Trade Adjustment Assistance (TAA)

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Trade Adjustment Assistance Training
# Trade Adjustment Assistance Program Manual
Tennessee Department of Labor & Workforce Development

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12100 TAA Program Information

12101 Program Overview

The Trade Adjustment Assistance (TAA) Program is a federal program that assists US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these trade-affected workers with opportunities to obtain the skills, resources, and support they need to become reemployed.

12102 Background of the Program

The TAA for Workers Program (TAA program) was first established at the U.S. Department of Labor (Department) under chapter 2 of title II of the Trade Act of 1974 (1974 Act). The TAA program has a two-step process for workers to obtain program benefits. First, a group of workers, or other specified entities, must file a petition for certification of eligibility to apply for TAA benefits and services with Office of Trade Adjustment Assistance (OTAA) in the Department’s Employment and Training Administration (ETA) and the state in which the workers’ firm is located. A petition will be certified by a Certifying Officer in OTAA after finding that the statutory criteria that test whether the group of workers was adversely affected by international trade have been met. Second, workers who are part of a group covered under a certified petition may apply individually to a state for TAA benefits and services. States administer the TAA program as agents of the Secretary of Labor (Secretary) through a state agency or agencies designated as the CSA in an agreement between the Governor and the Secretary (the Governor-Secretary Agreement). The CSA is responsible for both the determination of participant eligibility to receive TAA, and the provision of benefits and services to TAA-eligible workers.

The 2002 Amendments

The 1974 Act has been amended numerous times. The Trade Adjustment Assistance Reform Act of 2002 reauthorized and expanded the scope of the TAA program and increased benefit amounts, repealed the North American Free Trade Agreement Transitional Adjustment Assistance (NAFTA-TAA) program, added to the TAA program in 1993 to provide benefits to workers who lost their jobs because of trade with Mexico and Canada after NAFTA, created the Health Coverage Tax Credit (HCTC), and initiated a pilot program for Alternative Trade Adjustment Assistance for older workers (ATAA program). The NAFTA-TAA program was no longer necessary because the 2002 Amendments extended the same favorable TAA coverage to workers who lost their jobs because of shifts in production to other countries with which the United States had trade agreements or treaties or where
there was also a likelihood of increased imports, as NAFTA-TAA had provided to workers who lost their jobs because of shifts in production to Mexico and Canada. Adversely affected secondary workers, whose layoffs could be attributed to trade impacts demonstrated by TAA certifications of workers for companies for whom their firms were suppliers or downstream producers, also were covered under these amendments. The 2002 Program applied to workers covered under petitions filed on or after November 4, 2002.

The operation of the TAA program for workers covered by petitions filed on or after November 4, 2002 and before May 18, 2009 is governed by TEGL No. 11-02, Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002, and Changes 1, 2, and 3; and TEGL No. 2-03, Interim Operating Instructions for Implementing the Alternative Trade Adjustment Assistance (ATAA) for Older Workers Program - Established by the Trade Adjustment Assistance Reform Act of 2002, and Changes 1 and 2. The provisions of the longstanding TAA regulations codified at 20 CFR part 617 that were not affected by program changes in 2002 also have continued to apply to the TAA program and workers covered under the 2002 Amendments.

The 2009 Amendments

The TGAAA reauthorized the TAA program through December 31, 2010, and again expanded its scope to cover additional categories of Trade-Affected Workers, increased benefit amounts, and added employment and case management services to the categories of TAA benefits. The Older Workers Program no longer was a pilot program and was renamed the RTAA program. Workers no longer had to choose between receiving ATAA or the training benefit. Part-time training could be approved for all Trade-Affected Workers, and Trade-Affected Workers could enroll in TAA-approved training before separation from employment. The 2009 Amendments, applied to workers covered under petitions filed on or after May 18, 2009, through December 31, 2010. The Omnibus Trade Act amended the TGAAA to provide a six-week extension of the December 31, 2010 termination date of the program in effect under the 2009 Amendments (the 2009 Program), and the resumption of the program in effect before the 2009 Amendments (the 2002 Program). As described in TEGL No. 16-10, Change 1, the application of the 2009 Amendments ended (or “sunset”) on February 12, 2011. The expanded TAA group eligibility and certification requirements available under the 2009 Amendments continued to apply to petitions received on or before 11:59 PM EST on Monday, February 14, 2011, which was the next business day after February 12, 2011, a Saturday.

