and determination from your TAA Area Specialist.
- Maintain a file with the original signed TAA Application and the documents you have uploaded.
- Case notes must be completed every time you interact with the participant, so that there is a record of the services and activities you have provided the participant.

TAA Training Activity will be completed in the same manner as any other activity. This is a funded activity so there will be 7 tabs to complete by both you and the TAA Specialist, instead of 3 (none funded training).

NOTE: Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider's List to verify the training institution and the course the particpant is requesting is indicated on the Eligible Provider's List (ETPL), located on the Department's website, www.tn.gov/workforce/article/eligible-training-providers

If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.

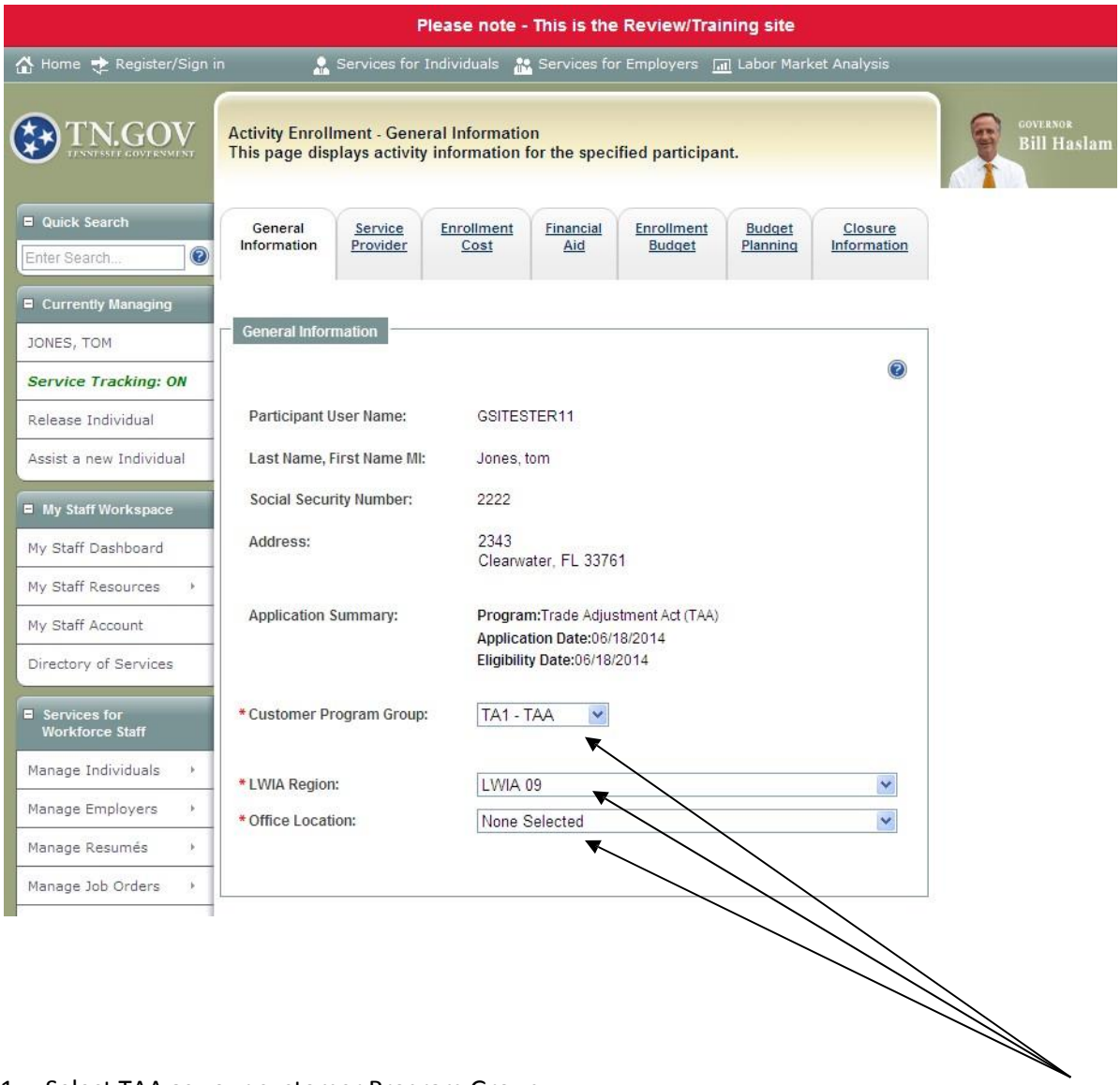
Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select "Activity Code" 328, Occupational Skills Training- Non Approved Provider's List (ITA) for this activity.

If the provider and course of study are on the Eligible Provider's List, select "Activity Code" 300.

Create Training Activity

1. Click “Create Activity”

Create Activity
General Information



1. Select TAA as your customer Program Group.
2. LWDA Region is already populated from the first activity
3. Select the appropriate "Office Location "

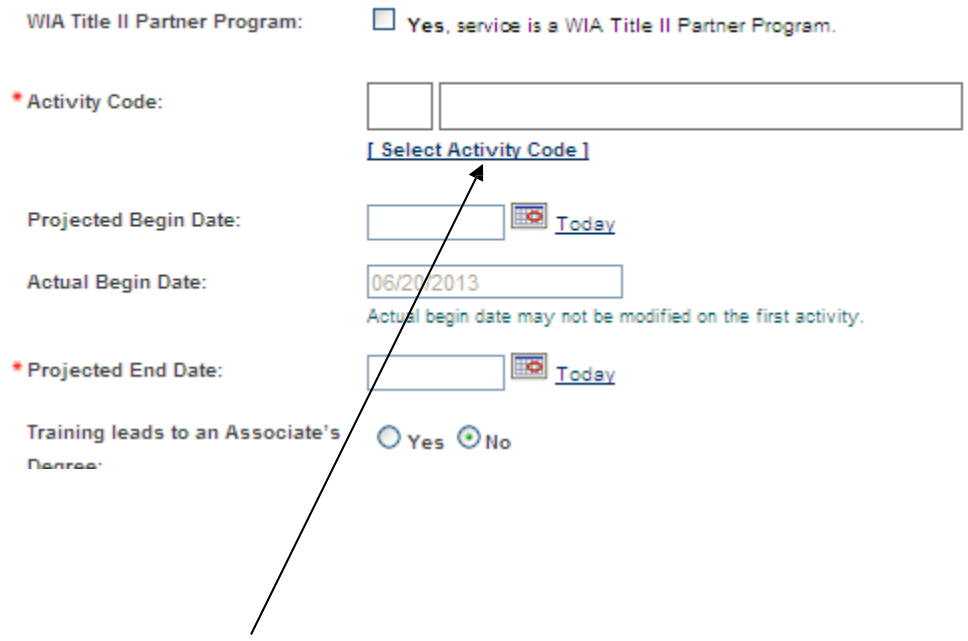
Create Activities(cont.)
General Information
Enrollment Information

NOTE: Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider's List to verify the training institution and the course the particpant is requesting is indicated on the Eligible Provider's List (ETPL), located on the Department's website, www.tn.gov/workforce/article/eligible-training-providers

If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.

Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select "Activity Code" 328, Occupational Skills Training- Non Approved Provider's List (ITA) for this activity.

If the provider and course of study are on the Eligible Provider's List, select "Activity Code" 300.



1. Click on "Select Activity Code"

Create Activities(cont.)
General Information
Enrollment Information

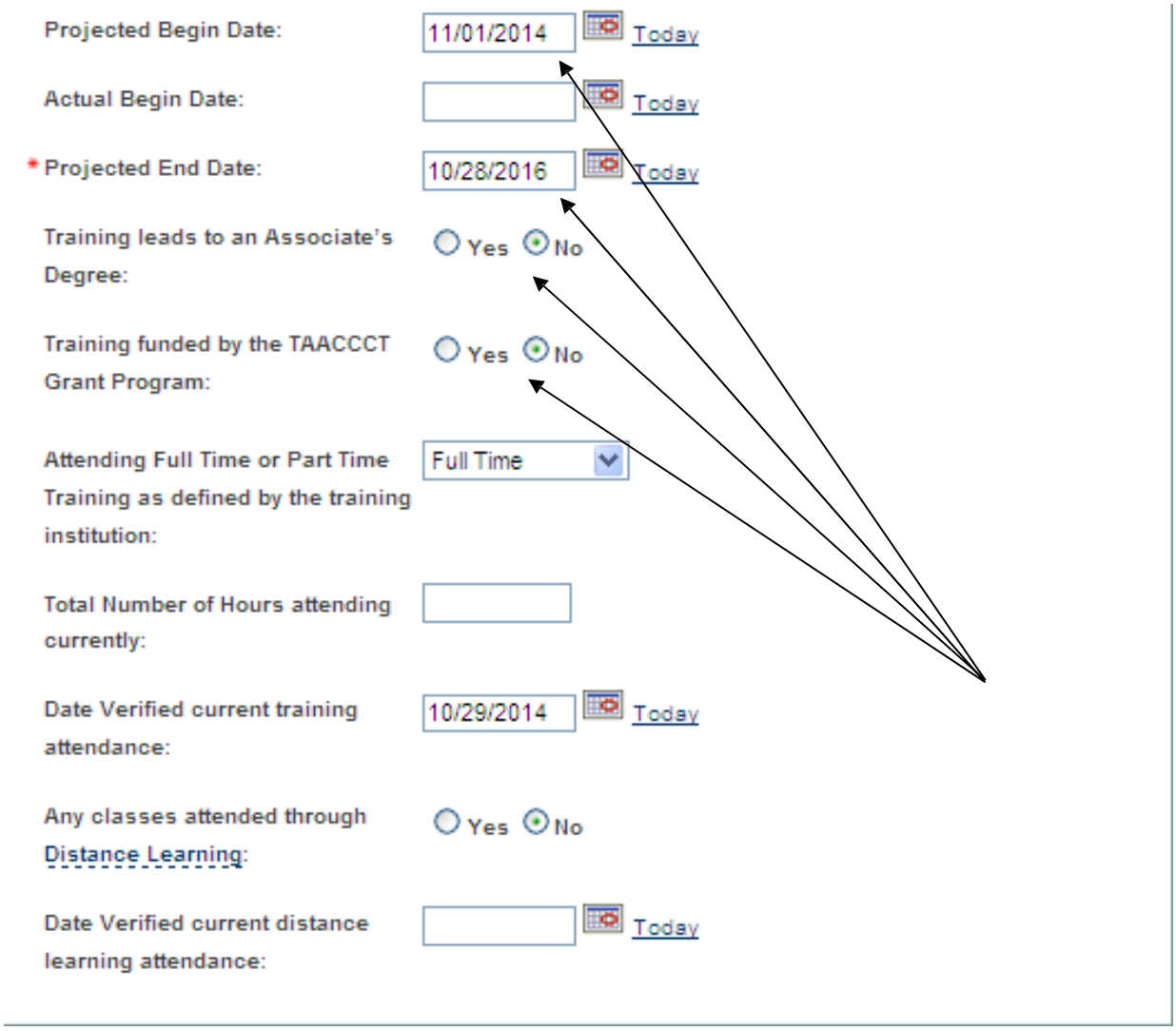
237	TAA - Approved Out of Area Job Search Allowance	SS - Other
300	Occupational Skills Training - Approved Provider List (ITA)	PS - Approved Provider Training - ITA
301	On-The-Job Training	PS - OJT
303	Distance Learning	PS - Approved Provider Training - ITA
304	Customized Training	PS - Non-ITA Occupational Skills
324	Adult Educ w/ Occ. Skills Training -Approved Provider List (ITA)	PS - Approved Provider Training - ITA
328	Occupational Skills Training - Non Approv Provider (No ITA)	PS - Non-ITA Occupational Skills
331	TAA - Approved Travel in Training	SS - Transportation
332	TAA - Approved Subsistence in Training	SS - Other
333	TAA - Approved Remedial Training (for those with GED/HS Diploma)	PS - Approved Provider Training - ITA
335	TAA - Approved Occupational Skills Training - Approved by Other State	PS - Non-ITA Occupational Skills
339	TAA - Approved GED Training	PS - Training Non-ITA
341	TAA - Approved Remedial Trainig (for those with GED HS Diploma) Approved by Other State	PS - Training Non-ITA

In this example we will be selecting a service provided by a provider on the Eligible Provider's List

1. Select "Occupational Skills Training – Approved Provider list (ITA)," activity code 300.

NOTE: Do not select Activity Code 300 if you have not first checked the Eligible Provider's List, located on the department's website. Select Activity Code 328 and contact your TAA Specialist for assistance.

Create Activities(cont.)
General Information
Enrollment Information



1. Key the Projected Begin Date (date training is scheduled to begin)
2. If the actual begin date is the same day the activity is being completed, key it in the "Actual Begin Date" block. If not, leave blank.
3. Key the Projected End Date (date training is scheduled to complete)(Mandatory)
4. Select the appropriate answer for "Training leads to an Associate's Degree"
5. Select the appropriate answer for "Training funded by the TAACCCT Grant Program"

NOTE: The Actual Begin Date must be completed before the system will allow you to create Benchmarks or close the activity.

NOTE: It is important that we verify whether the training is TAACCCT training for reporting purposes.

Create Activities(cont.)
General Information
Enrollment Information

6. Select the appropriate answer for "Attending Full Time or Part Time training as defined by the training institution."

NOTE: It is important that we indicate whether the training is full-time or part-time, because the participant's eligibility for training or TRA could be impacted.

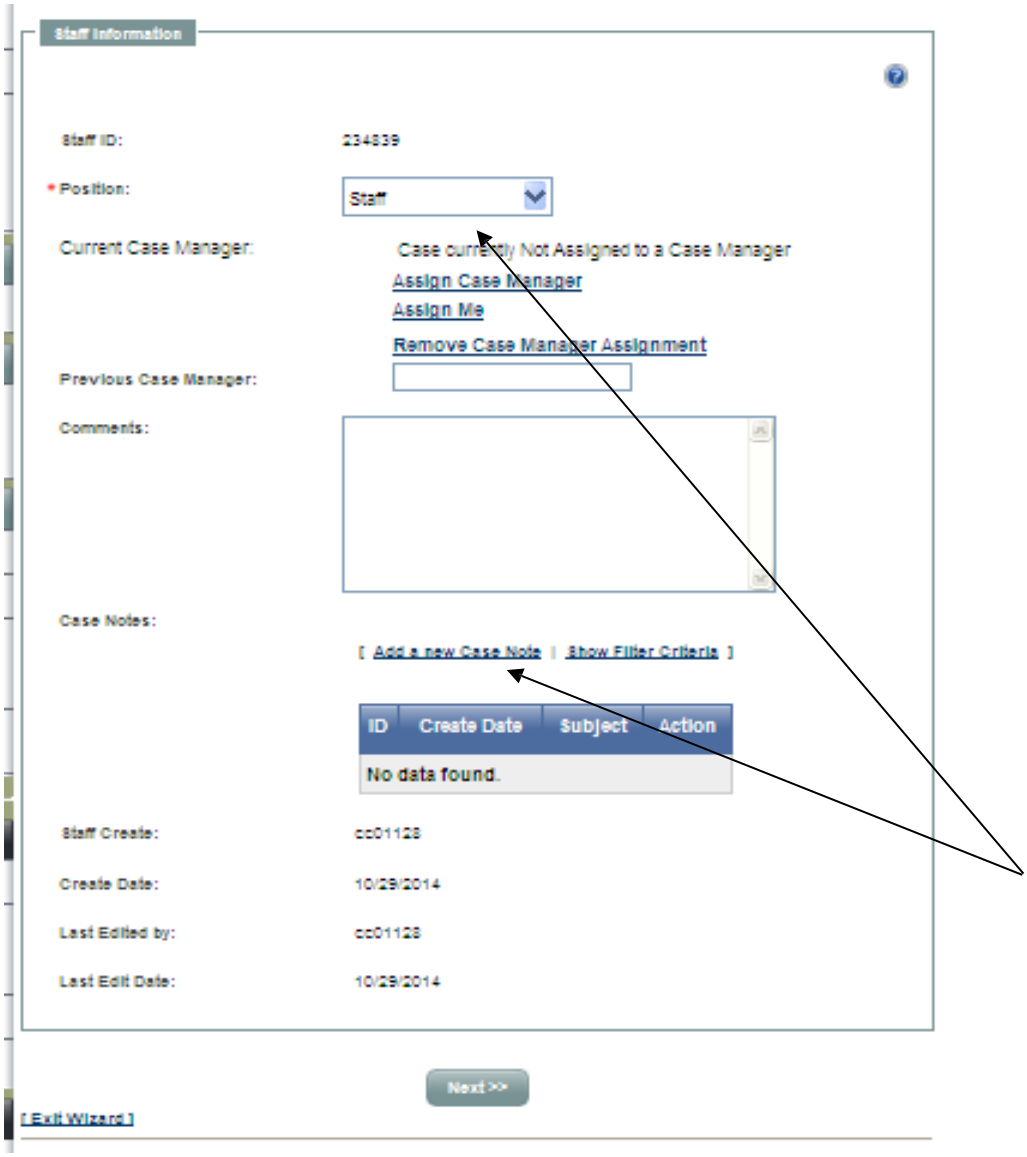
7. Key the Total number of hours attending currently. (credit hours per term)
8. Key the "date Verified current training attendance" (mandatory)

NOTE: This would be the date that you contacted the school to verify that the participant was on track to start school on the start date of training (or a letter of acceptance can justify).

9. Select the appropriate answer to "Any classes attended through distance learning."
10. If Distance Learning is part of the training, key the date you verified that there would be someone who would sign off on the attendance records.

NOTE: It is important that we indicate whether the training was or had distance learning classes for reporting purposes.

Create Activities(cont.)
General Information
Enrollment Information



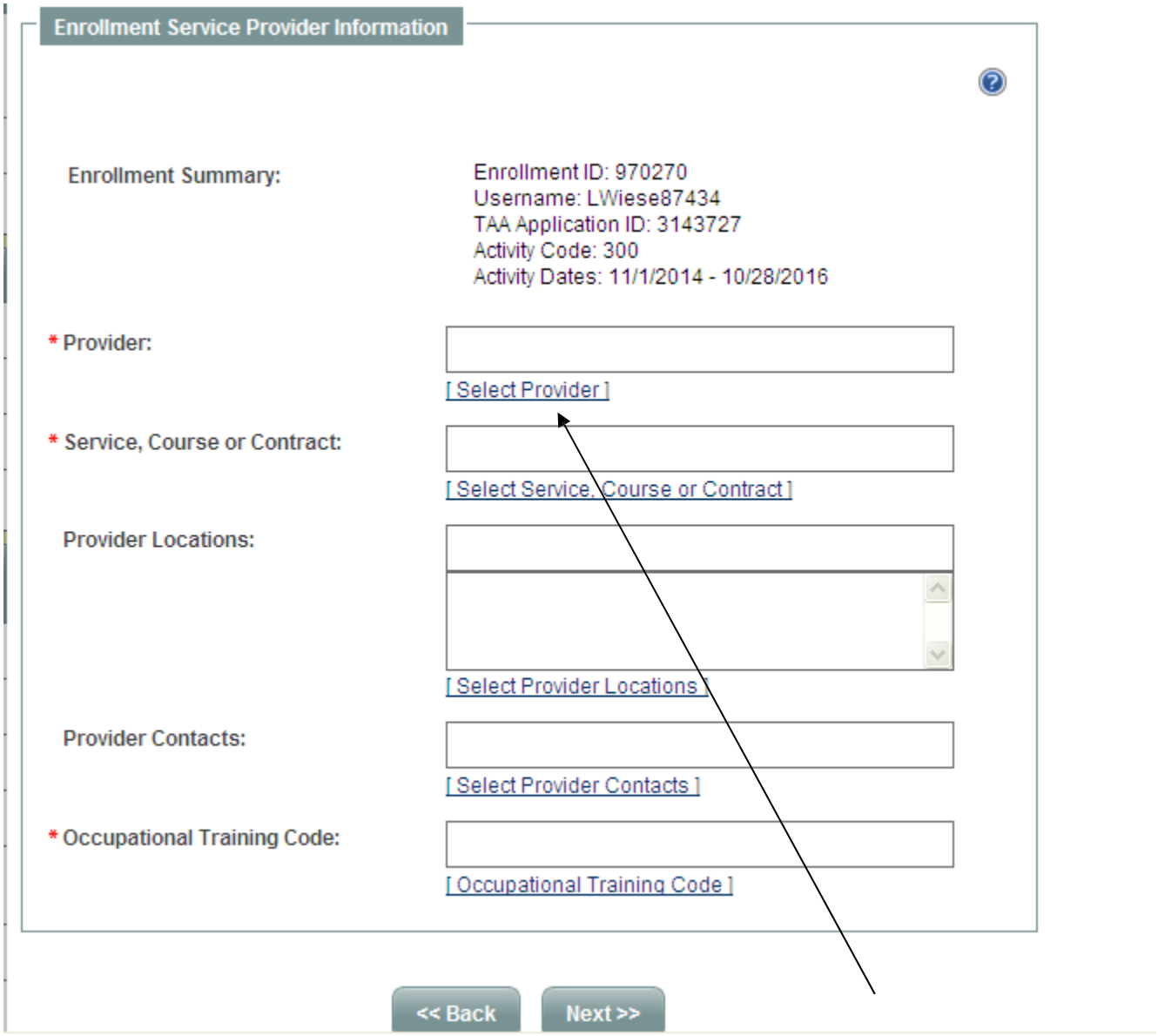
1. Select appropriate answer for "Position" (staff)
2. Comments can be posted here if you choose to do so.
3. **Be sure to add a case note so when reviewing the request we will have the needed information to make an accurate determination.**

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Create Activities(cont.)
Service Provider

