



REQUEST FOR JOB SEARCH ALLOWANCE
TRADE ACT OF 1974

A. APPLICANT IDENTIFICATION WORKER NAME (Last, First, Middle) SOCIAL SECURITY NUMBER LO NO. DATE OF REQUEST
ADDRESS (No., Street, City or County, State, Zip Code) PETITION NO. PAYING STATE COST CENTER NO.

B. WORKER REQUEST
1. Were you totally separated within the past year from adversely affected employment? YES NO
2. Is this your first request for a job search allowance under the Trade Act of 1974? YES NO
(A) If "No," explain.

3. NAME AND ADDRESS OF FIRM WHERE INTERVIEW SCHEDULED 4. DATE OF INTERVIEW 5. JOB TITLE FOR WHICH INTERVIEWED
6. DATE AND TIME OF: DEPARTURE RETURN 7. NO. MILES TRAVELED

C. WORKER CERTIFICATION
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.

SIGNATURE OF WORKER

D. STATE AGENCY DETERMINATION
1. Worker was last totally separated from adversely affected employment within the past year? YES NO
(A) If "Yes," date of total separation is
2. State employment service director certification of suitable employment completed and on file? YES NO
3. Worker application for job search allowance made not later than one year after separation? YES NO
4. Job search must begin on and be completed on or before
5. Job search allowance is approved for advance payment or reimbursement of the following costs:
EST. COST ACTUAL COST AMOUNT REIMBURSED (90%)
TRAVEL EXPENSE
COMMERCIAL CARRIER \$ \$ \$
PRIVATELY OWNED AUTOMOBILE (Number miles for 90%) \$ \$ \$
LODGING & MEALS (PER DIEM) \$ \$ \$
90% OF ACTUAL PER DIEM COSTS
OR 90% OF THE 50% AUTHORIZED
BY FEDERAL TRAVEL REGULATIONS
WHICHEVER IS LESSER \$ \$ \$
TOTALS \$ \$ \$
(AMOUNT REIMBURSED MAY NOT EXCEED \$1,250.00)
6. Job search allowance is denied for the following reason(s):

SIGNATURE OF AGENCY REPRESENTATIVE TITLE DATE

E. 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.

F. JOB INTERVIEW

Name, title and complete telephone number of the official who conducted your interview.

G. RECORD OF EXPENSE

***MEALS**

DATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***LODGING**

DATE	NAME OF MOTEL	AMOUNT
_____	_____	_____
_____	_____	_____

*ATTACH RECEIPTS

H. AGENCY VERIFICATION OF JOB INTERVIEW

Telephone conversation of _____
at _____ and _____
confirms _____ was personally
interviewed for possible employment with this firm.

TAA COORDINATOR