TEGL No. 22-08, Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009, and its Change 1 continue to govern the delivery of benefits to workers covered under the 2009 Program. TEGL No. 11-02, Operating Instructions for Implementing the Amendments to the Trade Act of 2002, and its Changes 1, 2, and 3; and TEGL No. 2-03, Interim Operating
Instructions for Implementing the Alternative Trade Adjustment Assistance (ATAA) for Older Workers Program Established by the Trade Adjustment Assistance Reform Act of 2002, and its Change 1 continue to govern the delivery of benefits to workers covered by petitions filed on or after November 4, 2002 and before May 18, 2009, and where identified in Section A.2.4 below, the delivery of benefits to workers covered under petitions numbered TA-W 80,000-80,999.

The Secretary’s regulations codified at 20 CFR part 617 continue to apply to the delivery of benefits under the 2002 Program and the 2009 Program to the extent that the applicable law did not supersede those regulatory requirements, as explained in the TEGLs and other guidance documents that apply to the respective programs. To the same extent, 29 CFR part 90 continues to apply to the certification process for all TAA petitions. The regulatory requirement of merit-based staffing of the TAA program, codified at 20 CFR 618.890, continues to apply to state administration.

The 2011 Amendment

On October 21, 2011, President Obama signed the Trade Adjustment Assistance (TAA) Extension Act of 2011, which changes the group eligibility requirements, and participant benefits and services available under the Trade Adjustment Assistance program, for some workers.

Petitions File after February 12, 2011 and before October 21, 2011 makes the changes to the group eligibility requirements contained in the TAA Extension Act of 2011 retroactive to February 12, 2011, and apply to all petitions filed since that time petitions designated with numbers from TA-W80,000 through TA-W-80,999

Any petition filed after February 12, 2011 and before October 21, 2011, that was denied was automatically reconsidered under the group eligibility provisions of the TAA Extension Act of 2011. USDOL completed the reconsideration of these petitions on February 21, 2012.

The Trade Adjustment Reauthorization Act of 2015 (TEGL 5-15)

The TAARA 2015, title IV of the Trade Preferences Extension Act of 2015 (Public Law 114-27), was signed into law by President Barack Obama on June 29, 2015, and both amends and reauthorizes the TAA Program. The TAARA 2015 (see Attachment B) restores the worker group eligibility and benefits established by the Trade Adjustment Assistance Extension Act of 2011 (TAAEA). The TAARA 2015 also authorizes the operation of the 2015 Program and continuation of the 2002 Program, the 2009 Program, and the 2011 Program through June 30, 2021; provides a 90-day transition period for Reversion 2014 Program participants; expands coverage of certifications of petitions filed since January 1, 2014 for 90
days; requires reconsideration of negative determinations on petitions filed since that date and before the date of enactment under 2015 Act certification requirements; and reauthorizes the HCTC program benefit for eligible TAA participants. Additionally, new requirements are added by the TAARA 2015 to align performance reporting for the TAA Program with the requirements of the WIOA.

12103 How Does TAA Work

To obtain TAA re-employment services and benefits a group of workers must first file a petition with the U.S Department of Labor's Trade Adjustment Assistance Program (TAA) requesting certification as workers adversely affected by foreign trade. Once a complete petition is filed, the Office of Trade Adjustment Assistance (OTAA) initiates an investigation to determine whether a group of workers meets the group eligibility requirements. If the participant is found to meet the group eligibility criteria, a group eligibility certification will be issued. This certifies that the workers of the group are eligible to apply for Trade Adjustment Assistance benefits.