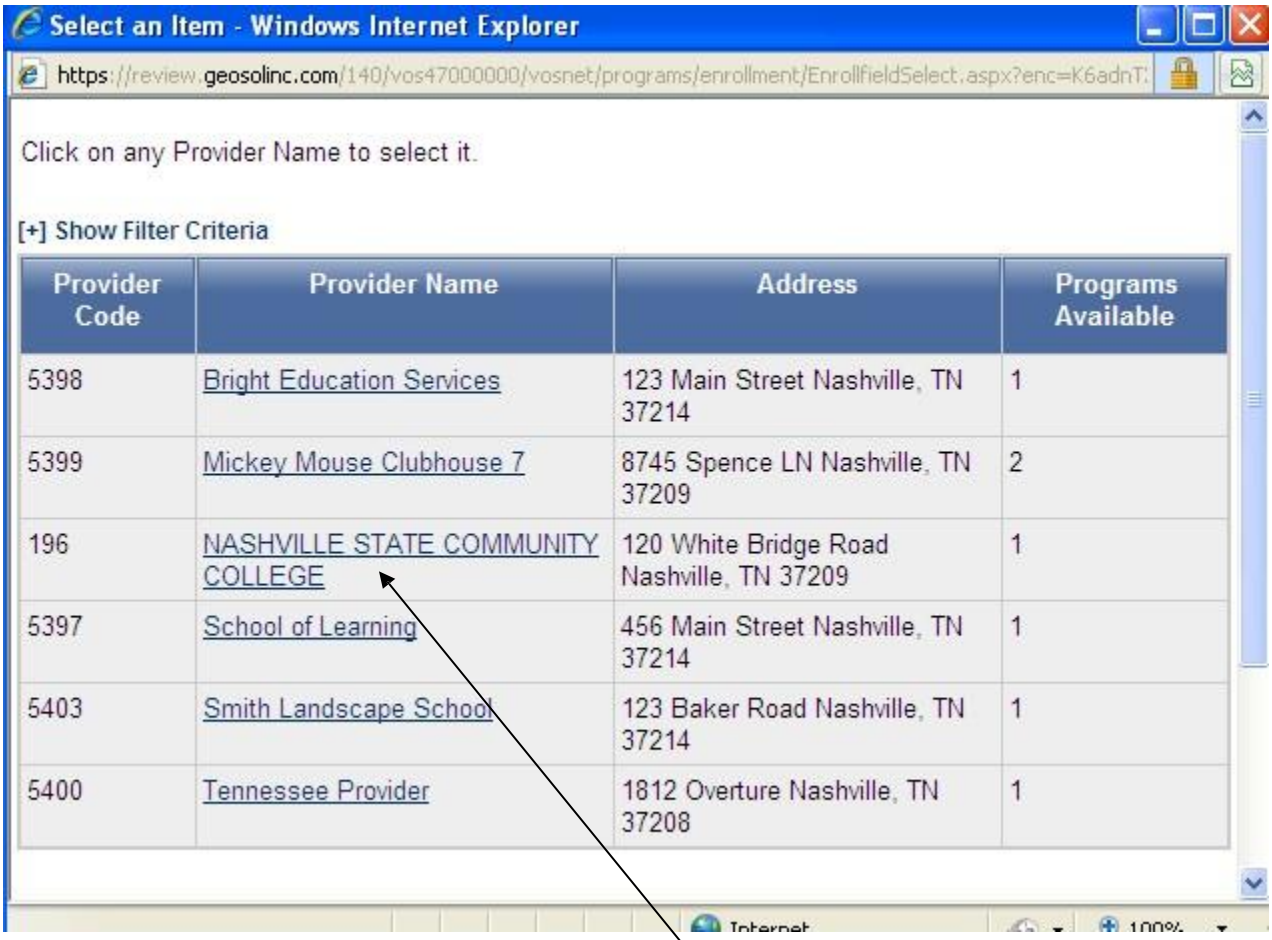
Enrollment Service Provider Information



1. Click on Select Provider

NOTE: ***Be sure you have first checked the Eligible Provider's List for the training facility and course of study, located on the department's website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.***

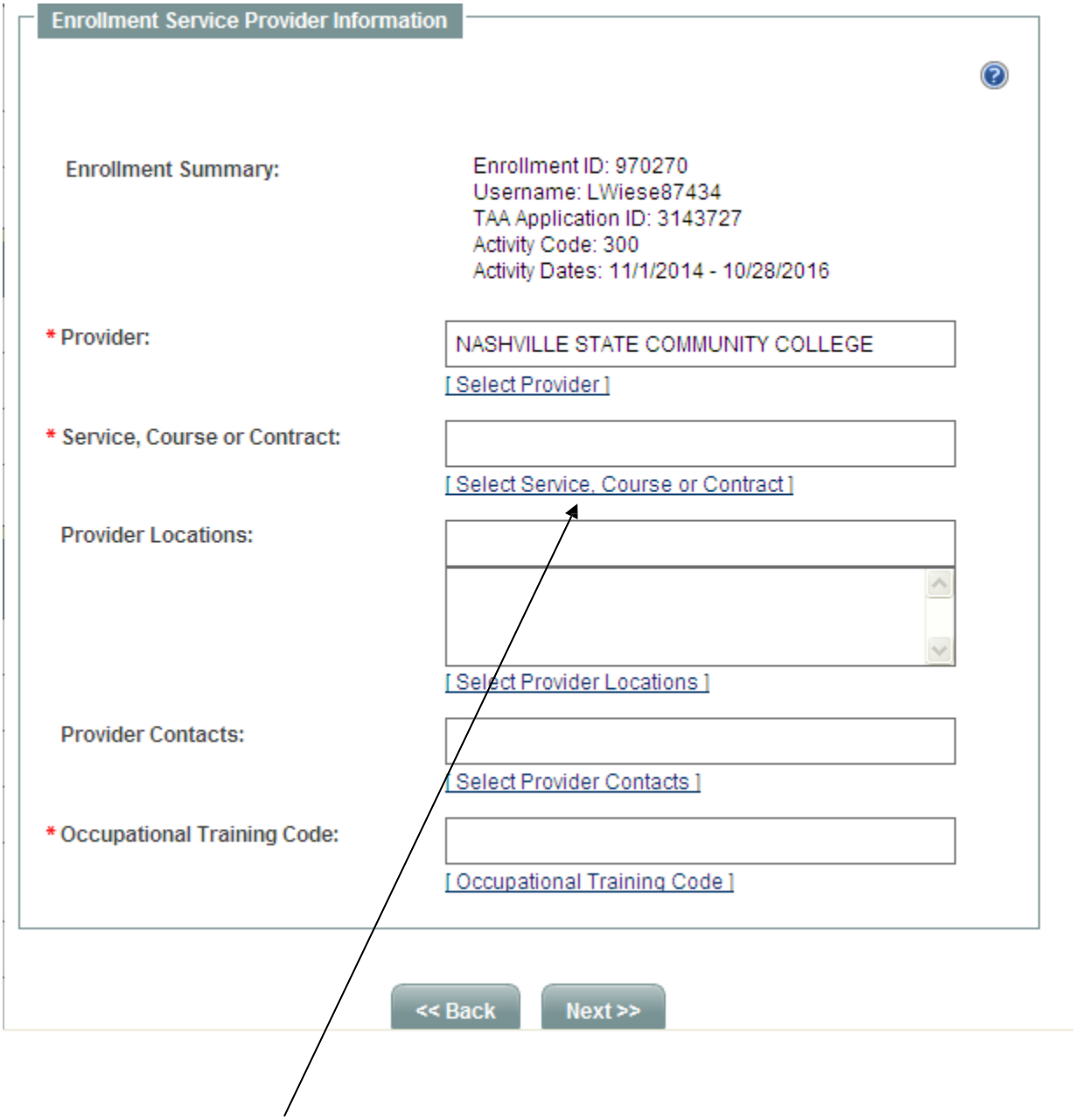
Create Activities(cont.)
Service Provider
Provider List



Provider Code	Provider Name	Address	Programs Available
5398	Bright Education Services	123 Main Street Nashville, TN 37214	1
5399	Mickey Mouse Clubhouse 7	8745 Spence LN Nashville, TN 37209	2
196	NASHVILLE STATE COMMUNITY COLLEGE	120 White Bridge Road Nashville, TN 37209	1
5397	School of Learning	456 Main Street Nashville, TN 37214	1
5403	Smith Landscape School	123 Baker Road Nashville, TN 37214	1
5400	Tennessee Provider	1812 Overture Nashville, TN 37208	1

1. Select Provider (In this example we are using Nashville State)

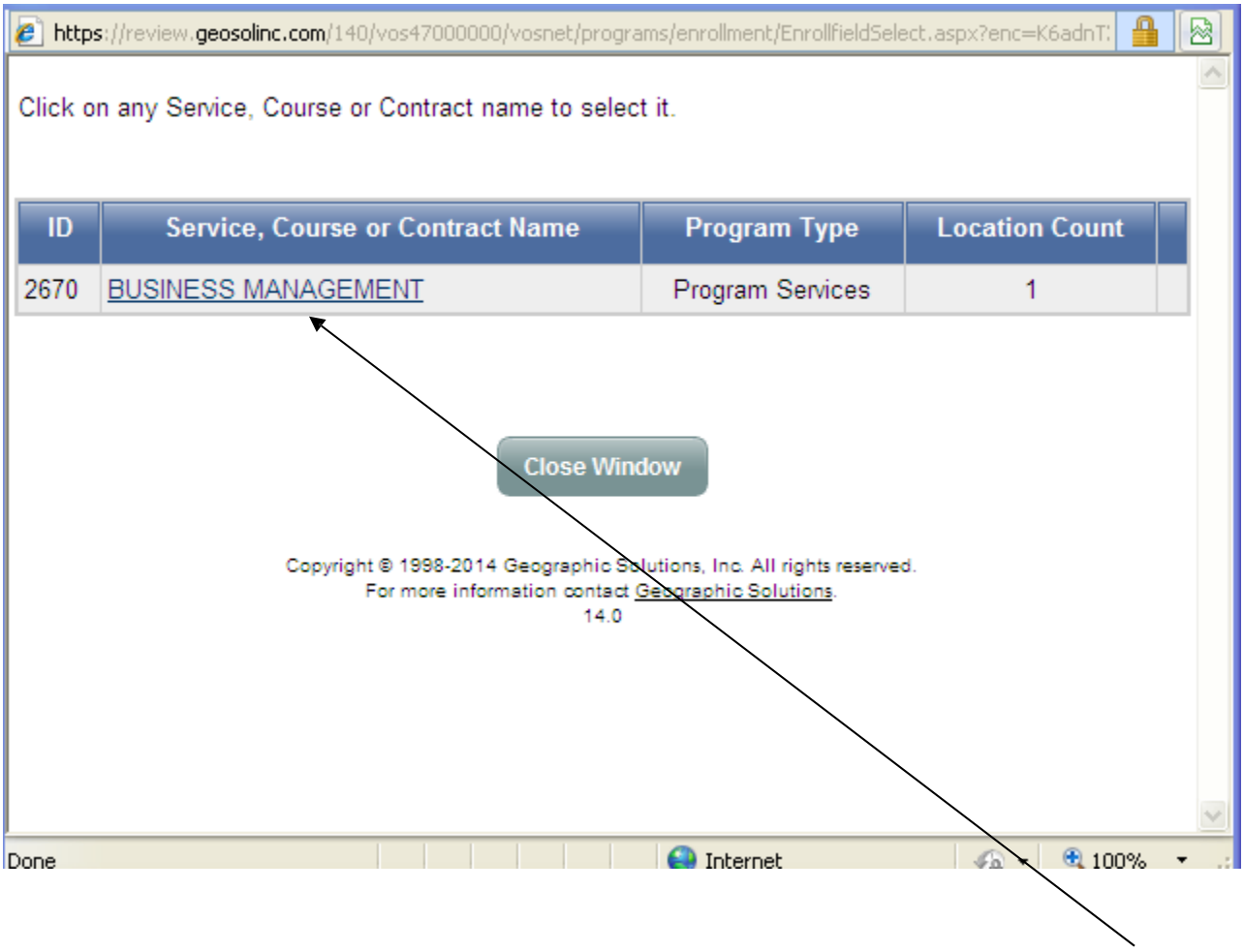
Create Activities(cont.)
Service Provider (cont)



1. Click on Select Service, Course or Contract

NOTE: ***Be sure you have first checked the Eligible Provider's List for the training facility and course of study, located on the department's website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.***

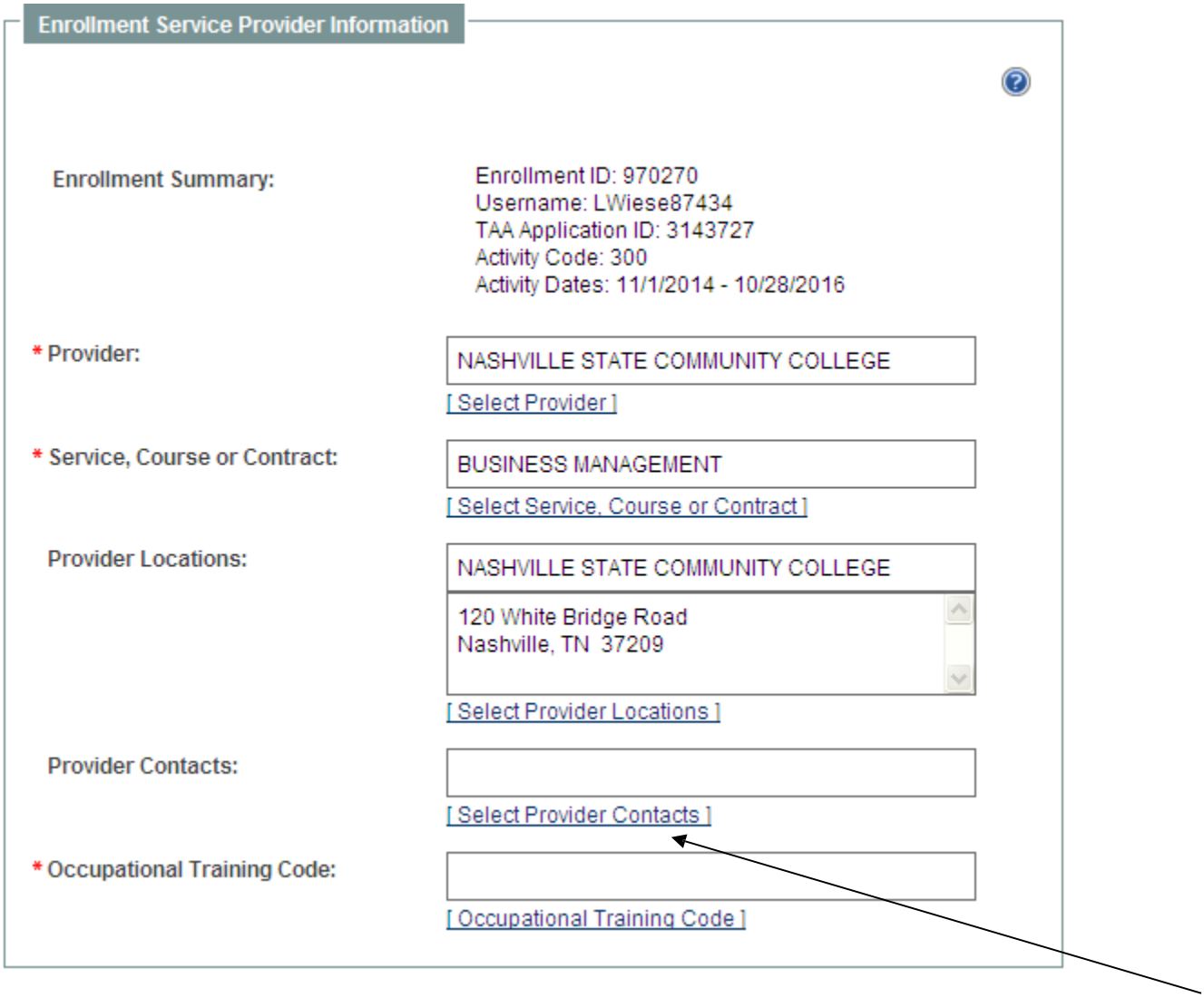
Create Activities(cont.)
Service Provider (cont)



1. Select the course the participant is enrolling in. (In this example we are using the Business Management Course of study)

NOTE: Be sure you have first checked the Eligible Provider's List for the training facility and course of study, located on the department's website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.

Create Activities(cont.)

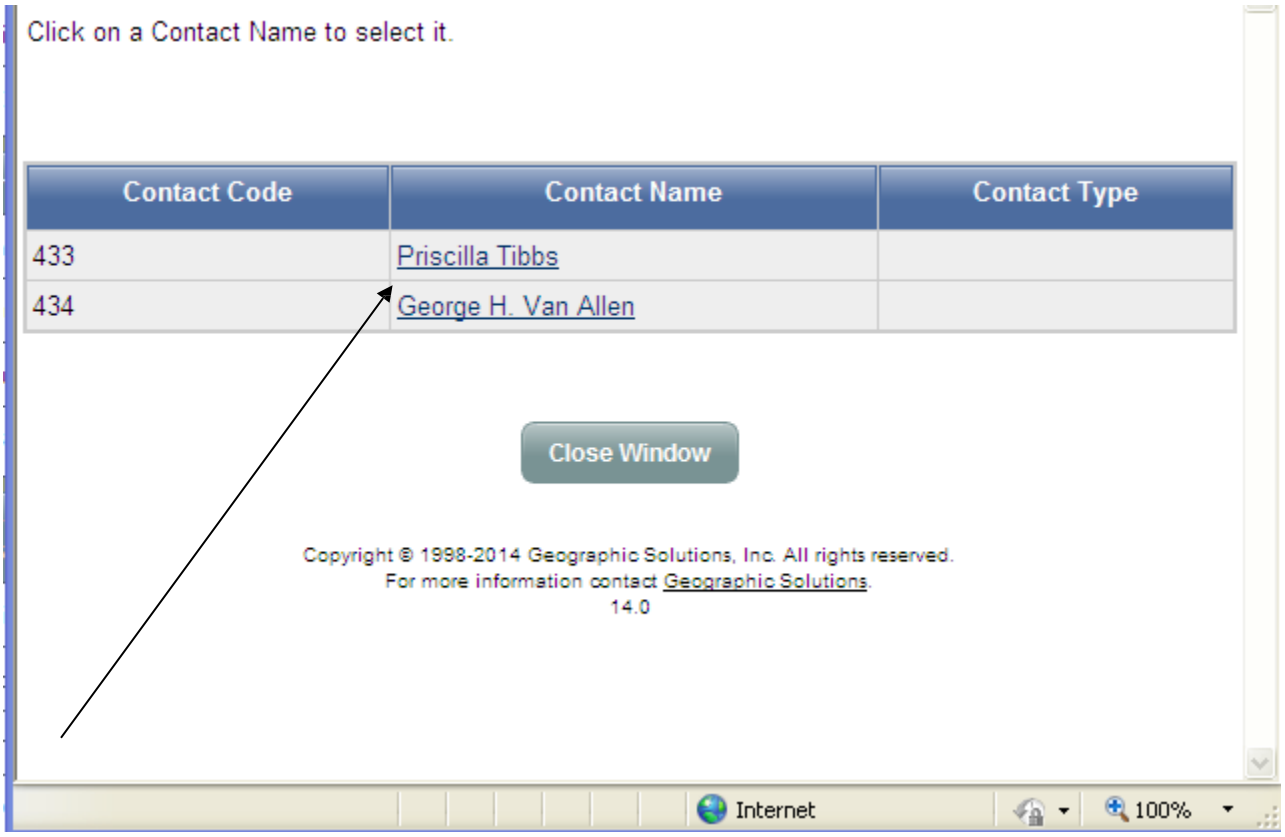


Once you select a provider and course of study, if the provider is on the Eligible Training Provider List, the location will automatically populate the information for you.

1. Click on "Select Provider Contacts"

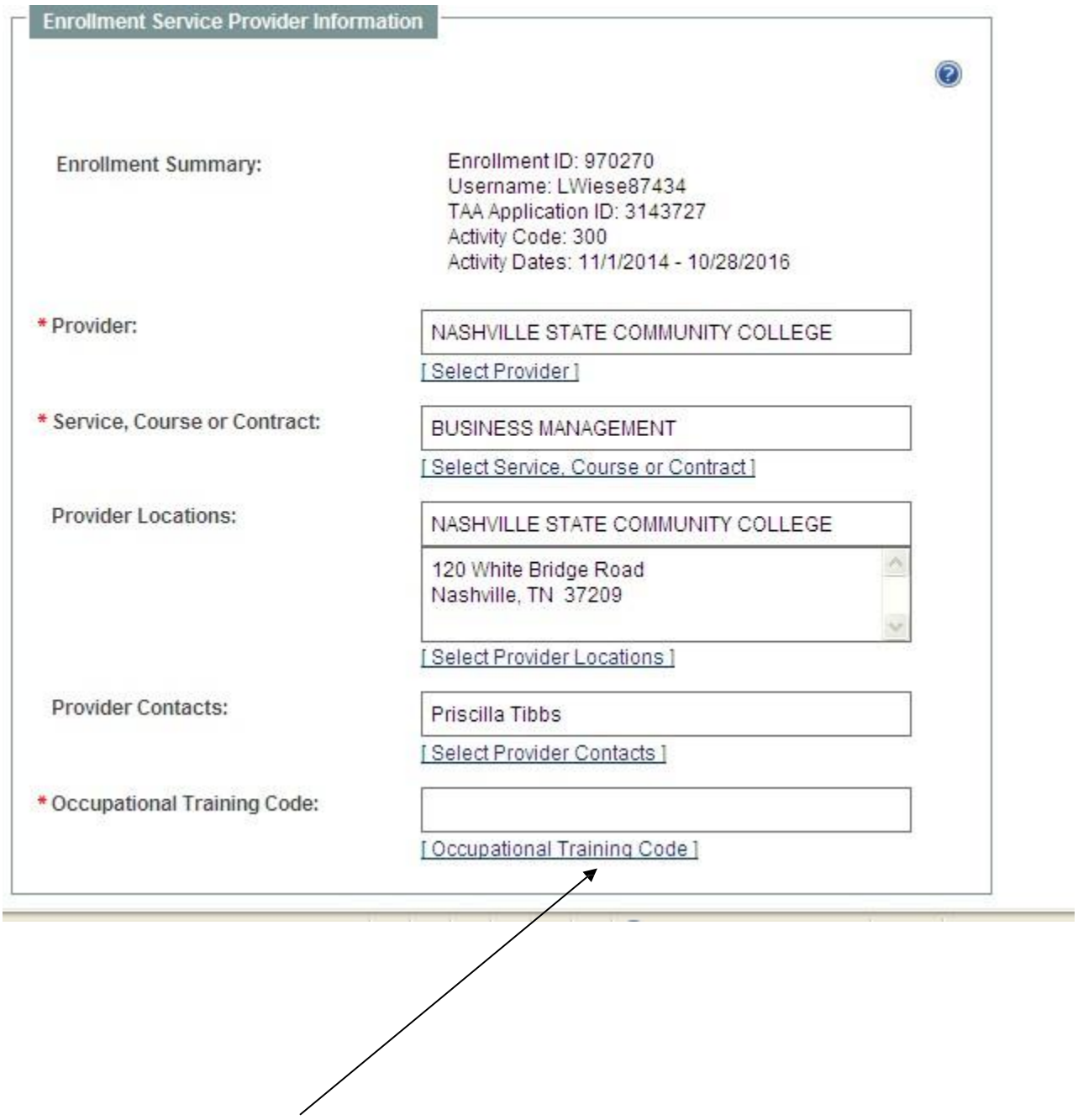
   NOTE: In most cases the Occupational training code will populate if the school and course of study is coming from the provider's list. Contact your TAA Specialist if you have problems.

