



TENNESSEE 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
SOCIAL SECURITY NUMBER		PAYING STATE
WORKER'S NAME (LAST, FIRST, MIDDLE)		
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**

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

NAME AND ADDRESS OF FIRM:	DATE OF EMPLOYMENT EXPECTED TO END:
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3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED .....  YES  NO
4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT? .....  YES  NO
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. PASSENGERS	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		\$	TRUCK RENTAL		\$
INSURANCE		\$				TOTAL		\$
TOTAL		\$	TOTAL		\$			

NAME AND ADDRESS OF COMMERCIAL CARRIER AND/OR RENTAL COMPANY  
LB-0430 ETA-860 (Rev. 1/08)

**D. WORKER REQUEST FOR LUMP SUM PAYMENT**

AVERAGE WEEKLY WAGE \$ \_\_\_\_\_ (MULTIPLIED BY THREE (3)) \$ \_\_\_\_\_

**E. WORKER RECORD OF EXPENSES**

DATE	BREAKFAST	*MEALS			DAILY TOTAL
		LUNCH	DINNER		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

  

DATE	*LODGING		AMOUNT
	NAME OF MOTEL		
_____	_____	_____	_____
_____	_____	_____	_____

\*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.  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 \_\_\_\_\_

RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

2. (a)  TRAVEL EXPENSE AT \$ \_\_\_\_\_ COMPUTED 90% OF THE TOTAL OF:

(1)  \$ \_\_\_\_\_ at \$ \_\_\_\_\_ PER MILE FOR PRIVATELY OWNED AUTO FOR \_\_\_\_\_ MILES

(b)  LODGING AND MEALS OF \$ \_\_\_\_\_ COMPUTED AT 90% OF THE LESSER OF:

(1)  \$ \_\_\_\_\_ OF ACTUAL EXPENSE, OR

(2)  \$ \_\_\_\_\_ 50% OF FEDERAL DAILY LIVING ALLOWANCES

(c)  MOVING ALLOWANCE OF \$ \_\_\_\_\_ COMPUTED AT 90% OF:

(1)  \$ \_\_\_\_\_ FOR COST OF COMMERCIAL CARRIER OR TRAILER HAULED BY COMMERCIAL CARRIER OR RENTAL TRAILER, OR TRUCK.

(2)  \$ \_\_\_\_\_ COMPUTED BY \$ \_\_\_\_\_ PER MILE FOR \_\_\_\_\_ MILES FOR TRAILER OR HOUSE TRAILER HAULED BY AUTOMOBILE

(d)  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.