After a group certification is issued, each participant in the group must then individually apply for services and benefits through their local America’s Job Center.

12104 What Does TAA Offer

TAA offers benefits and a variety of services to support workers seeking re-employment:

**BENEFITS**

- **Income Support** (Trade Readjustment Allowances (TRA)) is available to provide income support to workers while participating in full-time training. Under certain circumstances, TRA is also available to certified workers for whom training is not feasible or appropriate. There are three (3) categories of TRA Benefits: Basic TRA, Additional TRA, and Completion TRA. Each category has its own set of eligibility requirements.

**SERVICES**

- **Re-employment services** - This service can include Employment Counseling; Resume Writing and Interview Skills Workshops; Career Assessment; Job Development; Job Search Programs; Job Referrals; and Supportive Services

- **Employment and Case Management Services** must be made available to the adversely affected workers and/or adversely affected incumbent workers covered by a certified petition requesting TAA services over the course of
their participation in the TAA program, through early assessment, Individual Employment Plans, Case Notes, etc.

- **Waiver from the Training Requirement** – under certain circumstances, an eligible participant may receive a waiver from the requirement for training, if they meet one of the three following conditions: health, enrollment unavailable, training not available.

- **Training** – provided to workers that do not have sufficient skills to obtain suitable employment in the current labor market. Allowable types of training include, Classroom Training, On-Line, Distance Learning, On-the-Job Training (OJT), Vocational, Customized, and Basic or Remedial Education.

- **Job Search Allowance** – may cover expenses for a pre-approved job interview that occurs 10 miles or more from trade impacted worker’s residence when suitable employment, as defined by State law, is not available in the area.

- **Relocation Allowance** - may cover expenses for a pre-approved move of the participant, their families and their household goods, outside the participant’s normal commuting area if suitable employment, as defined by State law, is not available in the area. The commuting area in Tennessee is 50 miles one way. The participant must have a bona fide offer of work.

- **Alternative Trade Adjustment Assistance (ATAA) / Re-employment Trade Adjustment Assistance (RTAA)** is a wage subsidy provided to eligible workers age of 50 and above that subsidizes a portion of the wage difference between their new wage and their old wage (up to a specified maximum amount).

### 12105 Who Does TAA Serve

TAA workers come from a variety of backgrounds and industries, and therefore many enter the program with a wide array of skills and experience. However, the majority of TAA workers who enter the program face similar challenges in obtaining re-employment, which can include no education beyond high school, job skills solely in the manufacturing sector, and an average age of 46 with over 12 years of experience in a specific job that may no longer exist. The TAA program has been developed through legislation, regulation, and administrative guidance to best serve the needs of this unique population.
Petition Process Overview

1. To obtain TAA re-employment services and benefits a petition must be filed with the U.S Department of Labor's Trade Adjustment Assistance Program (TAA). Once a complete petition is filed, the Office of Trade Adjustment Assistance (OTAA) initiates an investigation to determine whether a group of workers meets the group eligibility requirements. If the participant group meets the group eligibility criteria, a group eligibility certification will be issued. This certifies that the workers of the group are eligible to apply for Trade Adjustment Assistance benefits.

2. After a group certification is issued, each participant in the group must then individually apply for services and benefits through their local America’s Job Center. The TAA Representatives at the local America’s Job Center will ensure the workers' TAA eligibility to apply for TAA services.

Who may file a petition - A petition may be filed by any of the following: a group of three or more workers, an employer of a group of workers, a Union, a State Workforce Official, a One-Stop Operator/Partner, or another Duly Authorized Representative. OTAA will initiate an investigation when a complete petition is filed by any of these parties.