Create Activities(cont.)



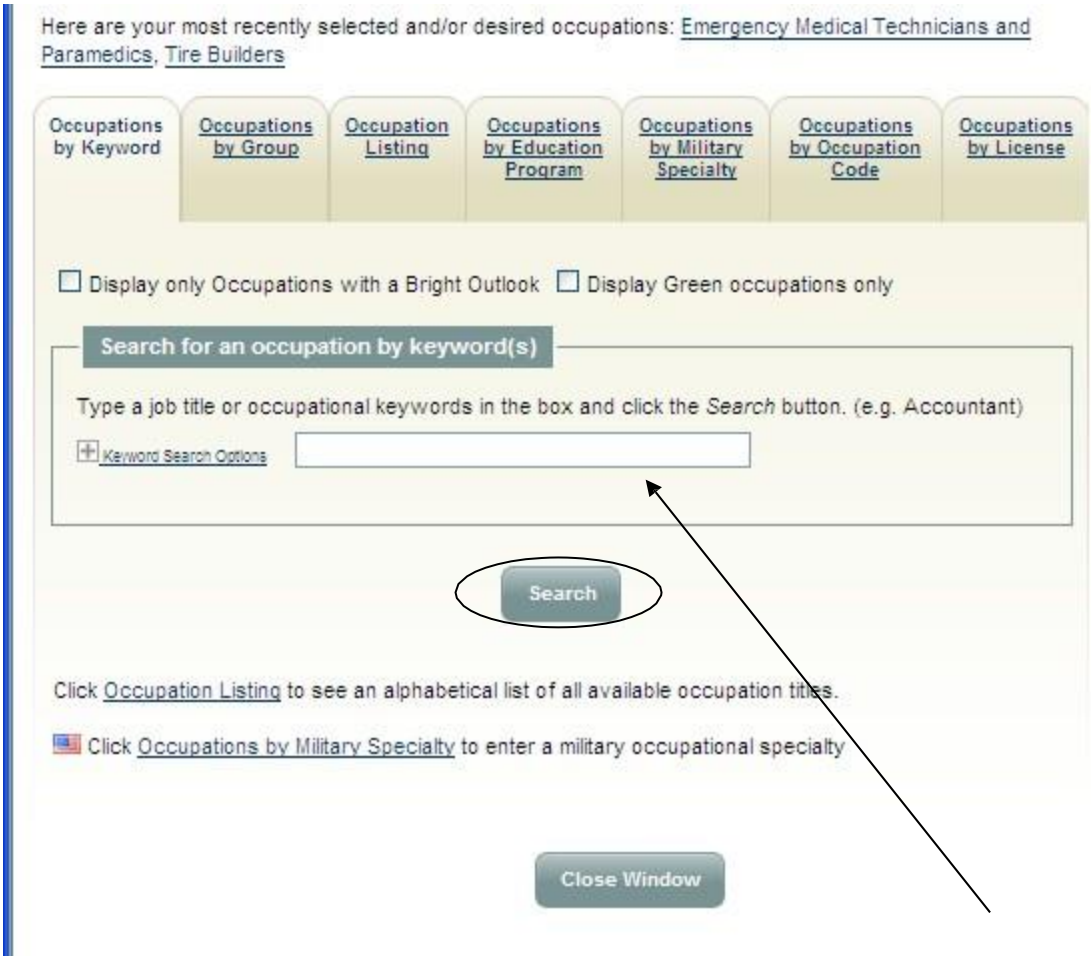
1. Select the appropriate Contact Name. "Provider Contacts" will automatically populate the name you selected.

Create Activities(cont.)



1. Click on “Occupational Training Code.”
2. If you receive a message that no occupational code is found for the course of study you have selected, click on “Select Occupation from ONET Table”
3. Search Screen will appear (see example next)

Create Activities(cont.)
Occupational Training Code Search Box



1. Occupational codes may be search several different ways. You can start with "Search for an occupation by keywords(s) first. Click on the keyword search options box
2. Key your "keyword"
3. Click search
4. Review your options and select the code you feel is the best for the training the participant is entering.

Create Activities(cont.)

Enrollment Service Provider Information

Enrollment Summary:

Enrollment ID: 970270
Username: LWiese87434
TAA Application ID: 3143727
Activity Code: 300
Activity Dates: 11/1/2014 - 10/28/2016

* Provider: NASHVILLE STATE COMMUNITY COLLEGE
[Select Provider]

* Service, Course or Contract: BUSINESS MANAGEMENT
[Select Service, Course or Contract]

Provider Locations: NASHVILLE STATE COMMUNITY COLLEGE
120 White Bridge Road
Nashville, TN 37209
[Select Provider Locations]

Provider Contacts: Priscilla Tibbs
[Select Provider Contacts]

* Occupational Training Code: 11102100 - General and Operations Managers
[Occupational Training Code]

<< Back Next >>

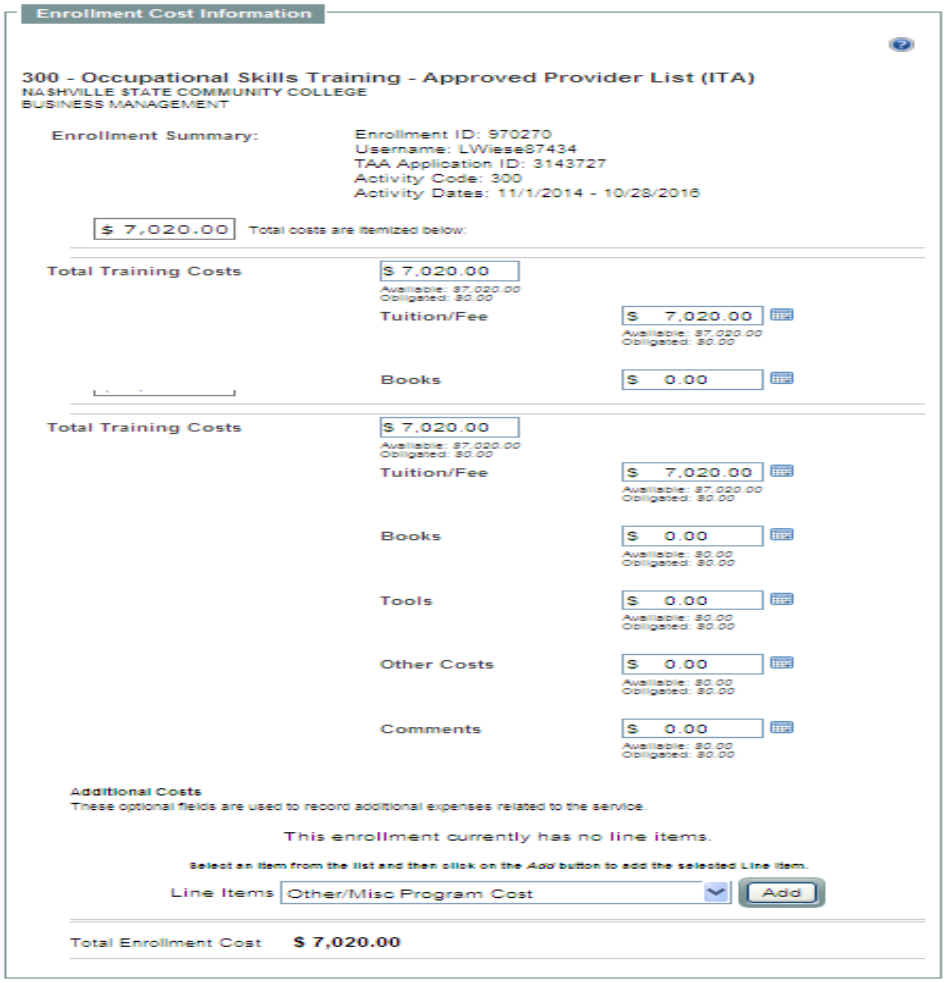
CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Create Activities(cont.)
Enrollment Tab

NOTE: Once you reach this tab you will scan and upload required training documents (complete packet). Notify your TAA Specialist of the existing training activity. Please be sure to include contact and address information on all vendors.

Your TAA SPECIALIST will review the information uploaded, complete this screen, and the following screens using the information you have provided from the school and other vendors, if any.

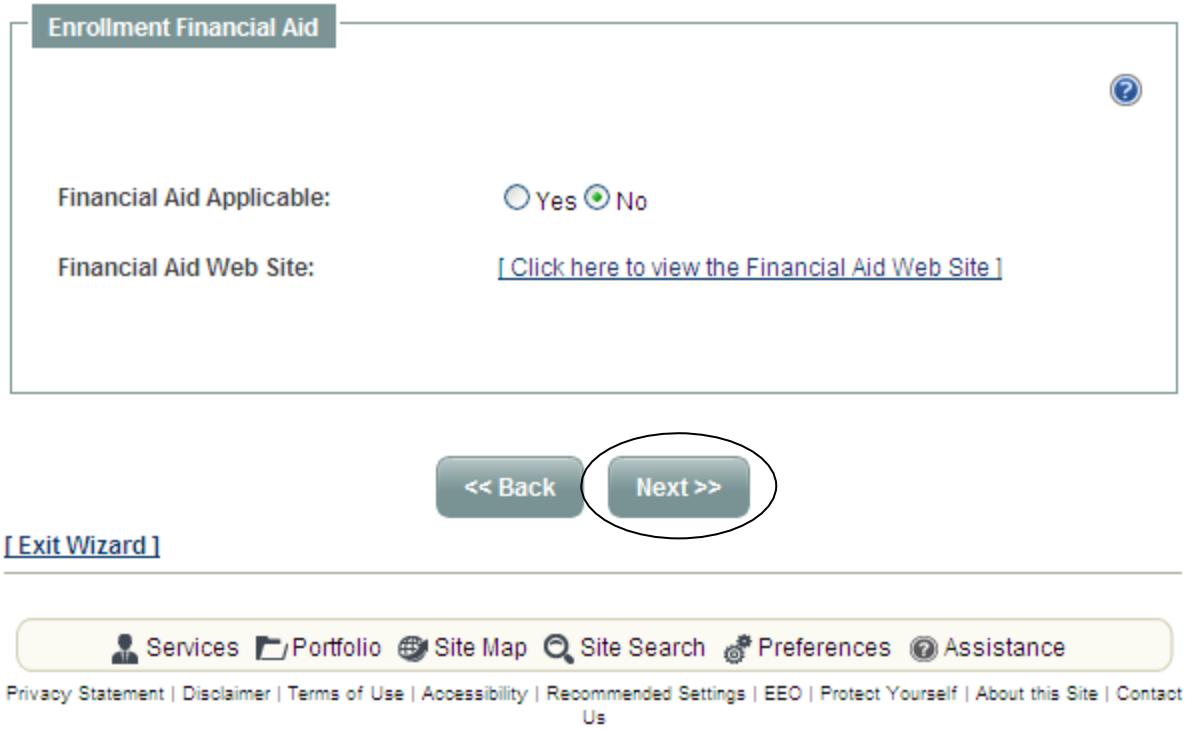


CLICK “Exit Wizard” and refer to page 77 for your next steps.

PAGES 70 – 76 ARE FOR CENTRAL OFFICE USE ONLY

Financial Aid Tab

NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, and the following screens using the information you have provided from the school.



CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.

ENROLLMENT BUDGET SCREEN SHOT

Enrollment Budget Information

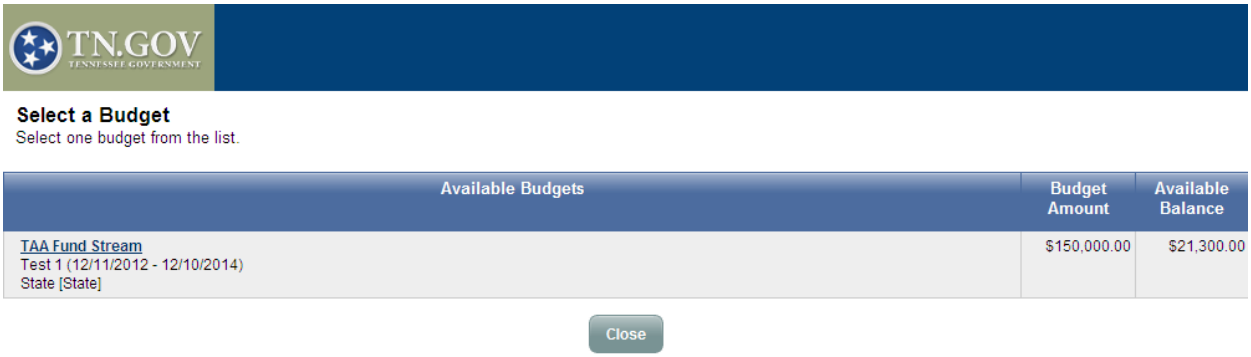
Enrollment Summary:	Enrollment ID: 970270 Username: LWiese87434 TAA Application ID: 3143727 Activity Code: 300 Activity Dates: 11/1/2014 - 10/28/2016
Total Enrollment Cost:	$7,020.00
Financial Aid Contribution:	$0.00
Net Cost:	$7,020.00
Total Funded Costs:	$0.00
Total Obligations:	$0.00
Costs To Be Funded:	$7,020.00

Budget Allocation

[Click Here To Select a Budget]

AVAILABLE BUDGETS SCREEN SHOT

NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.



BUDGET ALLOCATION SCREEN SHOT

<u>NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.</u>

esources
ccount
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for
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dividuals
nployers
esumés
b Orders
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ctivities
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llow-Up

Net Cost:	$20,500.00
Total Funded Costs:	$0.00
Total Obligations:	$0.00
Costs To Be Funded:	$20,500.00

Budget Allocation

Budget	Funded Amount	Obligated Amount	Current Balance	Action
TAA Fund Stream Test 1 (12/11/2012 - 12/10/2014) State [State]	$0.00	$0.00	$0.00	Edit History

[Click Here To Select a Budget]

Over Payments

Date	Over Payment Amount	Waiver Issued	Action

FUNDED COST ALLOCATION SCREEN SHOT

VOUCHER SELECTION SCREEN SHOT

NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.

Budget Plan Information

Enrollment Summary:	Enrollment ID: 973197 Username: TINYTIMMY TAA Application ID: 3163216 Activity Code: 300 Activity Dates: 11/26/2014 - 11/26/2016
Total Funded Costs:	$1,304.00
Total Obligations:	$0.00
Total Paid Obligations:	$0.00
Total Outstanding Obligations:	$0.00
Total Funded Costs to be Obligated:	$1,304.00

[+] Show Filter Criteria (Showing all records)

TAA Fund Stream PY 2014 : PY 2014 (7/1/2014 - 6/30/2015)

Budget Location: State [State]

Funded Amount: $1,304.00 **Obligated Amount:** $0.00 **Current Balance:** $1,304.00

Total Payments: $0.00 **Total Refunds:** $0.00 **Total Paid:** $0.00

[Add a Voucher]

VOUCHER INPUT SCREEN

Voucher
Please provide information for the data items listed below.

Summary

Participant:	Timmy Allen 1212 East Main Lebanon, TN 37087
State ID:	3372840
Program:	Trade Adjustment Assistance (TAA) Program
Service:	Culinary Arts and Chef Training 202
Actual Begin Date:	11/26/2014
Projected End Date:	11/26/2016
Actual End Date:	N/A
Fund Stream:	TAA Fund Stream PY 2014
Provider:	Tennessee Provider 1812 Overture Nashville, TN 37208
Provider FEID/SSN:	303742525

Manage Voucher

Funds Available:	$1,304.00
* Status:	(•) Active ( ) Void ( ) Paid In Full
* Approval Status:	( ) Approved (•) Pending Approval
* Payable To:	( ) Participant (•) Service Provider ( ) Another Provider
Bill Address1:	1812 Overture
Bill Address2:	
Bill City:	Nashville
Bill State:	Tennessee
Bill Zip:	37208
Address Update Options:	(•) Update Address for this Obligation only ( ) Update Address in Provider profile
Student ID:	
Reference No:	
* Date:	12/02/2014 Today
* Expire Date:	12/02/2015 Today

For Services Provided Between

Beginning Date:	11/26/2014 Today
Ending Date:	Today

Cost Details

* Total Training Costs:	$ 0.00	Available: $1,304.00 Planned: $1,304.00
* Tuition/Fee:	$ 0.00	Available: $1,000.00 Planned: $1,000.00
* Books:	$ 0.00	Available: $54.00 Planned: $54.00
* Tools:	$ 0.00	Available: $0.00 Planned: $0.00
* Other Costs:	$ 0.00	Available: $250.00 Planned: $250.00
Comments:	Other Cost = 25% of total cost	

Total Amount:	$ 0.00
Comment:	

Save Cancel

- The TAA Specialist will complete the Voucher based on the information you have provided from the training facility and vendors (if any).
- First voucher will be submitted with the Approval document for you to provide to the participant at the time he/she comes in to sign the Approval.
- If the decision is to Deny the training, no voucher will be issued.

SCREEN SHOT OF ADDED VOUCHER

Quick Search
Enter Search...

Currently Managing
ALLEN, TIMMY
Service Tracking: ON
Release Individual
Assist a new Individual

My Staff Workspace
My Staff Dashboard
My Staff Resources
My Staff Account
Directory of Services

Services for Workforce Staff
Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Case Assignment
Manage Profiling
Manage Follow-Up
Manage Surveys
Manage Providers
Manage Funds
Manage WARN Notifications

Reports
My Reports
Summary Reports
Detailed Reports
Custom Reports
Ad-Hoc Query Wizard
Federal Reports

Communications
Messages
Correspondence
Alerts
Virtual Recruiter
Email Log

General Information | Service Provider | Enrollment Cost | Financial Aid | Enrollment Budget | Budget Planning | Closure Information

Budget Plan Information

Enrollment Summary:	Enrollment ID: 973197 Username: TINYTIMMY TAA Application ID: 3163216 Activity Code: 300 Activity Dates: 11/26/2014 - 11/26/2016
Total Funded Costs:	$1,304.00
Total Obligations:	$0.00
Total Paid Obligations:	$0.00
Total Outstanding Obligations:	$0.00
Total Funded Costs to be Obligated:	$1,304.00

[+] Show Filter Criteria (Showing all records)

TAA Fund Stream PY 2014 : PY 2014 (7/1/2014 - 6/30/2015)

Budget Location: State [State]

Funded Amount: $1,304.00 **Obligated Amount:** $0.00 **Current Balance:** $1,304.00
Total Payments: $0.00 **Total Refunds:** $0.00 **Total Paid:** $0.00

[Add a Voucher]

[Expand All | Collapse All]

[-] Voucher #5381 - Active - Pending Approval $150.00

ID	Ref #	Amount	Payable To	Approval Status	Date	Expire Date	Status	Action
5381		$150.00	Tennessee Provider	Pending Approval	12/02/2014	12/02/2015	Active	Edit History Print

Type	Date	Check Number	Amount	Service Dates	Doc #	Action
You have no records						

[Add a Payment | Add a Refund]

<< Back Next >>

[Exit Wizard]

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14.0

EXAMPLE OF PRINTED VOUCHER

Print | Export to PDF | Close

Tennessee

LWIA/Region: LWIA 09
TN Career Center - Nashville

Voucher ID: 5381	**Check Here if Final:** _____
Voucher Remittance Address: TN Career Center - Nashville 665 Mainstream Drive Nashville, TN 37243	**For Participants Name:** Timmy Allen **SSN:** XXX-XX-4445 **Student ID:** N/A **State ID:** 3372840 **Program:** Trade Adjustment Assistance (TAA) Program - TAA **Appid:** 3163216
Provider of Service: Tennessee Provider **Address:** 1812 Overture Nashville, TN 37208 **Attn:** Mel Sharples **FEIN/SSN:** 303742525 **Vendor ID:** 21214	**Agreement Information:** **Agreement #:** N/A **Service Code:** 300 - Occupational Skills Training - Approved Provider List (ITA) **Service Dates:** Start - 11/26/2014 End - 11/26/2016 **Fund Stream:** TAA Fund Stream PY 2014

Total payment for this voucher cannot exceed the TOTAL VOUCHER amount

Item	Voucher Amount	Payments To Date	Amount Submitted for Payment For Service Provided Between: Start Date: 11/26/2014 End Date:
Total Training Costs	$150.00	$0.00	
Tuition/Fee	$100.00	$0.00	
Books	$50.00	$0.00	
Tools	$0.00	$0.00	
Other Costs	$0.00	$0.00	
Comments			
TOTAL VOUCHER:	**$150.00**	**$0.00**	

I hereby certify, under penalty of law, that this voucher is correct and accurate. I understand that subsequent vouchers will be dependent on the participants continued progress in Trade Adjustment Assistance (TAA) Program.

Providers Authorized Signature **Date** **Authorized Staff Signature** **Date**

EXAMPLE OF TAA ENROLLMENT

Print Close

TAA Enrollment
JOBS4TN.GOV

TN Career Center - Nash,-ille
665 f:.fainstream Dri,-e
Nashville, TN 37243

Participant Name	SSN	AppiD
Tinuny Allen	X..XX-X..X-4445	1 3163216
Funding Source	Case Nlanager	
TAA-TAA Petition: 085552-Ferrarra Candy Company		
Activity/Sencice: 300 - Occupational Skills Training - Approved Provider List (ITA)	Break in Training (weeks): 0	
Authorization Begin Date	Authorization End Date	
Projected Begin 11/26/2014 Actual Begin 11/26/2014	Projected End 11/26/2016 Actual End: N/A	
Comments: N/A		

Inrollmcnt Pro,-idcr Information

Entity	FEIN#
Tennessee Provider Program Service: Culinary Arts and Chef Training 202	303742525
Training Site Address	Telephone Number
Temtessee Provider 1812 Overture Nashvile, TN 37208	(342)323-2222 Ext.

Scheduled Sen-ic.e Cost:	S1,304.00	**Current funded Costs:**	S1,304.00
Total Training Costs	S1,104.00	FundStream: TAA FundStream PY 2014	
Tuit:on/f cc	S ,000.00	**Period: PY 2014 7/1/2014 - 6/30/2015**	
Boo.:s	S54.00	Alloc: S ,304.00 Oblig: S0.00 Ani!: S ,304.00	
Too:s	S0.00		
Other Costs	S250.00		
Comments	Other Cost = 25% of total cost		

Record ID: 973197
Last Edited By: 234839
Last Edit Date: 12/2/2014 1003:00 A\.1

Once you have saved the training activity, you will notify your TAA Specialist in the Central Office by email to let them know that the activity is in the system and is waiting for review.

