

Fax:

eMail:

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name			State ID		AJC Location
Worker's Mailing Address		City	State	Zip Code	Phone Number
Employer's Name					
Doing Business As					
MailingAddress					
City, State, Zip Code					
Employer's PhysicalAd	dress	(Street)			
City, State, Zip Code					
Employer's Phone	(With Area Code	?)			
Date worker last PHYSI with the above mentic Sick Leave hours)		-			
Number of hours physically worked during last full week			k	(30 brs or r	nore excluding overtime)
Rate of pay per hour du	uring last full we	eek			
		understar	nd that the la	w provides se	vere penalties for
knowingly giving false i understand that the ac nformation from the e nformation contained	nformation to curacy of this mployer for w on this form,	o obtain RTAA affidavit is su /hom I worked to the best of	assistance fo ibject to corr d. Therefore, my knowled	or which I am ection upon re I solemnly swo ge and belief, i	not entitled. I eceipt of wage ear that the s true and correct
Vorker's Signature	Date	Ageno	cy Representa	tive's Signature	Date
		Print /	Agency Represe	ntative's Name	