Assistance in preparing a petition - Petitioners may request assistance in preparing the petition at their local America’s Job Center which may be located by calling 1-877-US2-JOBS, (TTY) 1-877-889-5627, or visit the America's Service Locator website at http://www.service locator.org. Petitioners may also contact the U.S. Department of Labor in Washington, D.C. at 202-693-3560 or 1-888-365-6822.

Submitting a Petition - The petition should be electronically file and electronically signed by the three workers in the participant group, employer, Union Official, State Workforce Official, One-Stop Operator/Partner or Duly Authorized Representative who are filing the petition. When a group of three workers are filing the petition, all three workers must sign the petition.

Once signed, the petition must be submitted to both the Office of Trade Adjustment Assistance in Washington, D.C. and to the relevant state workforce agency.

Decisions on TAA Petitions

After accepting a complete petition, OTAA will initiate an investigation to determine whether the group of workers covered by the petition meets the group eligibility requirements of the Trade Act. This investigation may include contacting the workers' firm to collect data, contacting customers of the workers' firm, the petitioners, unions, Cooperating State Agencies, or other sources of relevant information as needed. The steps required to complete an investigation vary according to the circumstances specific to the participant's firm.
If the workers are found to meet the group eligibility criteria set by the Trade Act, OTAA will issue a certification of group eligibility.

**Certification of Petitions** - If the eligibility requirements have been met OTAA will issue the participant group a decision titled: "Certification Regarding Eligibility to Apply for Trade Adjustment Assistance."

Generally the certification covers all members of the participant group who are separated or threatened with separations during the period beginning one year before the petition was filed and ending two years after the date of the certification. Each certification describes the participant group and specifies the beginning and ending dates.

**Denial of Petitions** - If, after investigation, OTAA determines that the eligibility requirements are not met, OTAA will issue the participant group a "Negative Determination Regarding Eligibility to Apply for Trade Adjustment Assistance." A negative determination denies workers certification of eligibility to apply for TAA services and benefits.

Workers who are denied eligibility to apply for TAA may: 1) request administrative reconsideration of the determination; 2) seek judicial review of the determination; and/or
3) seek re-employment services from other programs such as those available through the Workforce Investment and Opportunities Act's Dislocated Worker’s program also available through local America’s Job Center.

**Notification of Certification or Denial** - After making a determination on group eligibility, OTAA will notify the petitioners, the workers' firm, and State agency of the determination. In addition, the determination will be posted on the TAA website and published in the Federal Register. If a group of workers is certified eligible to apply for TAA, the Cooperating State Agency will then notify workers of the certification and provide information about benefits.

**How to Challenge a Petition Denial / Administrative Reconsideration** - Determinations on Trade Adjustment Assistance petitions are published in the Federal Register, the official daily publication for Rules, Proposed Rules, and Notices of Federal organizations. Workers who are denied certification may request administrative reconsideration from OTAA. Requests for reconsideration must: 1) be in writing; 2) include the TAA investigation number; 3) be signed; and 4) describe the group of workers included in the petition. Requests must also cite reasons why the workers consider the denial erroneous according to the facts, the interpretation of the facts, or the law itself. **Reconsideration requests must be filed with OTAA within 30 days of Federal Register publication and may be mailed or faxed to:**

**United States Department of Labor Employment and Training Administration Office of Trade Adjustment Assistance Attn: Reconsiderations**
Room N-5428
200 Constitution Avenue N.W. Washington DC 20210
Phone: 202-693-3560 or 1-888-DOL-OTAA (1-888-365-6822) Fax: 202-693-3584
or 3585
Web site: http://www.doleta.gov/tradeact

Judicial Review - Workers who are denied certification may seek judicial review of
OTAA’s initial determination or determination following administrative
reconsideration. Appeals for judicial review must be filed with the Case
Management Supervisor, U.S Court of International Trade, One Federal Plaza, New
York, New York 10007, (212) 264-1611. Appeals must be filed within 60 days of Federal Register publication of the
initial denial or administrative reconsideration denial.