NOTE: All documents that the Specialist will need to make an eligibility determination should have been scanned and uploaded to the Jobs4TN (VOS) System (see page 77 for instructions on how to upload scanned documents into the Jobs4TN (VOS) system)

NOTE: Case notes should be complete and up to date. (See page 45 for instructions on how to complete case notes)

NOTE: There should be several activities indicated in the system prior to the training activity. Activities expected on each TAA participant are:

Orientation
Rapid Response
IEP/EDP
LMI
Job Search
Referral to WIA for Assessment
Training

NOTE: An IEP/EDP should be developed and remain open (for six (6) months after anticipated completion date) for viewing and continued updating. (See page 78 for instructions on how to complete the IEP/EDP)

NOTE: Vouchers will be issue at the beginning of each term. These vouchers will be prepared by TAA Specialists in the Central Office.

- *The first voucher will be issued after the approval of the training.*
- *The TAA Specialist will email the Approval (for signature), the enrollment, the voucher with agreement, the term book/supply list, and the TA-2 to the career center TAA Representative, the training facility, participant, and the TRA Unit.* ***It will be extremely important to insure the needed contact information is available.***
- *Career Staff will provide the Approval information to their LWDA partners and will contact the participant to schedule an appointment to report to the office to sign and date the Approval Document.*
- *Subsequent voucher(s) will be distributed after the participant has reported for his/her benchmark reviews when providing grades, registration for the next term, and an itemized cost sheet for that term.*
- *Grades, registrations, and updated cost sheets are required to be scanned and uploaded into Jobs4TN (VOS) at the end of each term and the TAA Specialist notified.*
- *The Specialist will review all documents, request any needed information, and issue the next voucher if everything is accurate.*

NOTE: The providers will bill TAA each term just as they have all along. However, a new voucher will not be issued for the next term if TAA Central Office has not received and processed an invoice for the previous term.

INDIVIDUAL EMPLOYMENT PLAN ACTIVITY

Activity 205 (create an activity on page 47) documents the development of an Individual Employment Plan (IEP). This activity is required on all participants. Example of activity below.

Create Activity

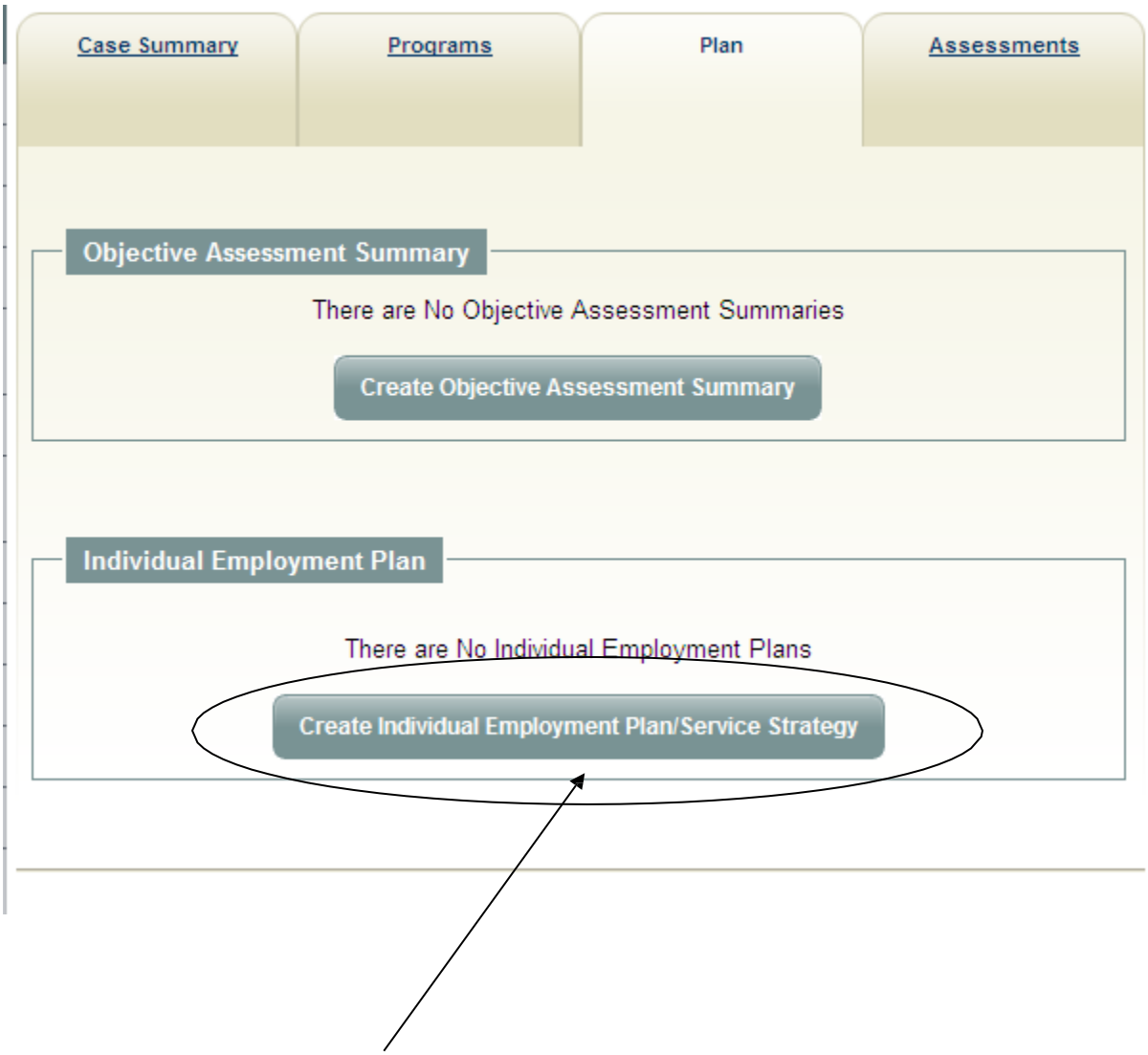
Status	Activity / Provider	WZ	Funding	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
O	300 - Occupational Skills Training - Approved Provider List (ITA) TENNESSEE COLLEGE OF APPLIED TECHNOLOGY AT ELIZABETHTON	W	TAA	01/04/16	01/04/16	08/23/16	Close
O	331 - TAA - Approved Travel in Training Tennessee Department of Labor	W	TAA	01/04/16	01/04/16	08/23/16	Close
C	101 - Orientation Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion
C	107 - Provision Of Labor Market Research Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion
C	110 - Attended Rapid Response Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion
C	125 - Job Search/Placement Asst., inc. Career Counseling Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion
O	205 - Develop Service Strategies (IEP/ISS/EDP) Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/23/16	Close
C	209 - Referred To State And Local Training Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion
C	211 - Referred To WIA/WIOA Tennessee Dept of Labor and Workforce	W	TAA	12/16/15	12/16/15	12/16/15	12/16/15 Successful Completion

Note: Creating the activity is not the same as creating the IEP. The IEP is created in the Plan Tab (see next page).

INDIVIDUAL EMPLOYMENT PLAN (IEP)

The Plan Tab is located under *Staff's Profiles > Case Management*.

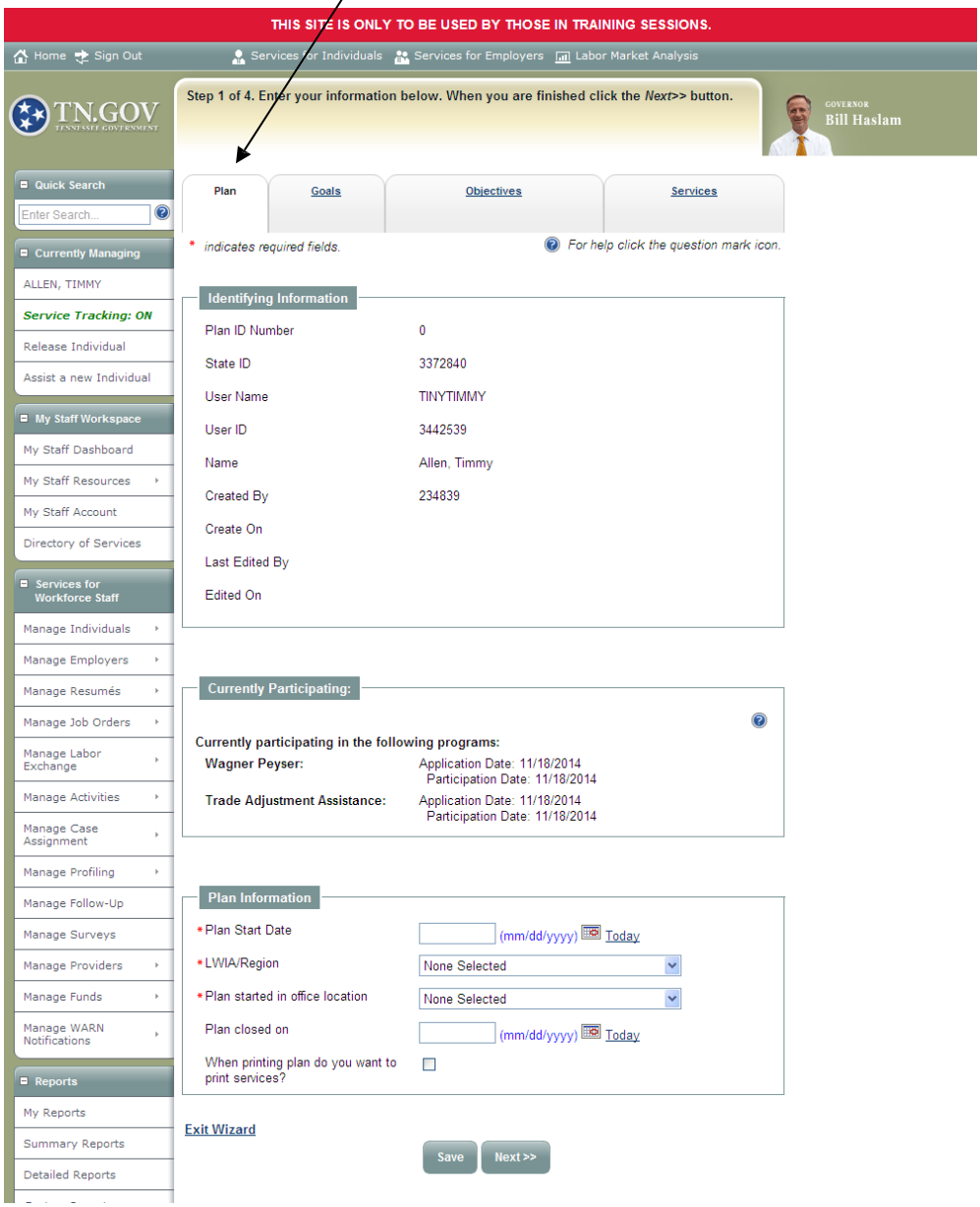
Creating an Individual Employment Plan



Click "Create Individual Employment Plan/Service Strategy" under the Individual Employment Plan section.

Note: *The IEP is utilized by all WIOA programs. If there is already a plan created* *<u>you will NOT</u>* *create a new plan, but will create your own goal and objectives for TAA.*

Starting at the left tab (Plan) the WIZARD will step you through the appropriate steps to create the IEP.



Complete the Plan Information: Plan Start Date, Region, and Office. Then, click the Next Button.

IEP Goal

Plan | Goals | Objectives | Services

(*)indicates required fields. For help click the question mark icon.

General Information

User Name	gsiterriadams
Name	Adams, Terri

IEP Goals

#	Goal	Goal Type	Date Established	Est. date for Completion	Program	Staff	Status	Action
No History Records								

Add New Goal

Your IEP first needs a ***GOAL***. What is the primary plan for assisting this person? Click the ***ADD New Goal*** link in the center of the page.

Note: *The IEP is utilized by all WIOA programs. If there is already a* ***GOAL*** *created by another program, you WILL NEED to create a new goal and objectives for TAA.*

IEP Goal

General Information

User Name	TINYTIMMY
User ID	3442539
Name	Allen, Timmy
Plan Start Date	11/18/2014

Goal Information

* LWIA/Region	LW09-Nashville Career Advancement C
* Office	TN Career Center - Nashville
* Program Affiliation	☑ TAA ☐ Wagner-Peyser (WP) Program
* Type of Goal	Training
* Term of Goal	Long Term
* Description of Goal	HVAC Diploma training
* Date Established	11/18/2014 (mm/dd/yyyy) Today
* Estimated Completion Date	05/01/2016 (mm/dd/yy
Actual Completion Date	(mm/dd/yy
* Completion Status	Open
Reason Closed	None Selected

Complete the required fields to create your client's goal.

Click save to move to the next screen.

Use text box for more information about the Goal.

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Format

Desires employment in the HVAC field, but lacks required credentials to obtain employment. Will enroll in HVAC training to obtain the needed credentials, so that full time unsubsidized employment can be obtained.

[Spell Check | Clear Text | Remove All Formatting]

IEP Goal

Plan | Goals | Objectives | Services

(*)indicates required fields. For help click the question mark icon.

General Information

User Name	gsiterriadams
Name	Adams, Terri

IEP Goals

#	Goal	Goal Type	Date Established	Est. date for Completion	Program	Staff	Status	Action
98	Getting individual re -employed.	Employment	10/28/2011	12/12/2011	WIA	Staff, GSI	Open	Edit Delete

Add New Goal

The Goal appears in a table. To edit the goal, click the ***EDIT*** link in the *Action* Column. If a goal requires deletion, please contact your TAA Specialist for assistance.

Objectives are required next! Click the ***NEXT*** button.

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

IEP Objectives

THIS SITE IS ONLY TO BE USED BY THOSE IN TRAINING SESSIONS.

Home | Sign Out | Services for Individuals | Services for Employers | Labor Market Analysis

TN.GOV TENNESSEE GOVERNMENT

Step 3 of 4. Enter your information below. When you are finished click the *Next>>* button.

GOVERNOR Bill Haslam

Quick Search
Enter Search...

Currently Managing
ALLEN, TIMMY
Service Tracking: ON
Release Individual
Assist a new Individual

My Staff Workspace
My Staff Dashboard
My Staff Resources
My Staff Account
Directory of Services

Services for Workforce Staff
Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Case Assignment
Manage Profiling
Manage Follow-Up
Manage Surveys
Manage Providers
Manage Funds
Manage WARN

Plan | Goals | Objectives | Services

For help click the question mark icon.

General Information

User Name	TINYTIMMY
User ID	3442539
Name	Allen, Timmy

Objective Information

Goal Description	Objective	Date Established	Review Date	Program(s)	Staff	Status
No Objective Records						

Add new objective

Select pre-defined objectives

Exit Wizard

<< Back | Next >>

Services | Portfolio | Site Map | Site Search | Preferences | Assistance

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Track Page

Home | Sign Out

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14.0

After the *Goal*, you must create required ***Objectives*** that will be used to achieve the *Goal*. An ***Objective*** is defined as individual events that will lay the groundwork for the *Goal's* success.

The system will let you add a new ***Objective*** manually, or use some predefined Objectives. In TAA we will be adding our ***Objectives*** manually.

INDIVIDUAL EMPLOYMENT PLAN (IEP) *(cont.)*

IEP Objective

General Information

Username	TINYTIMMY
User ID	3442539
Name	Allen, Timmy

Objective Information

* Goal	HVAC Diploma training
Goal Date Established	11/18/2014
* LWIA/Region	LW09-Nashville Career Advancement C
* Office Location	TN Career Center - Nashville
* Program Affiliation	HVAC Diploma training
Goal Date Established	11/18/2014
* LWIA/Region	LW09-Nashville Career Advancement C
* Office Location	TN Career Center - Nashville
* Program Affiliation	Trade Adjustment Assistance (TAA) Program
* Objective	Job Search
* Date Established	11/18/2014 (mm/dd/yyyy) Today
* Review Date	01/02/2015 (mm/dd/yyyy) Today
Actual Completion Date	(mm/dd/yyyy) Today
Completion Status	Open
Reason Closed	None Selected
Created By	234839
Last Edited By	234839

Objective Details (Comments)

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Format

Objective Details (Comments)

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Format

Completed job search, no suitable employment is available.

[Spell Check | Clear Text | Remove All Formatting]

Save Cancel

Services Portfolio Site Map Site Search Preferences Assistance

Manual ***Objectives*** are created from beginning to end. You determine the accurate title and nature of an Objective for the TAA Program.

Add additional comments that will clarify the need for this objective in the ***Detailed*** box.

Click **SAVE**.

Note: Any additional Objectives will be created in the same manner.

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

IEP Objectives

After the *Objectives* have been created, they will appear in a table. To edit an *Objective*, click the ***EDIT*** link in the *Action* Column. To delete an *Objective*, contact your TAA Specialist for assistance.

Click the ***NEXT*** button to continue.

Goal Description	Objective	Date Established	Review Date	Program (s)	Staff	Status	action
HVAC Diploma training	Requested training in HVAC	11/18/2014	01/02/2015	TAA	Wright, Robin	Closed	Edit Delete
HVAC Diploma training	Completed WIA Assessment	11/20/2014	01/04/2015	TAA	Wright, Robin	Closed	Edit Delete
HVAC Diploma training	Enroll in TAA Funded Training	11/20/2014	01/04/2015	TAA	Wright, Robin	Closed	Edit Delete
HVAC Diploma training	Maintain good progress while in training	11/20/2014	01/04/2015	TAA	Wright, Robin	Open	Edit Delete
HVAC Diploma training	Will meet benchmarks while in trg	11/20/2014	11/20/2014	TAA	Wright, Robin	Open	Edit Delete
HVAC Diploma training	Report every 60 days/ grades, reg.&cost	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	Edit Delete
HVAC Diploma training	Notify TAA Staff of any changes	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	Edit Delete
HVAC Diploma training	Recieve Credential	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	Edit Delete
HVAC Diploma training	Job Search	11/18/2014	01/02/2015	TAA	Wright, Robin	Open	Edit Delete

Add new objective

Note: Above is an example of, at a minimum, what the different *Objectives* should include. It shows the status of each Objective. As the participant progresses through their TAA services, you will close each Objective as it is completed.

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

IEP Objectives

The Services tab displays services from an individual's service plan. If you checked the box in the Plan Tab to print the Service Plan with the IEP, services on this page will print with the rest of the form.

Click the Finish button.

Plan | Goals | Objectives | Services

(*)indicates required fields. *For help click the question mark icon.*

General Information

User Name	gsiterriadams
Name	Adams, Terri

IEP Services

App # - program	Service/Activity	Begin Date	End Date	Provider	Staff
205 - Development of Individual Employment Plan	60 - WIA	A - 10/27/2011	A - 10/27/2011	Employment Service	GSISA0
205 - Development of Individual Employment Plan	60 - WIA	A - 10/28/2011	P - 12/20/2011	GSI Test Provider	GSISA0
102 - Initial Assessment (WP/WIA)	60 - WIA	A - 10/28/2011	A - 10/28/2011	GSI Test Provider	GSISA0

Exit Wizard

<< Back | Finish | Delete

CONGRATULATIONS, YOU HAVE CREATED AN IEP! Skip to page 93 to continue.

PAGES 92 – 95 ARE FOR CENTRAL OFFICE USE ONLY

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

When you are ready to close the plan, click the EDIT link in the Plan Table. You will have to close the plan in the opposite order that you created it!

Programs | Plan | Assessments

Objective Assessment Summary

There are No Objective Assessment Summaries

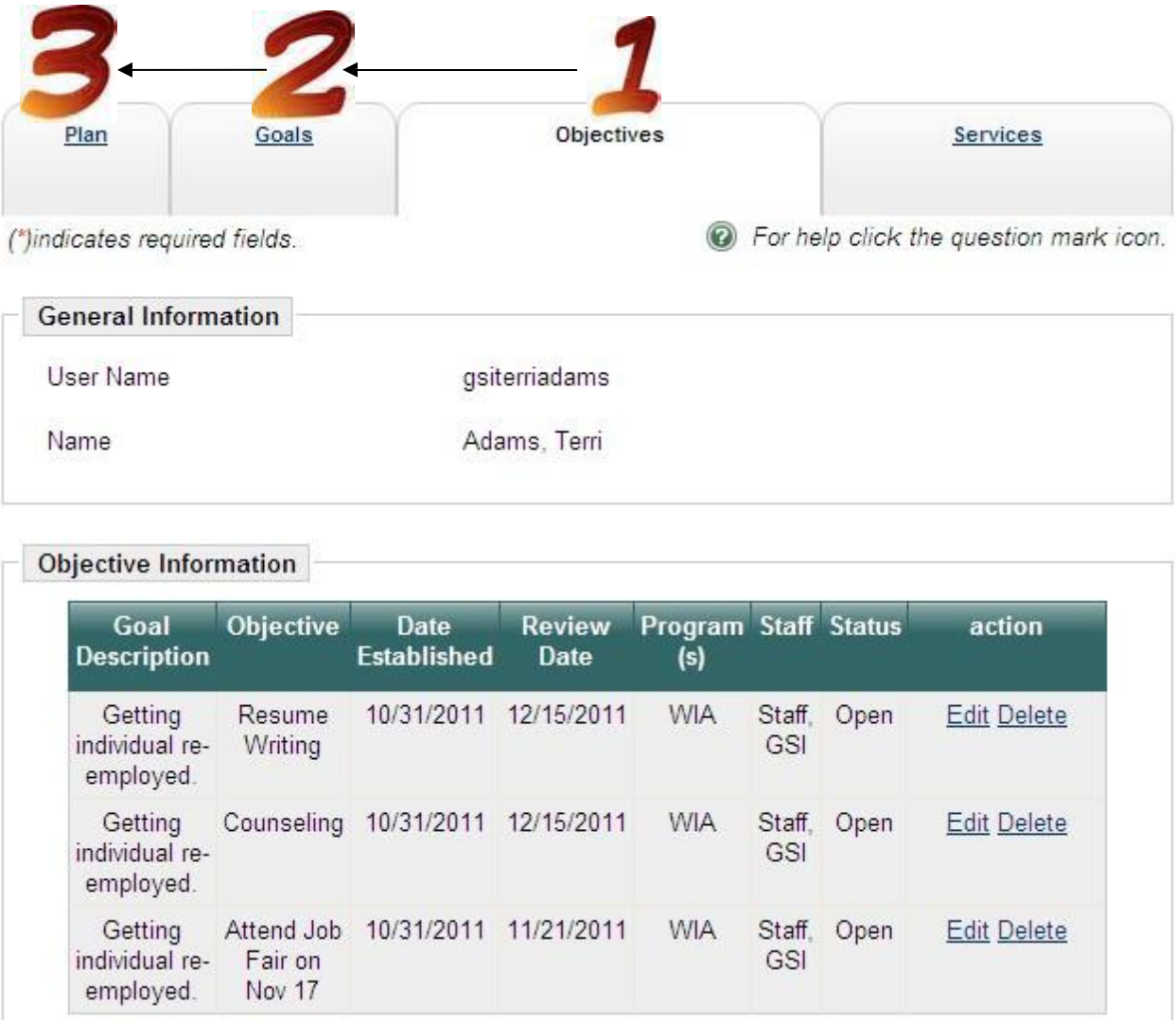
Create Objective Assessment Summary

Individual Employment Plan

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
66	Jefferson Parish Department of Employment & Training	West Jefferson Career Solutions Center	OPEN	1	Staff, GSI	10/27/2011	Edit Delete Print

Create Individual Employment Plan

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***



Close the IEP in this order:

1. Objectives
2. Goals
3. The date in the Plan Tab itself.

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

Plan Information

* Plan Start Date	10/27/2011 (mm/dd/yyyy) Today
* LWIA/Region	Jefferson Parish Department of Employmer
* Plan started in office location	West Jefferson Career Solutions Center
Plan closed on	10/31/2011 (mm/dd/yyyy) Today
When printing plan do you want to print services?	☐

Exit Wizard

Next >> Delete Print

Provide a Closed Date in the Plan Tab, then click the Next button all the way out of the IEP.

