

**WEEKLY REQUEST FOR ALLOWANCE BY WORKER IN TRAINING
TRADE ACT OF 1974 AMENDED 2015**

WORKER NAME (last, First, Middle)		STATE ID (SID)	PETITION NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP

A. TRADE READJUSTMENT ALLOWANCE (To be completed by worker.)

1. HAVE YOU FILED FOR ANY OTHER TRAINING ALLOWANCE FOR THE WEEK SHOWN (OR FOR A PERIOD WHICH INCLUDES THE WEEK)? YES NO IF YES, PROVIDE PROGRAM TITLE: _____

2. ARE YOU FILING A CLAIM FOR UNEMPLOYMENT INSURANCE IN ANY STATE? YES NO PAYING STATE _____

3. DURING THE CLAIM WEEK DID YOU WORK OR EARN ANY WAGES? YES NO IF YES, AMOUNT (before taxes) \$ _____
a. WERE YOU: QUIT LAID OFF DISCHARGED

4. IF YOU HAVE RETURNED TO WORK, PROVIDE:
EMPLOYER NAME _____ JOB TITLE/DUTIES _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____
WAGE PER HOUR \$ _____ HOURS PER WEEK _____ DATE BEGAN WORK _____
HAVE YOU WORKED FOR THIS EMPLOYER BEFORE? YES NO
IS JOB SPONSORED BY A STATE OR FEDERAL PROGRAM? YES NO IF YES, NAME OF PROGRAM _____

5. ARE YOU CURRENTLY ENROLLED IN TRADE ADJUSTMENT ASSISTANCE TRAINING? YES NO
a. IF YES, PROVIDE: TRAINING TITLE _____
b. TRAINING IS: ON-LINE (DISTANCE LEARNING) # of Days _____ CLASSROOM (ON CAMPUS) # of Days _____
c. DAYS YOU ATTENDED THIS WEEK SUN MON TUE WED THU FRI SAT
d. (Complete if applicable) LODGING AND MEALS WERE PROVIDED THIS WEEK IN THE AMOUNT OF \$ _____ PER DAY FOR _____ DAYS

B. WORKER CERTIFICATION

I hereby file a claim for benefits and certify that I am enrolled in training as approved under the Trade Act. The information I have provided is correct to the best of my knowledge. I understand there are penalties for willful misrepresentation made to obtain allowance to which I am not entitled.

SIGNATURE OF WORKER _____ DATE _____

C. PROGRESS AND ATTENDANCE IN TRAINING (To be completed by the training facility.)

1. AS OF THE WEEK SHOWN, WAS THIS WORKER ATTENDING TRAINING ? YES NO
CURRENT TERM BEGAN: _____ CURRENT TERM ENDED: _____
IF NO, PLEASE EXPLAIN _____
IF STUDENT IS OUT ON BREAK: DATE BREAK BEGAN: _____ DATE STUDENT WILL RETURN _____

D. TRAINING FACILITY CERTIFICATION

THE ANSWERS TO PART C ARE IN ACCORDANCE WITH OUR RECORDS. THE WORKER IS SUBJECT TO ALL TRAINING FACILITY CRITERIA FOR SATISFACTORY PROGRESS.

NAME OF TRAINING FACILITY: _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
SIGNATURE OF TRAINING OFFICIAL _____ DATE _____

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