12107 Rights to TAA Training

The following are the most pertinent elements of approved training under the Trade Act:

1. Training is an entitlement under the Trade Act program, but it is not an
   unconditional entitlement. There are six criteria that must be considered
   before training is approved.

2. Only adversely affected workers who are laid off from affected employment
during an impact period of a specific certification are eligible and entitled to
   receive training approved and paid for under the Trade Act.

3. Workers who are laid off during the impact period but lack the 26 weeks of
   employment necessary to qualify for weekly TRA allowances are eligible
   and entitled to receive approved training, relocation, and job search under the
   Trade Act.

4. Depending on the petition number, Vocational, remedial, and/or pre-requisite
   training may be approved under the Trade Act.

12108 (UI-8330) Statement of Training Status for TRA Claimant, LB-0723 Waivers

NOTE: Form LB-0723 has been replaced with LB-0911W (Waiver of Training Requirement
under Trade Act of 2002 which is Appendix 8300-iiiW), LB-0911WR/D (TAA Training
Waiver Review, Denial and Agency Decision, which is Appendix 8300-iiiR/D), and LB-
0911R (TAA Training Waiver Revoked which is Appendix 8300-iiiR).

The form, LB-0723 (Revised May 2002), is a two-page form. Page one is used to waive the
training requirement when it is found that training is feasible not or appropriate. A complete
explanation will be required as to the reason a waiver is issued. The LB-0723 will be
reviewed for accuracy prior to entry of a training status code into the system. It will then be
forwarded for microfilm with the first AC/RC which activates the claim, or with any subsequent RC/AC if a waiver is issued. Page two of the form should be held in the claimant’s file and would be used in the event that it is necessary to revoke the waiver. **NEW** See Section 8332, 8390) (See Appendix 8300-iiiW, Appendix 8300-iiiR/D, and Appendix 8300-iiiR)

A. Appropriate

The word "appropriate" refers to suitability of training for the worker (including whether there is a reasonable prospect of employment within the foreseeable future). If the training duration exceeds the worker's eligibility for benefits, training would not be required but offered as an entitlement if all six criteria apply. If it is determined that the worker is a candidate for training approval, the question of feasibility must be explored.

B. Feasible

For the purpose of determining training approval, "feasible" means whether there is any training available which meets all the criteria for approval under the six criteria and whether funding is available to pay the full costs including transportation or subsistence if necessary. (See Section 8390)

C. Training Status Code

The TRA claimant history should be updated by accessing the TLC screen and entering the appropriate Training Status (TS) code. (See Section(s) 8205, 8331, 8391)

During basic TRA, a claimant approved for training within thirty (30) days may receive benefits; additional weeks may only begin when the worker begins participating in training. Training status code "P" is appropriate during this time.
12200 Training

Effective August 23, 1988, training is an entitlement, and, in any case where the criteria are reasonably met and funding is available, the participant is entitled to have the training approved and it may not be unreasonably denied. Effective February 7, 1994, only one program of training is allowable under a single petition.

The participant shall be entitled to "have payment of the costs of such training paid on his/her behalf" (subject to the limitations imposed by the Trade Act). The reference to "limitation" includes all of the limitations and restrictions on types of training criteria, as well as the limit on annual training costs payable from TAA funds.

12201 Training Program

A training program may consist of a single course or group of courses which is designed and approved by the State agency for a participant to meet a specific occupational goal. Depending on the Petition number training could be approved for:

- 50000 – 69999 (2002) [TEGL 11-02]
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial
  - Must be separated and covered by a trade petition to request training.