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

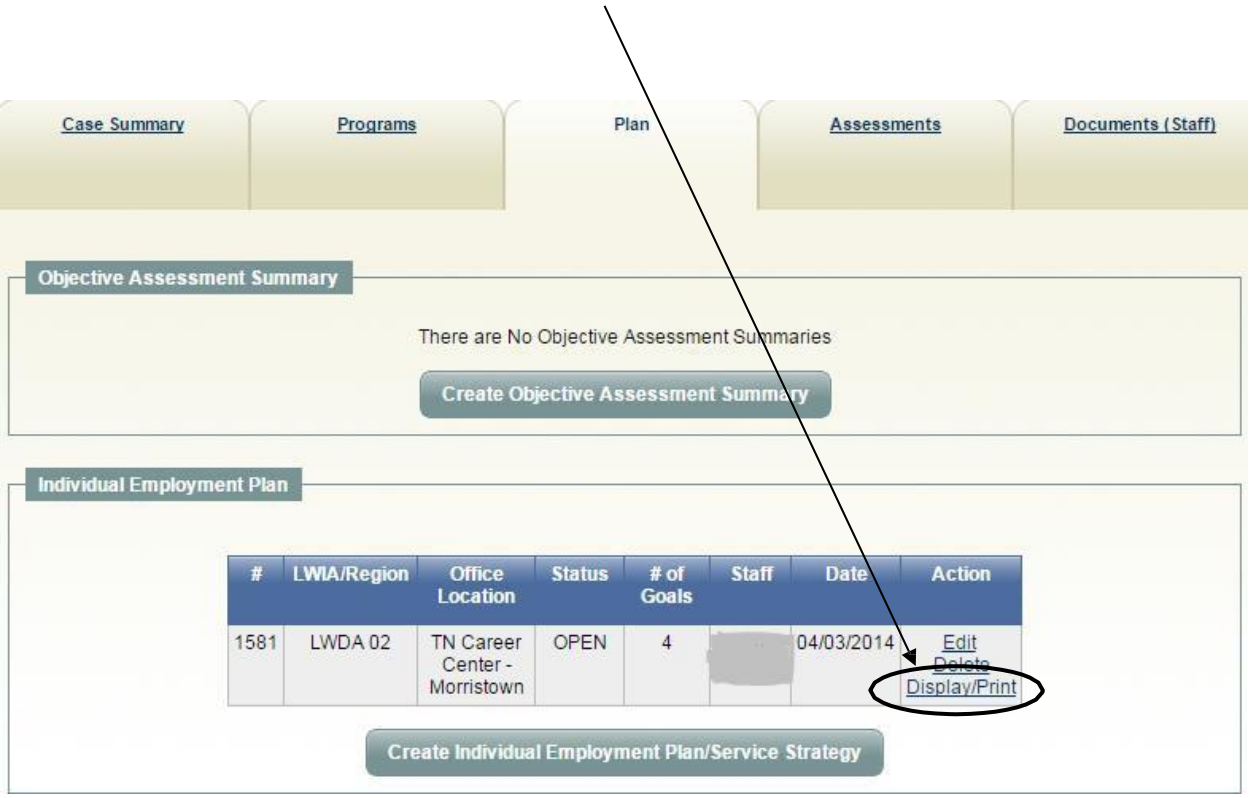
Individual Employment Plan

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
66	Jefferson Parish Department of Employment & Training	West Jefferson Career Solutions Center	CLOSED	1	Staff, GSI	10/27/2011	Edit Delete Print

If the IEP goal and objectives were successfully closed, the status will say 'Closed.'

INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

Once the IEP has been completed you will need to print a copy for signatures. Both the worker and you must sign and date the document. To print, click the Display/Print Link on the Plan main screen.



INDIVIDUAL EMPLOYMENT PLAN (IEP) ***(cont.)***

EXAMPLE OF AN IEP

EXAMPLE

General Information:

Plan ID:

User ID:

Name:

Plan was started on: 03/23/2016

Plan was started in office location: TN Career Center -

Plan closed on:

Goals and Objectives Established:

Goal #	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status
1	TAA	Training	Long Term	03/23/2016	04/29/2017		Open

Goal Description: Welding Program

Comments: Desires employment in the Welding field but lacks needed credentials to secure full time suitable employment. Will enroll in the Welding Program to obtain the needed credential.

Objectives to Goal #1

Objective	Date Established	Review Date	Program	Staff	Status
Job Search	03/23/2016	05/07/2016	TAA		Closed
Comments: Assisted · with job search. No suitable employment found at this time.					
Requested training in Welding	03/23/2016	05/07/2016	TAA		Closed
Comments: I r requested training in Welding at the UC campus of TCAT Newbern. School placement rate for Welding is 74%.					
Completed WIOA Assessment	03/23/2016	05/07/2016	TAA		Closed
Comments: was referred to WIOA for assessment and recommended for training.					
Enroll in TAA funded training	03/23/2016	05/07/2016	TAA		Closed
Comments: applied and was enrolled through TCAT Newbern to attend the Welding Program at their Union City campus beginning May 2, 2016 and ending April 29, 2017. He received his AS in Drafting & Design from Murray State University in 1982 but never used his training. He will travel 14 miles one way to school Monday through Friday.					
Maintain satisfactory progress	03/23/2016	05/07/2016	TAA		Open
Comments: will maintain satisfactory progress throughout his welding training.					
Will meet benchmarks	03/23/2016	05/07/2016	TAA		Open
Comments: · will meet all benchmarks set by TCAT Newbern.					
Report every 60 days	03/23/2016	05/07/2016	TAA		Open
Comments: will report to the AJC every 60 days to discuss his progress in the Welding Program.					
Notify TAA of any changes in training	03/23/2016	05/07/2016	TAA		Open
Comments: will notify his TAA representative of any changes in his training program as soon as possible.					
Receive credential	03/23/2016	05/07/2016	TAA		Open
Comments: will receive his credential at the end of his training program.					
Job Search Assistance	03/23/2016	05/07/2016	TAA		Open
Comments: will come into the AJC at the end of his training period to receive job search assistance.					
Obtain employment	03/23/2016	05/07/2016	TAA		Open
Comments: will obtain full time suitable employment in the Welding field.					

EXAMPLE OF AN IEP

Signatures

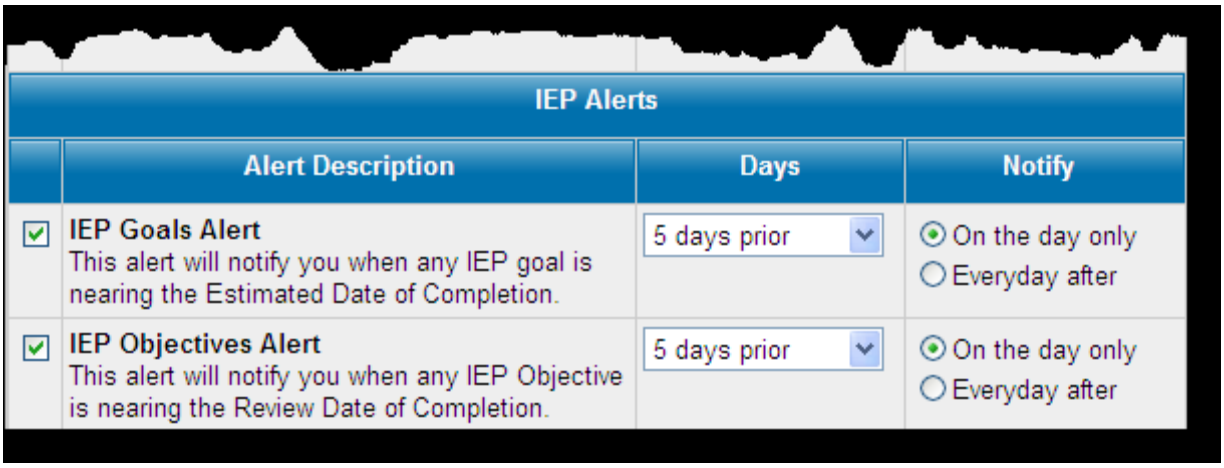
EXAMPLE

Applicant Signature / Da(e

Parent/Guardian Signature Date

• Sta(f Sign_ture

This is an example of what IEP Alerts look like.



IEP Alerts

	Alert Description	Days	Notify
☑	**IEP Goals Alert** This alert will notify you when any IEP goal is nearing the Estimated Date of Completion.	5 days prior	◉ On the day only ○ Everyday after
☑	**IEP Objectives Alert** This alert will notify you when any IEP Objective is nearing the Review Date of Completion.	5 days prior	◉ On the day only ○ Everyday after

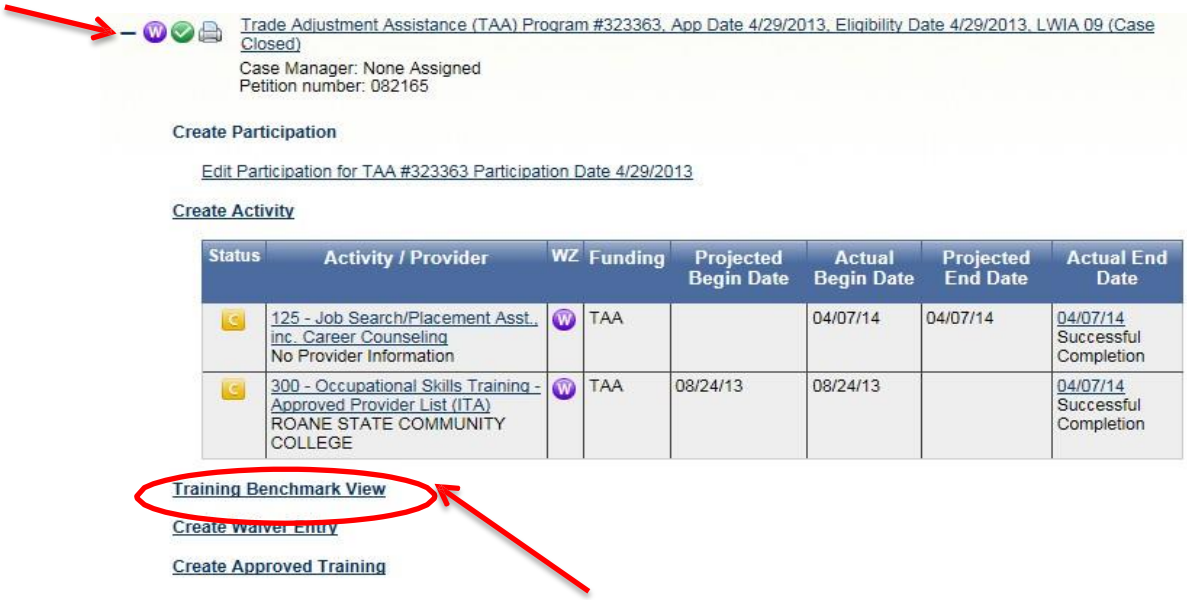
There are two (2) staff alerts available for the IEP:

- **IEP Goals Alert**. This alert will notify you when an IEP goal Estimated Date of Completion is coming soon.
- **IEP Objectives Alert**. This alert will notify you when an IEP objective review date of completion is coming soon.

BENCHMARKS

Go to the Programs tab in JOBS4TN (VOS) and click on the **+** next to the Trade Adjustment Assistance (TAA) Program.

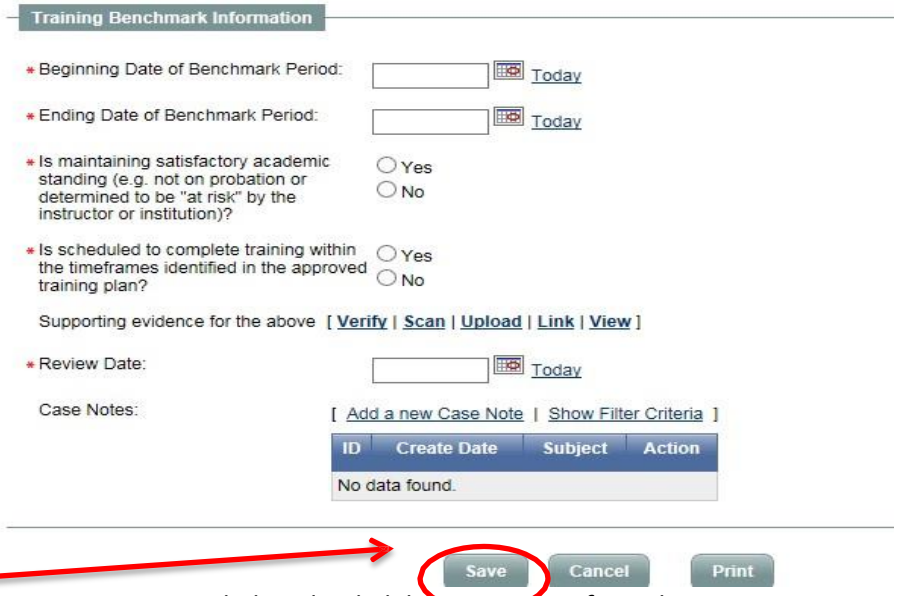
Click on the **+** next to the TAA Application.



Under Create Activity, Click on **Training Benchmark View.**

Click on **Add Training Benchmark.**

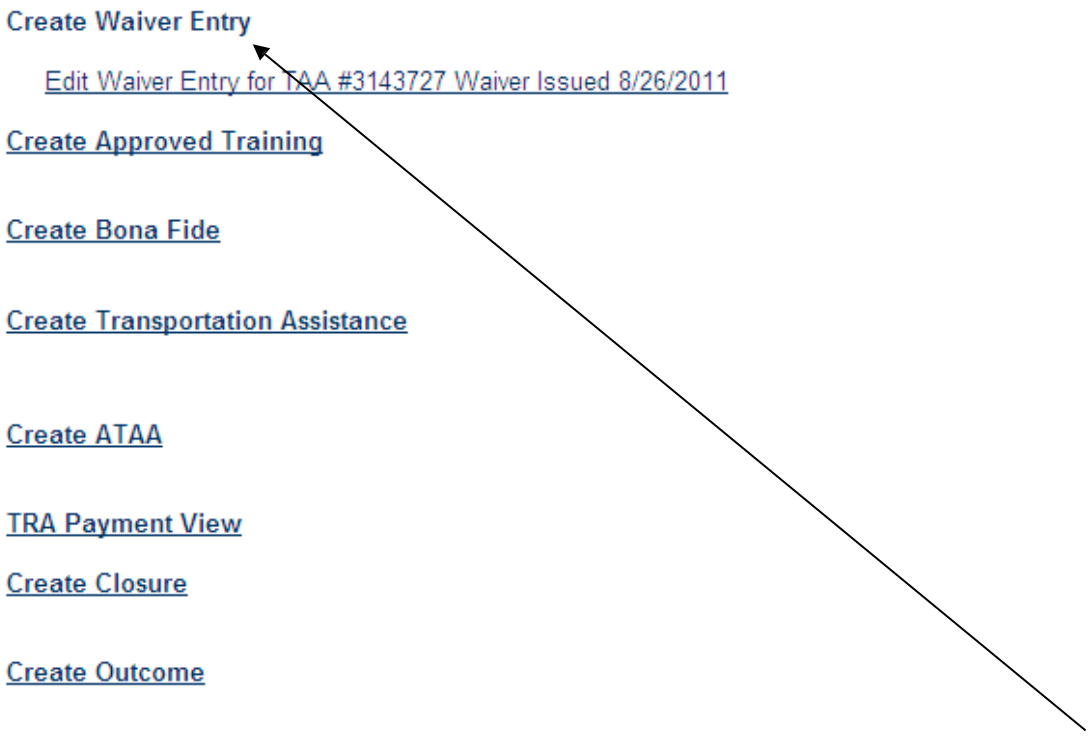
Under Training Benchmark Information, fill out the beginning and ending dates of the benchmark period, and answer



the questions regarding the participants training. *Include uploaded documentation from the participant to support the Benchmark by verifying grades/progress report/etc. and add to documents.* Enter the date the benchmark was completed. **Enter case notes to go with benchmark information**. Click **Save**.

Note: If you cannot see the Training Benchmark View link on your screen, verify that you have entered the actual begin date in the training activity.

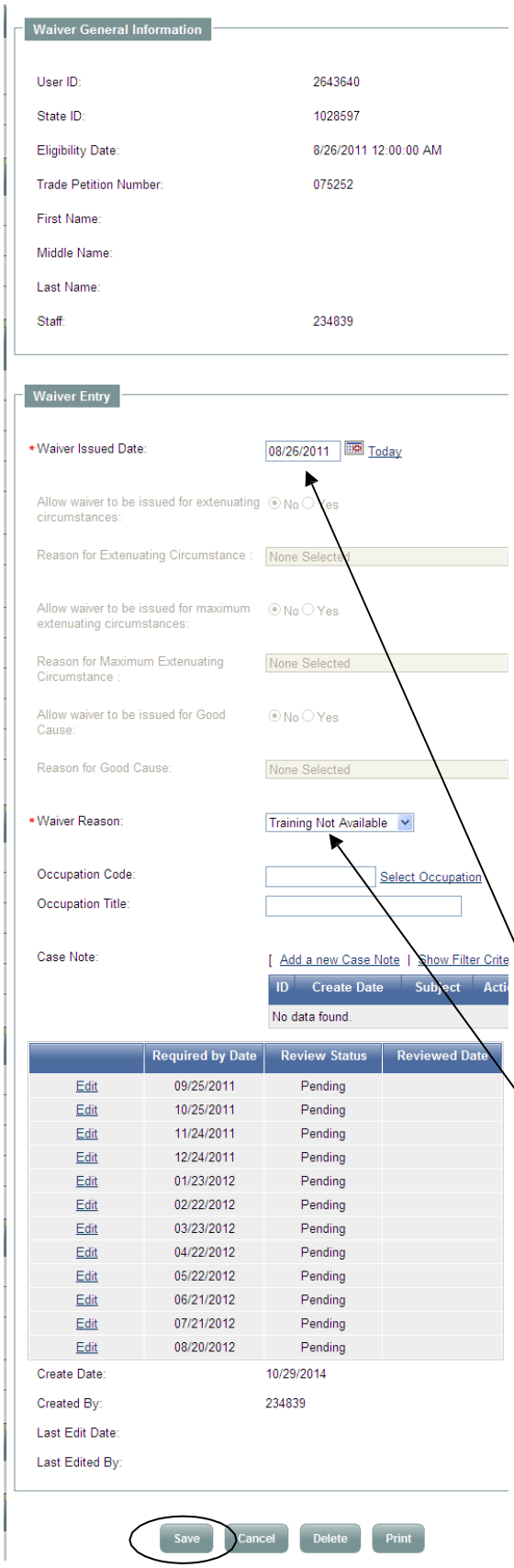
WAIVERS



1. Click on “Create Waiver Entry”

Note: *Only create a waiver when instructed to by the TRA Unit.*

WAIVERS *(cont.)*



1. Key the date the “Waiver” is issued. (mandatory)
2. Key the “Waiver Reason” (mandatory)

Click “Save”

You must select Save if you want the information you have created to be saved.

Note: *All open waivers must be reviewed every 30 days until the participant enters training.*

Create Waiver Entry

Edrt Waiver Entry for TAA #3143727 Warver Issued 812612011

Create Approved Training

Create Bona Fide

Transportation Assistance

Create ATAA

TRA payment View

Create Closure

Create Outcome

TRANSPORTATION ASSISTANCE *(cont.)*

Individual Information

User ID:	2643640
State ID:	1028597
Eligibility Date:	08/26/2011
Petition Number:	075252
First Name:	Linda
Middle Initial:	K
Last Name:	Wiese
Create User:	Wright, Robin [234839]

Application Information

* Application Date for Transportation Assistance: 10/31/2014 Today

Exit Wizard

Next >>

TRANSPORTATION ASSISTANCE ***(cont.)***

Training Information

[Search for Training Provider]

* Training Provider:	NASHVILLE STATE COM

[Search for Training Location]

* Training Location:	NASHVILLE STATE COM
* School Address 1:	120 White Bridge Road
School Address 2:	
* City:	Nashville
* State:	TN
* Zip Code:	37209
Create Date:	10/31/2014
Create User:	Wright, Robin[234839]
Edit Date:	10/31/2014
Edit User:	Wright, Robin[234839]

Exit Wizard

<< Back Next >>

Travel Information

Begin Date:	10/31/2014
End Date:	10/30/2016
Is this Training 100% Online?:	No
Travel Distance from Home to School One Way:	51.00
Mileage Rate:	$0.560
Commuting Distance is Greater than 50 miles:	Yes
Daily Mileage Rate:	$57.12
Federal Per Diem Rate:	$0.00
50% Federal Per Diem:	$0.00
Daily Amount of Eligible Transportation Assistance:	$0.00
TAA Transportation Assistance Determination:	Approved

Case Note: [Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Create Date:	10/31/2014
Create User:	Wright, Robin[234839]
Edit Date:	10/31/2014
Edit User:	Wright, Robin[234839]

NOTE: Transportation Assistance will be set up after receipt of the training request by the TAA Specialist if training is approved and transportation assistance will be a part of the training cost. An Activity will be established by the TAA Specialist to coincide with the transportation assistance applications.

