

**WORKER TRAINING AGREEMENT AND RESPONSIBILITIES**

Name \_\_\_\_\_ State ID Number \_\_\_\_\_  
 \_\_\_\_\_ American Job Center Petition Number \_\_\_\_\_

By signing my name below, I certify that I have carefully read this form in its entirety and have received a copy for my records. I will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program. I understand failing to abide by these requirements may jeopardize my entitlement to continue with my trade approved training and/or Trade Readjustment Assistance (TRA) Benefits

1. I understand that I must register, setup virtual recruiter, upload/update a resume, and complete a job search in Jobs4TN.gov showing there is no suitable employment available prior to requesting TAA Funded Training.
2. I understand that I must check TCAT and state schools first before selecting any private schools.
3. I have participated in the process of the development of my Individual Employment Plan (IEP).
4. I understand that TAA will only pay for items that **are required** by the training provider.
5. I understand that without my written permission I cannot be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training should it be determined unreasonable.
6. I understand that should additional funds be required, I must contact the American Job Center TAA Representative.
7. I understand that any items that are not required by the school will be my sole responsibility.
8. I understand I must maintain full-time status to be eligible for TRA benefits. If I drop to part-time I will no longer be eligible for TRA benefits.
9. I understand that I must complete my weekly attendance certification and submit the signed form by mail or email weekly during approved training to the American Job Center TAA Representative.
10. I understand that I cannot start training prior to an approval notice from the TAA Specialist.
11. I understand that I must notify my American Job Center TAA Representative of any changes pertaining to my approved training.
12. I understand that any request for changes to my class schedule must be recommended by the school.
13. At the end of the term I understand I must provide a copy of the next semester's academic plan, cost sheet, and a transcript of my current grades to the local American Job Center TAA Representative.
14. I understand I must contact the American Job Center TAA Representative for Benchmarks a minimum of every sixty (60) days to discuss my training progress.
15. I understand that should I withdraw from training for any reason I must notify the American Job Center TAA Representative immediately.
16. I understand that I must notify my American Job Center TAA Representative upon completion of training and provide a copy of my credential.
17. I understand that I must notify my American Job Center TAA Representative when I obtain employment.
18. I understand that I cannot submit weekly certification after completion of training or during weeks of break greater than thirty (30) days.
19. I understand that if I fail or choose to withdraw from a required class, or a combination of both, for two (2) terms, I will receive a Non-Compliance Warning letter. A 3rd attempt of the required class must be completed during the next available term.
20. I understand that if I fail or withdraw from a required class a 3rd time, it could result in a change or loss of TAA funding for training.

I understand that I have the right to appeal if I disagree with the training determination by the Central office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the American Job Center or by letter to the Appeals Tribunal, TN Dept. of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 TAA Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_