- 70000 – 79999 (2009) [TEGL 22-08]
  - Up to 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Up to 156 weeks of full-time training or part-time, if there are remedial or pre-requisites. However, if part-time there will be no TRA benefits.
  - Trade impacted workers may request training prior to layoff

- 80000 – 80,999 (2002) [TEGL 16-10]
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial

- 81,000 and above (2015) [TEGL 10-11, 16-14, 05-15]
  - 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Last 13 weeks must meet benchmarks for Completion TRA Benefits.
  - Trade impacted workers may request training prior to layoff

12202 Amended Training Program

A participant's approved training program may be amended to add a course or to satisfy unforeseen needs of the participant, such as remedial education or specific occupational skills, as long as the length of the amended training program does not exceed the number
of weeks designated by the petition number.

12203 Full-time Training

TAA approved training programs are to be designed to consist of full-time attendance in accordance with the established hours and days of training determined by the training provider. Written documentation from the training facility admissions or business office is required to clarify full-time status. If combined with on-the-job (OJT) training, the combined attendance at both must be full-time. Staff should seek guidance from the TAA Training Coordinator regarding training programs having limited hours-per-day scheduled.

12204 Incumbent Participant/Part-time Training

Under Petition number 70000 through 79999 and 81000 and above, TAA approved training programs can consist of part-time attendance. However, if part-time training is chosen and approved, no TRA benefit will be paid to the participant. Also, participant must indicate in a written statement that he/she understands the lack of TRA benefits.

If the participant is covered under Petition numbers 60000 through 69999 or 80000 through 80999, workers are not eligible for part–time training.

12205 Distance Training

Distance training (i.e., training provided via the internet) may be considered “classroom training” when the degree or certificate received is equivalent to what would have been received if the training had been conducted on campus. This interpretation expands the types of approved classroom training to include distance learning, where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program. For distance learning, the final degree or certification conferred must be equivalent in content and standard of achievement to the same program completed on campus or at an institutional training location. When the above condition is met, the training will be recognized as the type that normally takes place in an interactive classroom setting. This standard replaces the four conditions in TEGL 7-00.

In addition, in order for distance learning to be approved, all criteria for training approval found at 20 CFR 617.22 must be met in the same way as in any other training.

Distance learning may, in some cases, be more self-paced than in class institutional training. TAA Representatives will need to work with distance learning providers to understand the specific requirements or milestones of the distance learning program and to ensure that the training provider keeps the agency informed of the student’s adherence to those requirements through weekly attendance certifications.
12206 Case Management

Case Management consist of comprehensive assessments of skill levels and service needs, development of an participant employment plan (IEP) to identify employment goals and objectives, and information on available training and counseling.

12207 Criteria for Approval

Conditions for approval: Training shall be approved for an adversely affected worker if the State agency determines that the six training criteria have been met. These criteria are:

1. There is no suitable employment available for the participant.
2. The participant would benefit from appropriate training (occupational and/or remedial) and be job ready upon completion of training.
3. There is a reasonable expectation of employment following completion of occupational training.
4. Approved occupational training is reasonably available to the participant.
5. The participant is qualified to undertake and complete such occupational training.
6. Such training is suitable for the participant and available at a reasonable cost.

The six criteria will also be used to determine approved training which is paid for with sources other than TAA funds. The costs of training approved under the six criteria are "not required" to be paid from TAA funds to the extent that such costs are paid under any state or federal program or from any other source, i.e., an employer. However, training would not be considered approvable if the participant paid for the training or if the participant was required to reimburse anyone for the training.

12208 Criteria for Approval, Explanations [20 CFR 617.22]

1. This criteria is met if, at the time of job search, there is no suitable employment (which may include technical and professional employment) available for the participant who is being considered for training, and there is no reasonable prospect of such suitable employment becoming available for the worker in the foreseeable future. The term "suitable employment" means, work of a substantially equal or higher skill level than the participant's past adversely affected employment, and wages for such work at not less than 80 percent of the participant's average weekly wage.

2. The participant would benefit from appropriate training (occupational and/or remedial). The participant will be job ready upon completion of training.