CREATE APPROVED TRAINING (TAA Specialist use only)

Create Waiver Entry

Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

Create Transportation Assistance

Provider	Location	Application Date	Start Date	End Date	Status	Action
NASHVILLE STATE COMMUNITY COLLEGE	NASHVILLE STATE COMMUNITY COLLEGE	10/31/2014	10/31/2014	10/30/2016	Approved	Edit | Delete

Create ATAA

TRA Payment View

Create Closure

CREATE APPROVED TRAINING (TAA Specialist use only) *(cont.*

Approved Training Information

User ID:	2643640
State ID:	1028597
Eligibility Date:	8/26/2011
Approved Training based upon qualifying separation date:	11/5/2011
Approved Training based upon certification date:	6/4/2011
First Name:	
Middle Name:	
Last Name:	

Approved Training Entry

Approved Training Application Date: 10/31/2014 | Today

Suitable employment is not available to the worker: ○ Yes ○ No

The worker would benefit from this training: ○ Yes ○ No

There is reasonable expectation of employment following completion of this training: ○ Yes ○ No

This training is reasonably available to the worker: ○ Yes ○ No

The worker is qualified to undertake and complete the training: ○ Yes ○ No

This training is available at a reasonable cost: ○ Yes ○ No

Approval of training:

Case Note: [Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action

No data found

Save Cancel

EXAMPLE OF THE ELIGIBILTV DETERMINATION

Print Close

Tennessee \Yorks Online Services
Trade Adjustment Assistance Program (TAA)
Application for TAA Training

Participa nt Informa tion

Name:Tinuny .AJJ.cn State ID:33i2840 Petition Number:085552

.Most Recent Qualifying Separation Date:9/1/2014 Petition Certification Date: ! 0/8/2014

Training Information

Provider: NASHVILLE STATE CO!V!lVfUNITY COLLEGE Program: CULINLilIY .LilITS

Projected Start Date: 1/15/2015 Projected End Date: 12/31/2016 Weeks of Training: 102

I tmderstand that I may exhaust my UI and TRJ\ benefits before the projected end date of my training even though the c.ost of the training may c.ontinue to be paid. I will have ( ) will not have ( ) the financial resourc.es available to **l:uvct tuy living expeue Uwin5 lhe eulll:e petiu U uf lluining iftuy Ueuefib euU ptiut Il) l:utu}Jlliuu uf lluining**.

Participant Signature Date

Training Criteria

Training Application Date: 11/26/2014
Suitable employment is not avrilable to the worker: *Yes*
The worker would benefit from tlus training: *Yes*
There is reasonable expectatiof empl0)1Uent following c.ompletion of tllis training: *Yes*
Tlus training is reasonably available to tlte worker: *Yes*
The worker is qualified to tmdertake and c.omplete the training: *Yes*
Tllls training is available at a rseonable cost: Yes

TAA Training Determina tion

Based on TAA guidelines, *te* training specified above is: APPROVED

Staff Signature Date

Appeal Rights: If you do not agree "t:it tllis detemlination, you have ten days (10) from tlte date mailed in wluch to file an appeal. Any appeal should be filed tltrough tlte Workforce Center where you originally filed your claim. If you c.allllot c.ontac.t the offic.e in person in the time allowed, write or c.all tltat offic.e. In your letter you must explain why you disagree witlt tlte detennination and provide doctunentation.

BONA FIDE DATE (TAA Specialist use only)

Create Waiver Entry

Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

Create Transportation Assistance

Provider	Location	Application Date	Start Date	End Date	Status	Action
NASHVILLE STATE COMMUNITY COLLEGE	NASHVILLE STATE COMMUNITY COLLEGE	10/31/2014	10/31/2014	10/30/2016	Approved	Edit | Delete

Create ATAA

TRA Payment View

Create Closure

Bona Fide Application

User ID:	2643640
Name:	Wiese, Linda
Petition Number:	075252
Petition Certification Date:	04/06/2011
Qualifying Separation Date:	07/11/2011
* Bona Fide Application Date:	10/31/2014 Today
* Training Requested:	
Meets 210 day application requirement:	No

Save Cancel

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE

Job Search Allowance and Relocation Allowance Activity are completed in the same fashion as a training activity. However, a paper application from www.tn.gov/workforce/article/technical-assistance-policies-wfs will be required to complete the request for allowances. Please see page 110 for list of application forms and required documents.

Create Activity

Status	Activity / Provider	WZ	Funding	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
O	237 - TAA - Approved Out of Area Job Search Allowance Tennessee Department of Labor	W	TAA	10/31/14	10/31/14	11/05/14	Close

Click "Create Activity"

Job Search activity code is **237** *TAA –Approved out of Area Job Search Allowance* and Relocation activity code is **217** *Supportive Services Relocation*

General Information

Participant User Name:	LWiese87434
Last Name, First Name MI:	Wiese, Linda K
Social Security Number:	7434
Address:	1012 E Main St Union City, TN 38261
Application Summary:	**Program:**Trade Adjustment Act (TAA) **Application Date:**08/26/2011 **Eligibility Date:**08/26/2011
* Customer Program Group:	TA1 - TAA Customer program group cannot be modified.
* LWIA Region:	LWIA 12 LWIA cannot be modified.
* Office Location:	TN Career Center - Dyersburg

Select your American Job Center location.

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE *(cont.)*

WIOA Title II Partner Program: ☐ **Yes**, service is a WIOA Title II Partner Program.

* Activity Code: 237 | TAA - Approved Out of Area Job Search Allowance

[Select Activity Code]

Projected Begin Date: 11/01/2015 Today

Actual Begin Date: 11/01/2015 Today

* Projected End Date: 12/01/2015 Today

Training leads to an Associate's Degree: ○ Yes ◉ No

Training funded by the TAACCCT Grant Program: ○ Yes ◉ No

Attending Full Time or Part Time Training as defined by the training institution: Full Time

Total Number of Hours attending currently:

Date Verified current training attendance: Today

A Job Search application is active for 30 days. The projected end date should be 30 days after the Job Search application was requested.

Click "Next"

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

Enrollment Summary:	Enrollment ID: 1217729 Username: EParker52486 TAA Application ID: 300765602 Activity Code: 237 Activity Dates: 7/8/2016 - 7/8/2016
* **Provider:**	Tennessee Department of Labor [Select Provider]
* **Service, Course or Contract:**	SS- Other [Select Service, Course or Contract]
Provider Locations:	[Select Provider Locations]
Provider Contacts:	[Select Provider Contacts]
* **Occupational Training Code:**	Not Applicable

<< Back Next >>

You will select the Provider “Tennessee Department of Labor” and Services, Course or Contract “SS-Other”

Click “Next”

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45)

Enrollment Service Provider Information

Enrollment Summary:
Enrollment ID: 1614308
Username: LWiese87434
TAA Application ID: 3393900
Activity Code: 237
Activity Dates: 10/31/2014 - 11/5/2014

*Provider: Tennessee Department of Labor
[Select Provider]

* Service, Course or Contract: Supportive Services other
[Select Service, Course or Contract]

Provider Locations:
[Select Provider Locations]

Provider Contacts:
[Select Provider Contacts]

*Occupational Training Code: Not Applicable

<< Back Next >>

You will now be at the Enrollment Cost tab.

Click “Exit Wizard”

At this point you will notify your TAA Specialist in Central Office of the activity and upload the application with signature and the completed appropriate documents to Jobs4TN (VOS).

PAGES 118 – 129 ARE FOR CENTRAL OFFICE USE ONLY

EXAMPLE OF ENROLLMENT COST INFORMATION FOR JOB SEARCH ALLOWANCE

Enrollment Cost Information

237 - TAA - Approved Out of Area Job Search Allowance
Tennessee Department of Labor
SS- Other

Enrollment Summary:

Enrollment ID: 1218465
Username: JBenefield31841
TAA Application ID: 3487017
Activity Code: 237
Activity Dates: 7/18/2016 - 7/18/2016

$ 1,250.00 Total costs are itemized below:

Total Support Service Cost - Fee Based $ 1,250.00

Available: *$50,000.00*
Obligated: *$0.00*

Service Fee $ 1,250.00

Other Costs $ 0.00

Additional Costs
These optional fields are used to record additional expenses related to the service.

This enrollment currently has no line items.

Select an item from the list and then click on the *Add* button to add the selected Line Item.

Line Items Other/Misc Support Cost Add

Total Enrollment Cost **$ 1,250.00**

<< Back Next >>

[Exit Wizard]

You will change the "Total Support Service Cost" to the amount allotted for Job Search services e.g. petitions in 2015 are allowed to use $1250.00 in Job Search services.

Click "Next"

Note: When doing Relocation you will leave the prefilled amount of $50,000 for the "Total Enrollment Cost".

SCREEN SHOT OF FINANCIAL AID

Click “Next”

SCREEN SHOT OF ENROLLMENT BUDGET INFORMATION

Enrollment Budget Information

Enrollment Summary:	Enrollment ID: 1614308 Username: LWiese87434 TAA Application ID: 3393900 Activity Code: 237 Activity Dates: 10/31/2014 - 11/5/2014
Total Enrollment Cost:	$50,000.00
Financial Aid Contribution:	$0.00
Net Cost:	$50,000.00
Total Funded Costs:	$0.00
Total Obligations:	$0.00
Costs To Be Funded:	$50,000.00

Budget Allocation

[Click Here To Select a Budget]

Over Payments

Date	Over Payment Amount	Waiver Issued	Action
You have no records			

[Add Over Payment]

<< Back Next >>

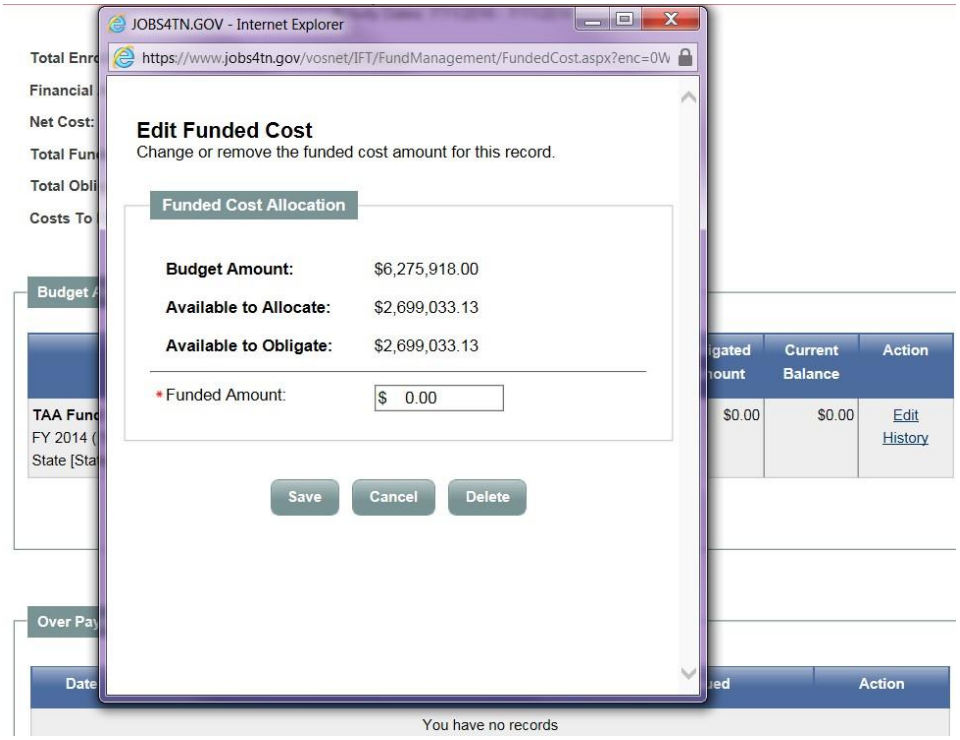
Select “Click Here To Select a Budget”

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE *(cont.)*

SCREEN SHOT OF AVAILABLE BUDGETS

You will select the correct fiscal year's budget the job search or relocation applies.

SCREEN SHOT OF AVAILABLE BUDGETS ALLOCATION



Select “Edit” to insert the “Funded amount” and click “Save”

Note: Job search and relocation allowance amounts will vary depending on the petition. Please refer to your TAA manual for specific petition amounts.

SCREEN SHOT OF AVAILABLE BUDGETS ALLOCATION

Total Enrollment Cost:	$50,000.00
Financial Aid Contribution:	$0.00
Net Cost:	$50,000.00
Total Funded Costs:	$1,250.00
Total Obligations:	$0.00
Costs To Be Funded:	$48,750.00

Budget Allocation

Budget	Funded Amount	Obligated Amount	Current Balance	Action
TAA Fund Stream FY 2014 FY 2014 (10/1/2013 - 9/30/2016) State [State]	$1,250.00	$0.00	$1,250.00	Edit History

[Click Here To Select a Budget]

Over Payments

Click “Next”

SCREEN SHOT OF BUDGET PLAN INFORMATION

Enrollment Summary:	Enrollment ID: 1217812 Username: BLANKDRC64 TAA Application ID: 3480493 Activity Code: 237 Activity Dates: 7/11/2016 - 7/11/2016
Total Funded Costs:	$1,250.00
Total Obligations:	$0.00
Total Paid Obligations:	$0.00
Total Outstanding Obligations:	$0.00
Total Funded Costs to be Obligated:	$1,250.00

[+] Show Filter Criteria (Showing all records)

TAA Fund Stream FY 2014 : FY 2014 (10/1/2013 - 9/30/2016)

Budget Location: State [State]

Funded Amount: $1,250.00	**Obligated Amount:** $0.00	**Current Balance:** $1,250.00
Total Payments: $0.00	**Total Refunds:** $0.00	**Total Paid:** $0.00

[Add a Voucher]

You have no records

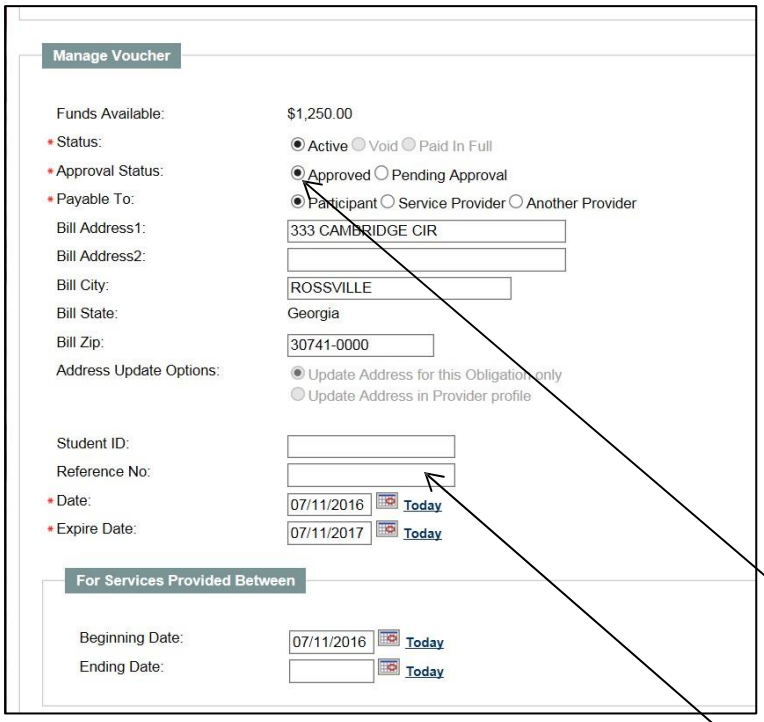
<< Back Next >>

[Exit Wizard]

Note: You will only create a voucher once you have received all appropriate documentation from AJC.

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE *(cont.)*

SCREEN SHOT OF Voucher

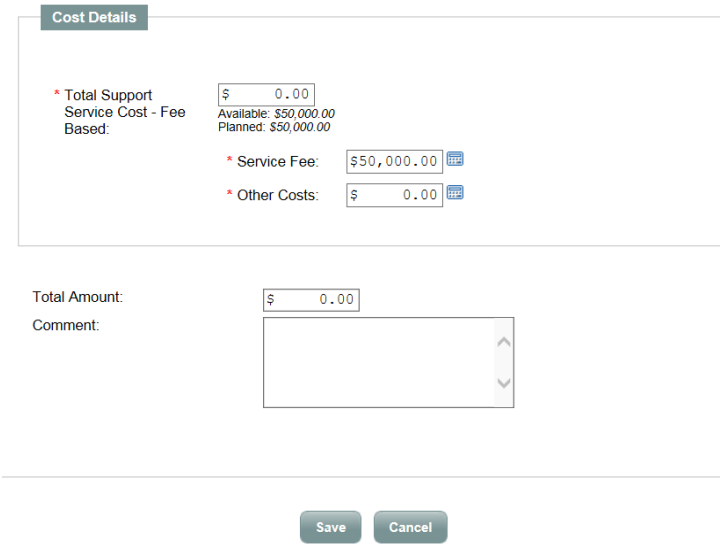


Voucher should be marked as "Approved" and Payable to the "Participant".
Student ID (SID): 123456

Reference No. : Doe, Jane 07-10-2016-0878
(Last Name, First Name Processed Date, Last 4 SSN)

Click "Save

SCREEN SHOT OF COST DETAILS



In the "Service Fee" field you will change to the approved payable amount.

Click "Save

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE *(cont.)*

SCREEN SHOT OF VOUCHER INFORMATION

[-] Voucher #98751 - Active - Approved $120.00 - Ref #Doe, Jane 07-10-2016-1234

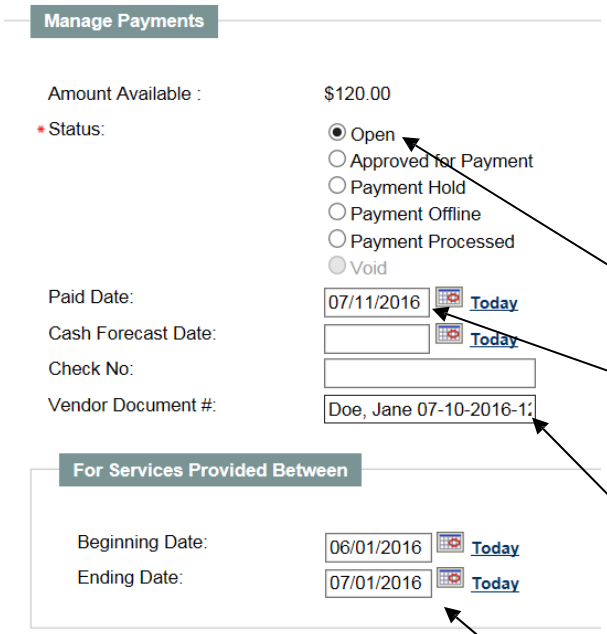
ID	Ref #	Amount	Payable To	Approval Status	Date	Expire Date	Status	Action
98751	Doe, Jane 07-10-2016-1234	$120.00	Coe, DANYELLE Blank	Approved	07/11/2016	07/11/2017	Active	Edit History Print

Type	Date	Check Number	Amount	Service Dates	Doc #	Action
You have no records						

[Add a Payment | Add a Refund]

Click “Add a Payment” to add approved payment payable to the participant.

SCREEN SHOT OF MANAGE PAYMENTS (*TAA Specialist use only)*



Verify the "Status" is **Open**

"Paid Date" is the date the payment was approved and processed.

"Vendor Document #" is the voucher number *(Last Name, First Name Processed Date, Last 4 SSN)*

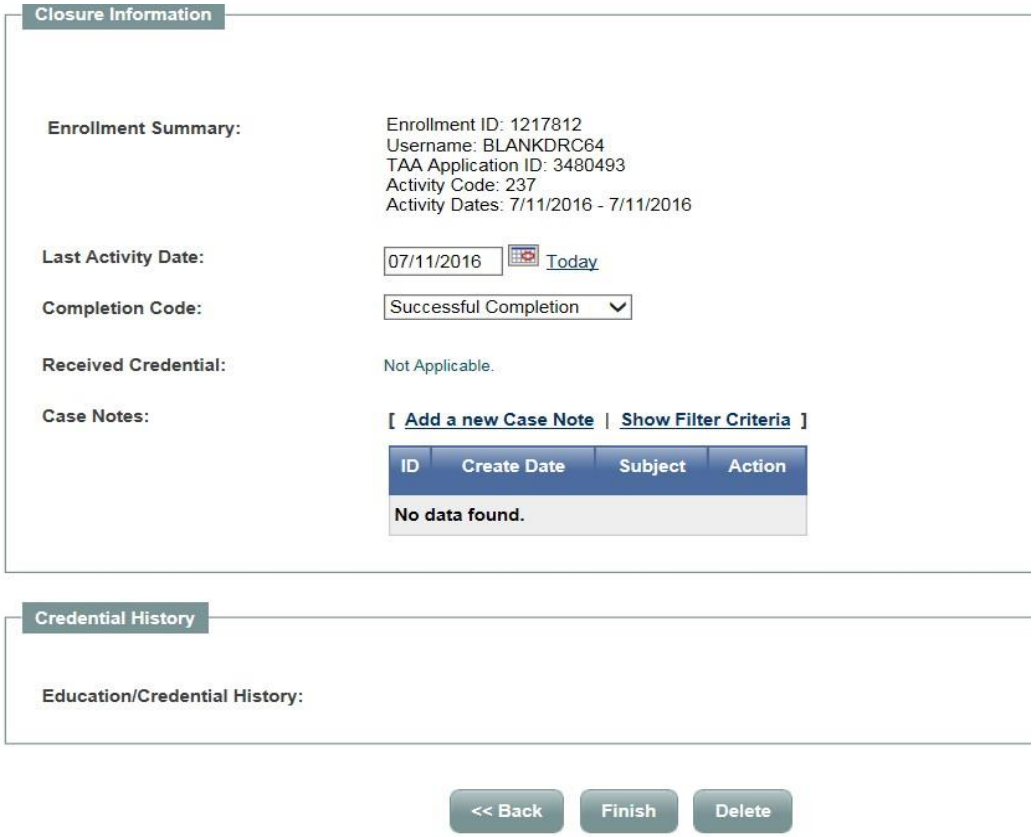
Beginning Date: Date participant signed the Job Search Allowance application

Ending Date: 30 days from the signed Job Allowance application date.

Click "Save"

Note: Leaving the payment status *Open* allows appointed staff to reconcile the approved payment at a later date.

SCREEN SHOT OF ACTIVITY ENROLLMENT CLOSURE TAB (*TAA Specialist use only)*



Insert “Last activity Date” which is the day you are completing the activity.

“Completion Code” should be changed to Successful Completion.

Click “Finish”.

