



## 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 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 opening, Resume, AJC, ect.)	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

## **Guidance for Trade Adjustment Assistance Job Search Activity Verification**

This form is used to verify the workers job search activities. 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 participant's 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. *(Without the information and 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.