Relocation Allowance Application LB-0430 (pg 1 of 2)

FOR STATE OFFICIAL USE

REOIJEST FOR RELOCATION ALIOI!iiANCES
EACtOF'1li1U

PETITION NO.		DATE R
LOCAL OFFICE	COST CENTER NO.	DATE C
SOCIAL SECURITY NUMBER		DATING

WORKER'S NA

ADDRESS (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)

ADDRESS FOR CHECK MAILING (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)

A. WORKER APPLICATION FOR RELOCATION ALLOWANCES

	YES	NO
ERE YOU TOTALLY SEPARATED FROM ADVERSELY AFFECTED EMPLOYMENT?	D	D
2. ARE YOU CURRENTLY E (IF "YES," COMPLETE T	D	D

NAME AND ADDRESS OF FIRM

	YES	NO
3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED.	D	D
4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT?	O	O

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER OF PERSON WHO HIRED YOU.

L)0 Tf"'U I::lJn.

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Relocation Allowance Application LB-0430 (pg 2 of 2)

D. WORKER REQUEST FOR LUMP SUM PAYMENT

EEKLY WAGE $ _____ (MULTIPLIED BY THREE (3)) $ _

E. WORKER RECORD OF EXPENSES

"MEALS

BREAKFAST	LUNCH	DINNER	DAILY TOTAL

"LODGING

NAME OF MOTEL

F. WORKER CERTIFICATION

I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USED FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

G. STATE AGENCY DETERMINATION

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☐ RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

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TAA COORDINATOR DATE

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☐ LUMP SUM OF _____

COMPUTED AT 3 X $ _____

(AVERAGE WEEKLY WAGE) NOT TO EXCEED $1,250.00

TOTAL AMOUNT PAID $ _____

DATE OF PAYMENT (MO., DAY, YR) _____

H. APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.

LB-0430 (01/04-0000) (Rev. 1/00) Page 2 REA 2000

Documentation Required for Relocation:

- Signed Application
- Back up documentations
  Bona Fide Job Offer
  Gas receipts
  Lodging receipt
  Meal receipts
  Travel documentation
  Truck rental receipts and estimates
  Trailer rental receipts and estimates
  Moving Company receipts and estimates

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

Job Search Allowance Application LB-1117 (pg 1 of 3)

TN Department of Labor & Workforce Development

Trade Adjustment Assistance Job Search Allowances Application

Trade Act of 1974 as Amended by the Trade Act of 2002, 2009, 2015

I. General Information

Participant Name		JS Application Start Date	
State ID		JS Application End Date	
Petition Number		JS Remaining Balance	
2002, 2011, or 2015 Max. Allowance $1250	☐	JS App Deadline per Qualifying Separation	
2009 Max Allowance $1500	☐	JS App Deadline per Petition Certification	
		JS App Deadline per Training End Date	

II. Eligibility Criteria

1. You must be covered by a certified TAA Petition.
2. You must apply and be approved for Job Search Allowances prior to commencing a job search activity and before incurring any expenses.
3. The job search activity must be 10 miles or more away from your residence *(as defined by Google Maps, Rand McNally, Yahoo Maps).*
4. Suitable employment must not be available within a 10 mile radius from your home.
5. You must be totally separated from employment with your Trade-affected company.
6. You must complete a Job Search Allowances application within
   a. 365 days of petition certification;
   b. 365 days of most recent qualifying separation; or
   c. 182 days after conclusion of training.

III. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are as follows:
   a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
   b. 2009 Amendments – 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time.
4. Lodging and meals will be paid up to *either* 50% of the federal allowable daily rate for the travel destination (http://www.gsa.gov/portal/category/21287) or the actual cost, whichever is less. *(only applicable if travel is over 50 miles one way)*
5. Only allowable job search activities *(as described in section IV)* will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation *(as described in section V)*, in order to receive payment.

IV. Job Search Activity Definition

In reference to TAA Job Search Allowances, approved job search activities are:

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a résumé;

Page 1 of 3 RDA 1586

Job Search Allowance Application LB-1117 (pg 2 of 3)

5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/résumés, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC *(Example interview preparation meeting with a headhunter or private placement agency);*
7. Attending a job fair or professional association meeting *(for networking purposes)*;
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
   - Obtaining and using local labor market information;
   - Participating in skills assessments for occupation matching;
   - Attending job finding clubs;
   - Participating in pre-vocational workshops, incl. soft skills, résumé writing, interviewing skills, etc.; or
   - Obtaining and following up on job referrals from AJC staff.

V. Required Documentation for Reimbursement

1. A copy of the approved Job Search Allowances Benefit Rights, Obligations, and Application.
2. A Job Search Activity Verification form, fully completed and signed by an authorized representative at the institution where a meeting takes place or services are sought (Example: library attendant, AJC staff, employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare, etc.);
5. Meal receipts; *(only applicable if travel is over 50 miles one way)*, and
6. Lodging receipts *(only applicable if travel is over 50 miles one way)*.

VI. Participant Attestation

By signing below, I affirm the following:

1. I have read and understand the above terms.
2. I was afforded the opportunity to ask questions regarding Job Search Allowances and all of my questions were answered satisfactorily.
3. I understand that giving any false information or withholding information in order to obtain or increase benefits is **FRAUD** and can subject me to liability to repay overpayments, program disqualification, and criminal prosecution with penalties ranging from fines to up to 10 years imprisonment.
4. I understand that this job search application will expire on _____ and that any job search activities conducted after that date will not be covered.
5. I understand that upon expiration of this application, I can reapply for further allowances if my balance is not exhausted.
6. I will be responsible for submitting a completed and signed Trade Adjustment Assistance Job Search Activity Verification form, including all applicable and acceptable backup documentation (as described in section V), in order to receive payment.

I give this information to support my request for payment of a job search allowance under the Trade Act of 1974, as amended. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

_____ _____
Participant Signature Date

_____ _____
TAA AJC Representative Signature Date

Page 2 of 3 RDA 1586

JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE *(cont.)*

Job Search Allowance Application LB-1117 (pg 3 of 3)

VII. Eligibility Determination (FOR C.O. USE ONLY)

1. Is the applicant eligible for TAA? ☐ Yes ☐ No
2. Is suitable employment available within the commuting area? ☐ Yes ☐ No
3. Is the customer totally separated from employment with the Trade-affected company? ☐ Yes ☐ No
4. Is the Date of Request within: ☐ 365 days of most recent qualifying separation? ☐ 365 days of petition certification? ☐ 182 days after conclusion of training? ☐ Yes ☐ No

VIII. AGENCY VERIFICATION OF JOB INTERVIEW

☐ A completed Trade Adjustment Assistance Job Search Activity Verification Form
☐ A Letter from the Company Official verifying interview
☐ Phone conversation with the Company Official verifying interview
☐ Email from Company Official verifying interview

Per the Trade Act of 1974, as amended, the above-named applicant is ☐ eligible ☐ not eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed $ _____

_____ TAA Coordinator/Merit Staff

_____ Date

APPEAL Rights - You have the right to appeal this determination within 15 days from the date the notice is mailed. You may file an appeal by letter to the Appeals Tribunal, TN Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, Tennessee 37243-1002, by Fax 615-741-8933, or you may file through the office that filed your request. Your Social Security Number must appear on all correspondence.

Page 3 of 3 RDA 1586

Job Search Allowance Application LB-1119 Guidance

Guidance for Trade Adjustment Assistance Job Search Allowances Application.

This rorm must be filled out *tor* the wort:er l!:0 apply for job search reimbursement fl.lnds. Umust be a>mpleted before the Job searcll begins.

5ealonl : General li'lformation to be compJeted by TM representative

1. li'lput name, State Id Number, Petition Number
2. Cleek box correspondi g to whiCh amendment the worker ralls under
3. Enter the application start date (the day they appl y ror the jOb seard'l)
4. Enter the day the Job seard'l appiJcauon will end (30 days rrom the application sta11 date)
5. Enter Job searCh AUowance Remaining Balance, this will be $12501$1500, depending on the petitiOn, minus whatevt'!r has aJ ready spent on previousJob searches. (Amount spent on P•'eviOus Job searChes can be f0und In the vos on the TM Budget PSan section or the previOus 237 actiVity)
6. Enter application deadlIne per qualifYing separation, applIatlon deadlIne per petiition certification and appiJcatlon deadline per trai ni ng end date. (all can be round on trainlng applicationin vos under TM. calICUlations)

Section n: EJig Dility 01U!fl. I

1. Discuss with the worter the 6 e1Jg b1Uty

o1terla. sea1on m: Payment O1ter1a

1. Make sure the worker understands the 7 payment aiterla listed in this sect

on. sea1on rv: Job seard'l AC1Mty oennmon

1. Discuss with the worter the ACli\flty oennmon to ensure they understand what can be covered.

5ealon V: Required DoOJmentation *tor* Reimbursement

1. Review with the worker the needed documents *tor* submisSion for reimbursement after the job search has completed.

5ealon VI: Par ticlpant Attestation

1. The expi ation date nline 4 should be compl eted for you. (3O Day completion date) If not pl ease I ndtiate the 30 day deadline date here.
2. Have the worter read this seelion aJld ask If they have a!ly questions.
3. Have worter Sign and dateiL
4. You Sign and date it.

sea1on VI : BJgbiity Determ llitlon

1. This sect on Is to be completed and filled out by the central lomce (C.O.)

nB SEARCH ALLOWANCE ANORaOCADON AllOWANCE jcont/

Job Secrch Activitt Verification Form LB-1118

TN Departi Labor Devel &Workforce

Trade Adjustment Assistance Job Search Act vity Ver fication

Dear Madam or
Sir -

whether you provide direct job offers or a service that is utilized for successful job search strategies, we woukl lice to thank yw for being an integral part of the Tennessee Department of Labor & Workforce Developmert s Trade-affected Oisbcated Workers Program. ve gready appreciate your effo1ts of retumi"lg Tennesseans to suitable efl1)1oymen.!

Bv sianioa the statement below, you DfOVide the necessary documentatiol to reimburse a participant for costs incurred with job search actMties (within paramete'S of eligibility}.

Thank you in advance for your

collaboration. Sincerety,

Th..&TN TAA Te.a.tt\1

PLEASE PRINT CLEARLY

1\Jrtlc p.lInt Nlm .c — — — — — — — — — — — — — State JO: _____

Employer/Service Provider: — — — — — — — — — — Contact Person, Title: _____

Complete Address _____ Contact E-mail: _____

_____

Phone: _____ Job Sean::b .t.ctMtyD.1a: _____

ob S..1rd1ActNlity Type: Job Son::bAd:Nity Tlme: — — — — — — — —
()0:. cp;m U:g. IIC$lll1, A.JC', CltC.)

By signhg bebw, I certiv the iflformation provided above is correct to the best of my knowledge. I understand at willhl misrepresentation made to obtain a110'W31"1ces to wflich the participant is not entitled may resul:- in serious penalties. Additionally, I understand that I may be contacted by a TAA staff member at the information listed above in order to verify this job search activity.

Comment: _____

_____

_____ _____
Employer/Service Provider Signature

TRA PAYMENTS VIEW

Create ATAA

TRA Payment View

Create Closure

Create Outcome

Click on TRA Payment View Link

ID	Payment Type	Payment Date	Payment Amount	Check #	Login Name	Internal User Name	Internal User Id	Cancelled	Action
26275	1st Basic TRA Payment	10/31/2014	275.00	12345	cc01128	234839	234839	No	View Delete

Page 1 Of 1 Rows 5

Return

OTHER SCREENS YOU WILL BE UTILIZING

Document Upload

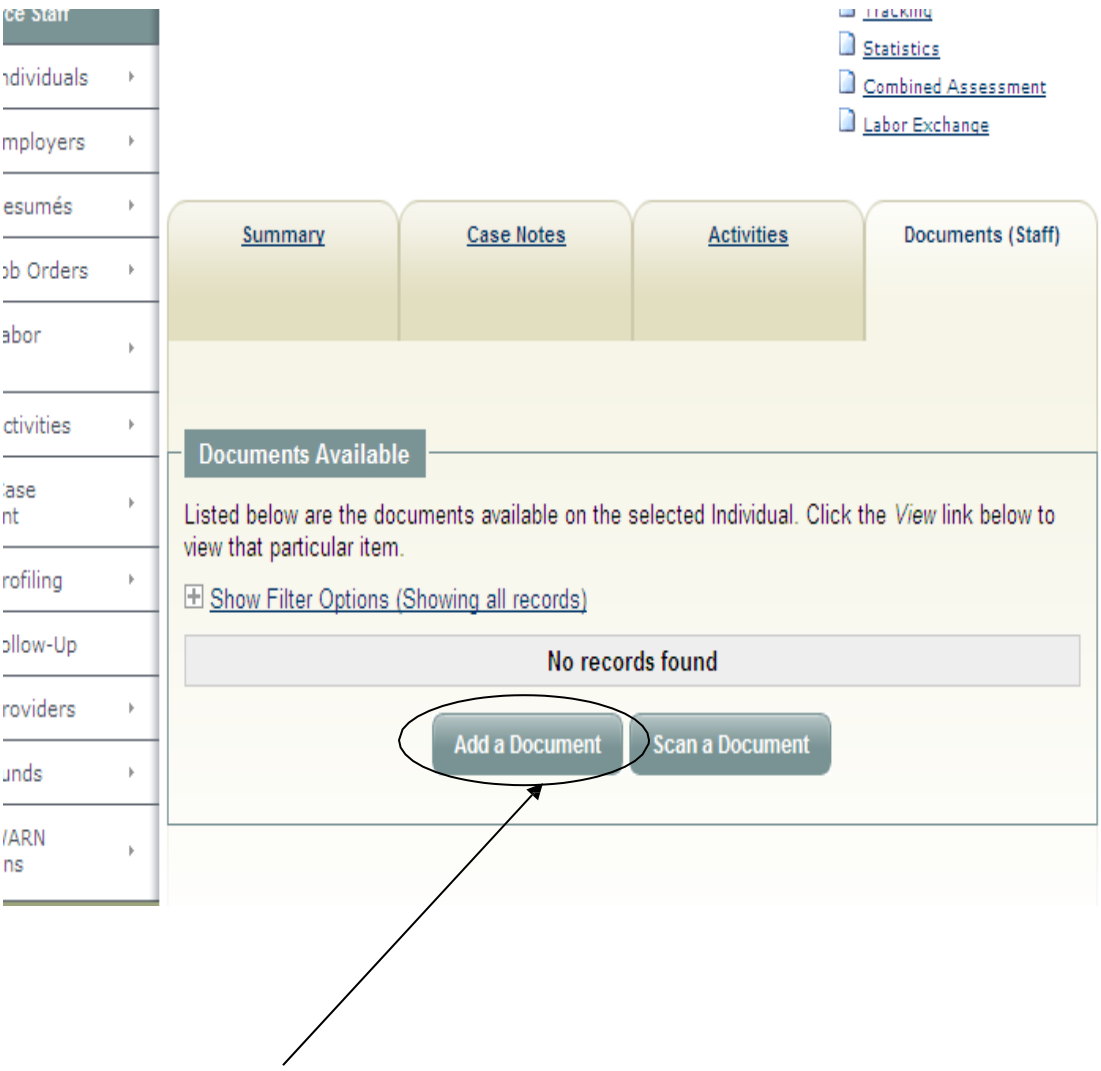
1. Click on Documents (staff) under “Staff’s Profile”

Document Upload (cont.)

Once you have scanned and saved your *properly named* document to your computer, you will need to upload the document(s) in to Jobs4TN (VOS).

Note: The document name structure must be LastName, FirstName (DocumentType) Date of Upload.

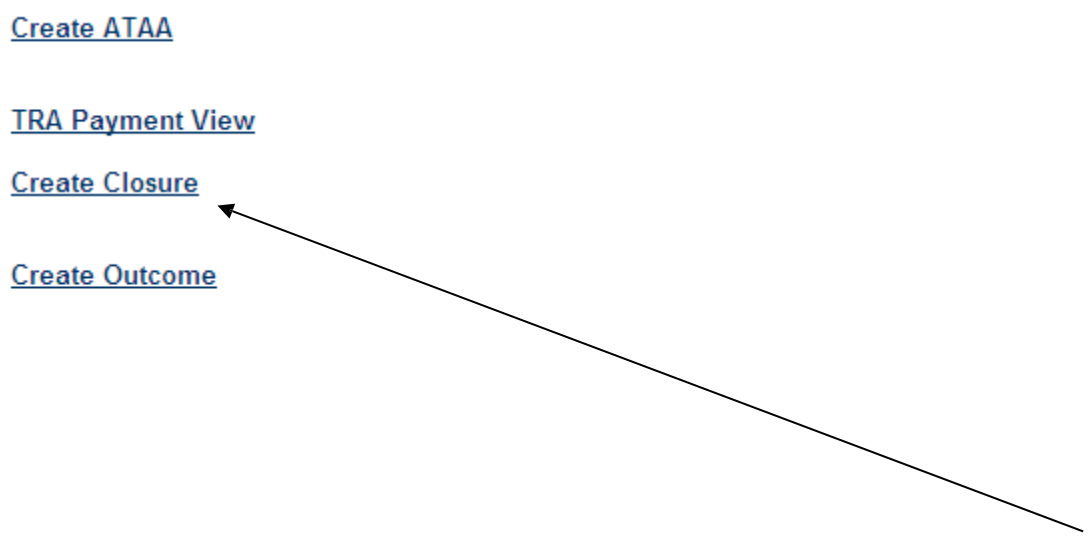
Example: Smith, Sally (Training Packet) 06-16-2016.



1. Click on "Add A Document"

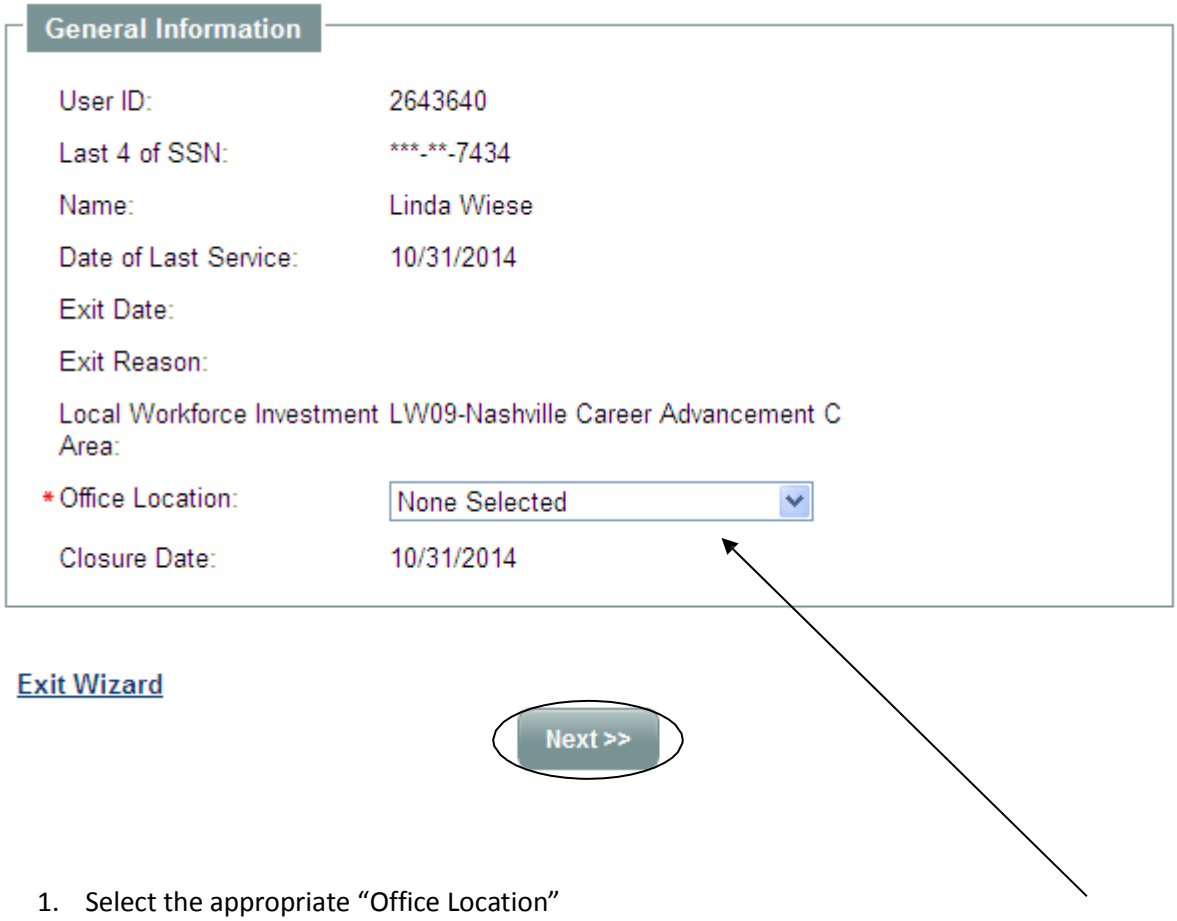
Creating a Closure (TAA Specialist use only)

1. Click on the “Program” tab
2. Expand the “Trade Adjustment Assistance (TAA) Program” tab
3. Beneath the activities you will find the “Create Closure” option.



Creating a Closure (TAA Specialist use only) (cont.)

Closure

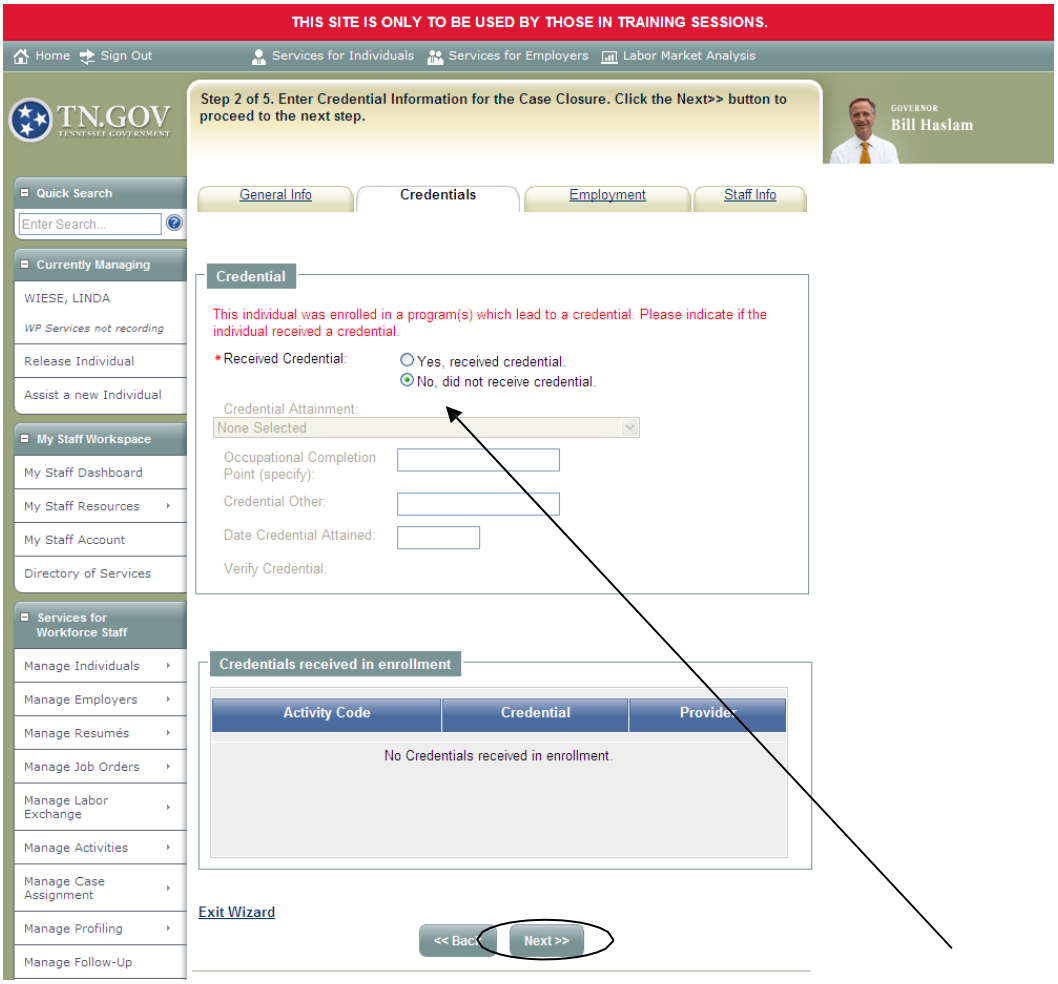


1. Select the appropriate "Office Location"

Click "Next"

If "**Next**" is not selected the information will not be saved.

Creating a Closure (TAA Specialist use only) (cont.)



1. Select the appropriate answer for “Received Credential”
2. If the answer is yes, select the “Credential Attainment” and the “Date Credential Attained”.

Click “Next”

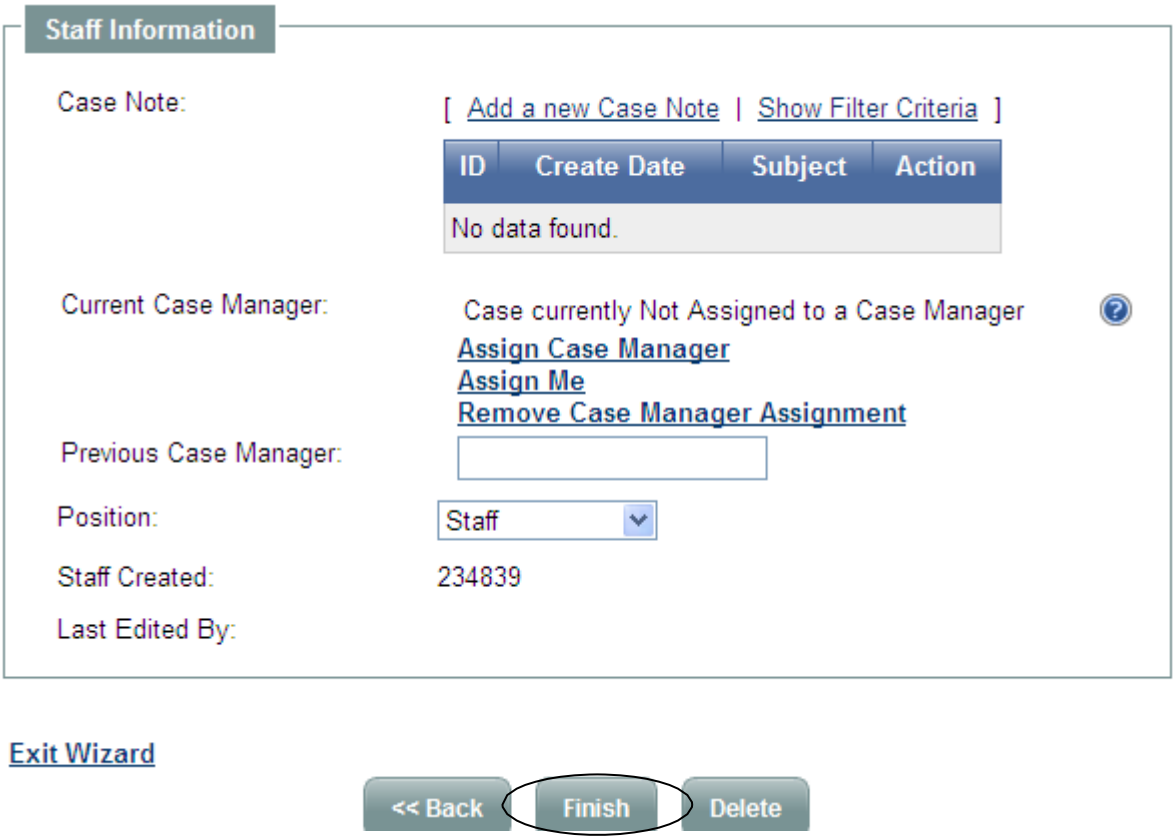
If “**Next**” is not selected the information will not be saved.

1. Select the appropriate answer for “Entered Employment”

Click “Next”

If “**Next**” is not selected the information will not be saved.

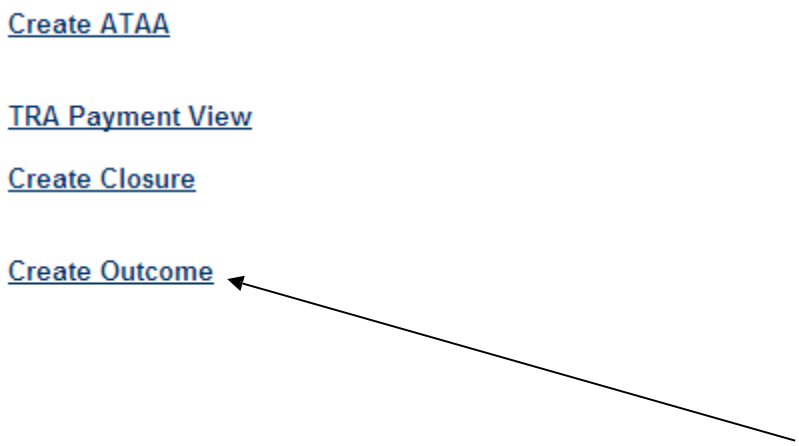
Creating a Closure (TAA Specialist use only) (cont.)



Click “Finish”

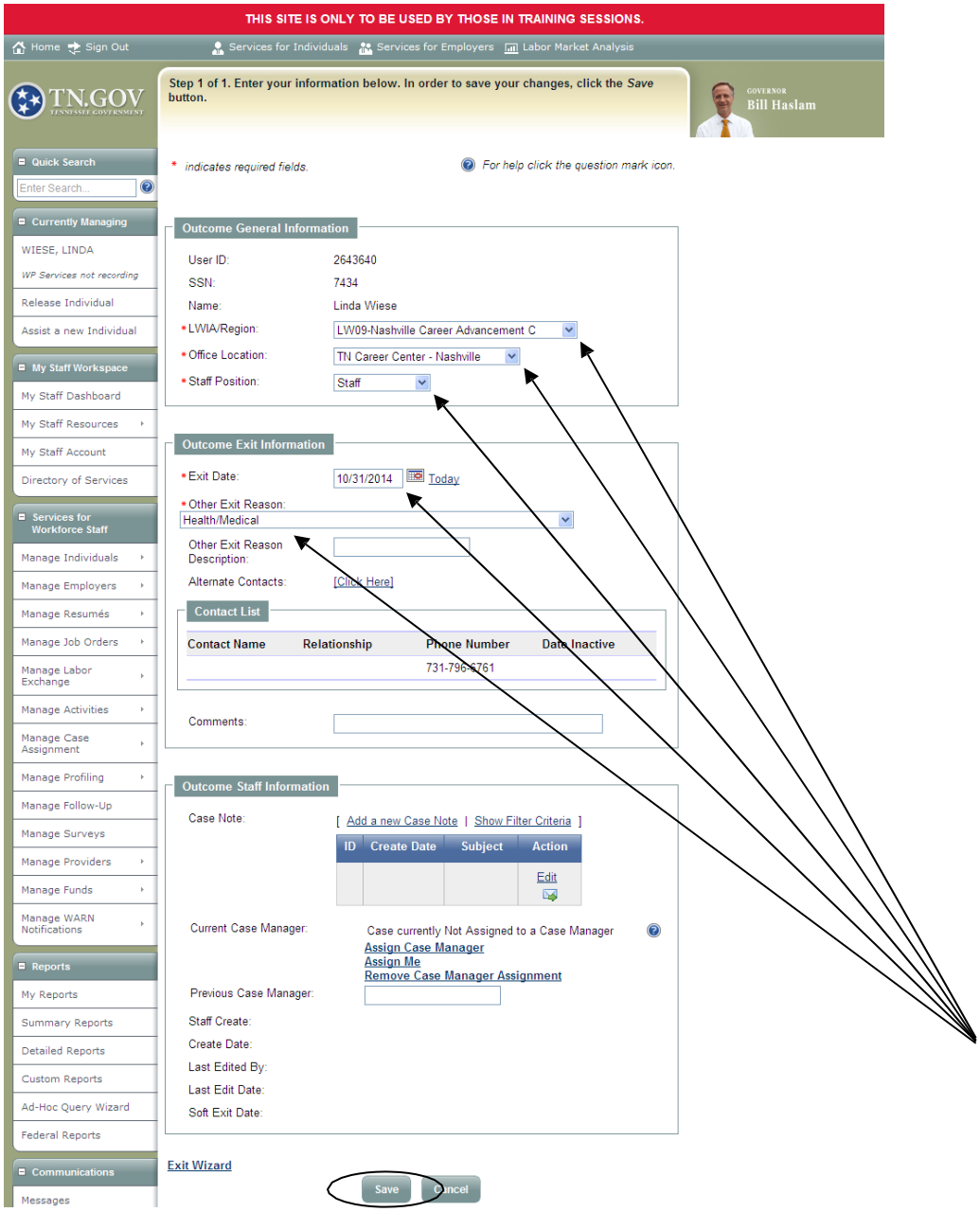
If “**Finish**” is not selected the information will not be saved.

Outcome ***(TAA Specialist use only)***



1. Select “Create Outcome”

Outcome *(TAA Specialist use only)(cont.)*

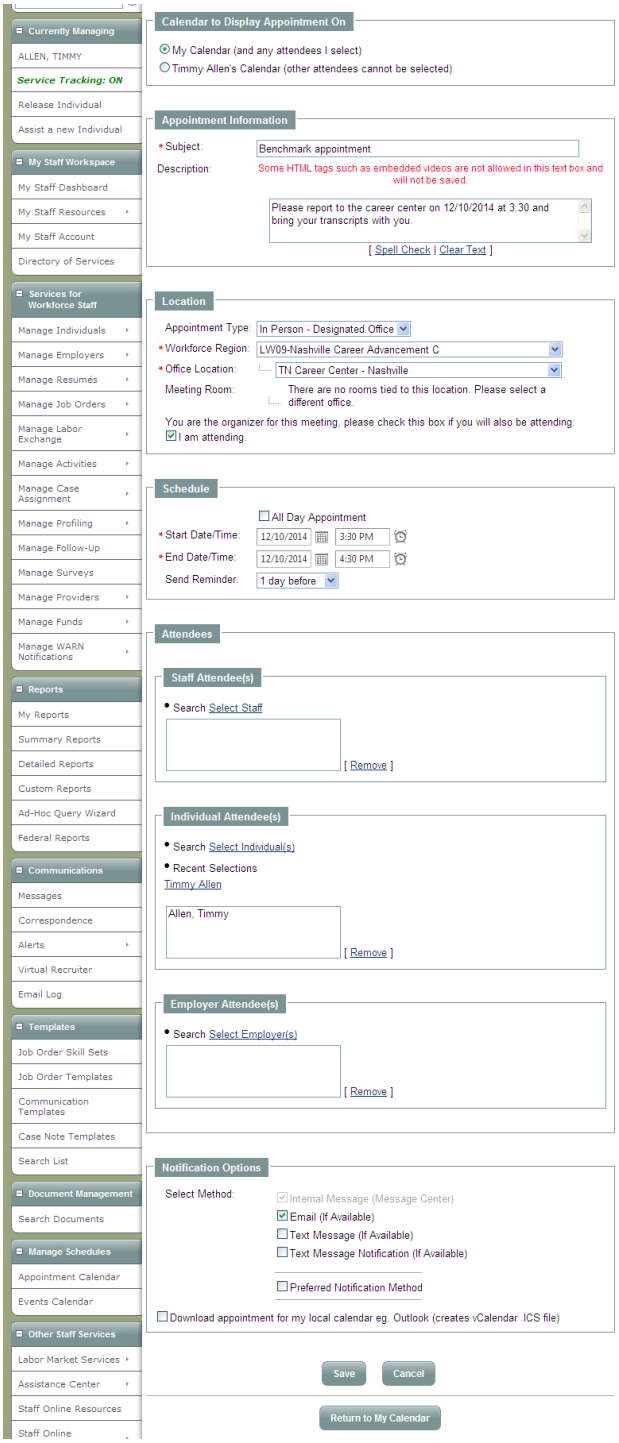


1. Select “LWIA/Region”
2. Select “Office Location”
3. Select “Staff Position”
4. Key “Exit Date”
5. Select “Other Exit Reason”

Click “Save”

If “Save” is not selected the information keyed will not be saved.

SCHEDULING APPOINTMENTS



- Click on Appointment Calendar
- This is a screen shot of setting up an appointment for a particular person.
- You can indicate if you want an appointment to show on your calendar and others.
- Subject is mandatory
- Location – Region and Location are mandatory
- Schedule date are mandatory
- You can select yourself or other staff to attend the appointment
- Select the Individual you want to meet with.
- Indicate how you want the appointment to be forwarded to the participant
- Click Save
- Appointment will print to both your calendar and the participant's calendar.

General Q & A's

1. What is required if the participant does not pass his/her TABE' test?

   TABE scores should be scanned into Jobs4TN (VOS) to document whether the participant has passed the assessment portion. Case notes should be updated to show whether the participant needs to retake the assessment. It should also indicate when and where the test will be given.

2. Who, what, and how will the training decision be distributed?

   All decisions will be emailed to the following with the Determination, Voucher (if approved) and a copy of the enrollment.

   - The career center TAA Representative
   - The training provider
   - The vendor (if any)
   - The TRA Unit
   - The LWIA Representative

3. What does the Career Center TAA Representative do upon receipt of the information

   CC Rep must contact the participant and request he/she return to the office to sign the determination and receive the voucher along with the cost list for the current term.

4. How is the information on the Jobs4TN site saved?

   Once you click on "Next", "Save", or "Finished" at the bottom of the screen the information you keyed on that screen will be saved.

5. What activities should be shown for TAA?

   Orientation (TRA Staff) / Initial Assessment (TAA Staff) (closed)
   Rapid Response (closed)
   IEP (open)
   LMI (closed)
   Job Search (closed)
   Referral to WIA for Assessment (open for up to 2 weeks, depending on your WIA)
   Training (open)
   Mileage – TAA Specialist (if Applicable) (Open)
   Job Search Allowance (Open for 30 days)
   Relocation Allowance

6. Once an IEP (our EDP) is keyed into Jobs4TN (VOS), when should it be closed?

   The IEP will be a common one used by all partners. Therefore it should stay open until the last service has been completed. If TAA is developing the IEP, the projected end date should be at least the last date of training. The projected end date can be edited if needed.

7. What do I do if the IEP has already been established by another partner?

You may update the IEP with TAA information. A goal can be added, objectives can be added. This is a living document so information can be added when necessary.

8. How do I know if the training provider and course of study is an eligible provider?

   Prior to selecting the training service code "300" look at the eligible provider's list located on TDLWD's website to see if the name of the training provider and course are showing on the list. If so you can proceed with using service code "300." If not you must call your TAA Specialist.

9. How should the documents be scanned in the system, individually or as a group?

   Prior to submitting the training request information for determination, please scan all documents as a group and upload it into Jobs4TN (VOS) and name it "worker' lastname, first name Training Request for Review – Date (xx-xx-xxxx) uploaded."

10. What documents do I need to include in the scan?
    - Signed Training application
    - Signed EDP
    - Total Cost sheet broken down by term
    - Books & Supplies, including tools, broken down with cost of each per term
    - Academic plan/course outline per term
    - Signature of authority for the attendance forms and billing
    - School Calendar showing breaks in training
    - Mileage information (1 source if less than 45 miles one way, 3 sources if the participant is traveling more than 45 miles one way.)
    - Demand Documentation
    - Worker Training Agreement & Responsibilities LB-1092
    - TAA Training Financial Support Statement LB-1090
    - Willing to Commute LB-1089 (if traveling outside area for employment)

11. What happens to the originals once they are scanned into Jobs4TN (VOS)?

    All original signed documents must be maintained in a file at the Career Center

12. What needs to be included in the cost and cost breakdowns, and how do they need to be documented?

    All items including tuition/fees and all required books/supplies/tools, etc. must be broken down by term on both the total cost sheet and the item lists. No percentage mark up will be needed.

13. How is the voucher affected if the student registers for a class and the class is cancelled?

    Nothing, the school should only bill for the items purchase. However, if the participant is under Revision 2014, and the student can't get full-time for the term, it could affect his TRA eligibility and eligibility for training. Each case must be evaluated individually before a decision can be made.

14. When a participant is approved for training, since there is not contract will the participant be approved for the entire training or just approved each term?

    The participant should be approved for the full training, however, the participant's progress will be evaluated. The participant's eligibility could be affected if he/she is not maintaining satisfactory status at the training facility.

15. What happens to the previously approved training contracts once we go live in Jobs4TN (VOS)?

    Contracts already in place at the time of Go-Live will remain intact through the end of the participant's schedule training date. However, we will convert to vouchers for payment. This will be handled primarily by the TAA Unit.

16. Are all participant's required to submit grades and registrations for next term at the end of each term?

    Yes, in fact the participant cannot obtain a voucher for the next term without presenting these things at the completion of each term These items must be uploaded into VOS and named "worker's lastname, firstname Grades for term (summer 2015) – DATE (xx-xx-xxxx) uploaded"

17. Jobs4TN (VOS) allows the participant to not input his/her social security number when they are registering? For TAA purposes, how will the program work without SSN's?

    To receive assistance under TAA, the participant must provide documented proof of his/her social security when staff completes the TAA application. The system requires verification of social security number.

18. Can the information keyed by the participant incorrectly when registering in the system be corrected when staff assists the individual with TAA services?

    Yes

19. Is there a waiver form that must be signed by the participant?

    Yes, when you completed the waiver in the system, you should be able to print a copy.

20. When closing an activity do you wait until all invoices have been received and processed?

    Yes

21. How often should case notes be completed on a TAA participant?

    A case note should be completed in the Jobs4TN (VOS) system, every time you interact with the participant, whether it is in Wagner Peyser, TAA, or WIA.

22. Is the Application Date the date of Request?

    No, the date of request is still the date the participant provides sufficient information to indicate his/her desire to enroll in training. The definition of the Request Date will still have to be met. Definition can be found in the 2014 TAA Manual.

23. With Jobs4TN (VOS) system will forms on TNUI.net still be required.

    Yes

IEP Questions

1. Goal Types: What is the difference between Schooling and Training?
   A schooling goal should be used if a person needs to go back for their GED, while training should be used if the client needs to pursue a new career.

2. Is the default for review dates always six weeks?
   Yes

3. If an IEP is left open, will it keep the system from exiting the participant?
   No, the participant will still exit.

4. Can the IEP remain open indefinitely?
   Yes.

5. Can you change an existing goal, or add a new goal if a person's goals change?
   You can add a new goal if a person's situation changes.

6. Are there any reports associated with the IEP?
   Unfortunately no, there are currently no reports that document IEP information.

7. Can a list of objectives be printed?
   Yes, either use a Print icon available on the main Plan Tab, or click the ride side of your mouse and print that way.

8. If you set alerts for the IEP and the client doesn't complete the goal, do you keep getting alerts until the task is completed?
   No, it will only alert you based on the estimated completion date of the goal.

9. If the client is enrolled in WIA will the IEP services create an activity into WIA?
   Yes.

10. Is there a requirement to complete an objective assessment prior to creating a plan?
    No, unless local policy dictates.

11. What is the difference between a goal and an objective?
    A goal is the primary reason why a person needs your help (get re-employed, go back to school). Objectives are the "baby steps" taken to achieve that goal.

12. How do you determine whether a goal is short term or long term?
    There is no set time frame for short, intermediate, or long. This may be something local policy will define.

13. Only an assigned case manager will get the alerts?
    Yes.

14. Do staff privileges calculate into the selection of the WIA or WP goals?
    No.

15. Are there different objectives for both WP and WIA?
    There can be different predefined objectives based on the goal type. While WP may always deal with re-employment, WIA may be training or schooling related objectives.

16. If staff was to use an IEP in WP, and a core service has been provided in WIA, will the WP intensive service populate over to WIA?
    Only if the IEP is set up with the WIA and WP boxes both checked.

17. If you accidentally click the Delete button, will the system ask for confirmation before deleting?
    Yes.

18. If the plan requires closure prior to exiting a participant, is it possible to have a post exit IEP goal or objective for 12 month follow-up purposes?
    Yes. The plan can also stay open and you can still prepare the client for exit.

19. When selecting a predefined objective, is there an option to add comments?
    Yes.

20. Can we create our own predefined goal and objective templates?
    From a template perspective, not at this time.

21. When checking the program affiliation, do you have to check the WP option if you're a WIA case manager?
    No, you can check only WIA if you wish.

22. Does the activity code 205 connect to the WIA participation and, if so, is there activity codes for youth tied to the IEP?
    For youth, the code is 413.

23. Can the system be set up to automatically close out the goals and/or plan when a case closure is created?
    Not at this time.

24. Why can't other staff close out goals who are not assigned to manage the record?
    The administrative side of the system can be set up so that other staff members have the privileges to close out IEP goals.

25. Do you have to close the objectives in order to close the goal?
    Yes.

26. After you have closed a goal or objective, can you re-open it?
    You would have to edit more than that in many situations, such as Completion and Review dates. But you could re-open it.

27. Is there a time when you can no longer delete a goal or objective?

    This is only limited through the administrative side of the system.

28. If a WIA client does not complete a goal or objective successfully, is that considered a negative with our WIA measures?

    For reporting purposes, the outcome of activities in a client's service plan is more important. What appears in the Plan Tab is limited in regard to where the information will appear.

29. Will the 205 activity in the enrollment table of the program tab shown as staff created or system created?

    It is staff created. However, the comments text box can display "system created from creation of an IEP Plan."

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