3. There is a reasonable expectation (not necessarily a prior guarantee) of employment following completion of occupational training. While immediate
employment is not required, **approval of training must be in occupational areas that are in demand.** In determining suitable training, certain occupations must be excluded when there is a lack of employment opportunities as substantiated by Jobs4TN, School placement rates, job orders and other pertinent labor market data or when the occupation provides no reasonable expectation of permanent employment. Training must be in occupations for which an identifiable demand exists in the local labor market or in other areas for which the participant is willing to relocate.

Note: In making a determination as to whether a training occupation is in demand, CO will begin with the Cluster located under Supply and Demand by Education Cluster or by Labor Supply and Demand by Occupation, located on Jobs4TN. The Cluster actually states whether an occupation is in demand or not for the area where the participant will be seeking employment. However, there are other resources that can be used and they are listed below.

**The School Placement Rate** (70% or higher for the training occupation)

1. May be available on the Cluster
2. If not on the Cluster, may be obtained from the training institution.

At least 3 Newspaper advertisements for the specific occupation (be sure the advertisement has the newspaper’s date line that includes the name and the date of the paper)

Newspaper articles/news releases concerning growth of a particular occupation in the area (be sure the article has the newspaper’s date line that includes the name and the date of the paper)

Letter from an employer that indicates an offer of employment to the person requesting training in the occupation he/she will be trained in.

Any documentation that indicates a demand in the area that comes from a reputable authority.

4. Approved occupational training is reasonably available to the participant from governmental agencies or private sources which may include area technology centers. First priority will be given to providing training in Tennessee College of Applied Technology (TCAT) locations unless it is determined and documented that such schools are not as effective and efficient as other institutional alternatives.

This means that the training is reasonably accessible to the participant within the participant's commuting area at any governmental or private institution or facility. Reasonable commuting area is within a 10 mile radius of the participant’s residence. It also means training is suitable for the participant and meets the other criteria. Emphasis must be given to finding accessible training for the participant, although not precluding training outside the commuting area if
none is available at the time within the participant's commuting area. If outside the commuting area then the training must be available at a reasonable cost. Mileage from the workers’ home to the training facility should be documented.

In determining whether or not training is reasonably available, first consideration shall be given to training opportunities available within the participant's normal commuting area. Training at facilities outside the participant's normal commuting area should be approved only if such training is not available in the area or the training to be provided outside the normal commuting area is provided at a more reasonable cost.

5. The participant is qualified to undertake and complete such occupational training (determine either through testing and/or entrance requirements).

This emphasizes the participant's personal qualifications to undertake and complete approved training. Evaluation of the participant's personal qualifications must include the participant's physical and mental capabilities, educational background, work experience, as indicated by the TABE or CASAS assessment, and financial resources, as adequate to undertake and complete the specific training program.

Evaluation of the participant's financial ability should include an analysis of the participant's remaining weeks of UI and TRA payments in relation to the duration of the training program. If the participant's UI and TRA will be exhausted before the end of the training program, it will be ascertained through the financial statement whether personal or family resources will be available to the participant. It must be documented on the LB-0783 that financial resources will be available for the participant if the training is to be approved.

6. Such training is suitable for the participant and available at a reasonable cost.

Suitable for the participant means that criteria one is met in that no suitable employment is available and that the training is appropriate for the participant given his/her capabilities, background and experience.

Available at a reasonable cost means that training is not approved at one institution when, all costs being considered, the same or similar training can be obtained at another institution at a lower total cost. It also means that training is not approved when the costs of the training is unreasonably high in comparison with the average costs of training of other workers in similar occupations at other institutions or facilities. This criteria also requires taking into consideration the funding of training costs from sources besides TAA funds, and the least cost to TAA funding of providing suitable training opportunities to workers. Greater emphasis will need to be given to these elements in determining the reasonable costs of training, particularly in view of the requirements that TRA claimants be enrolled in and participate in training.
Reasonable cost of training shall take into consideration tuition and related expenses (books, tools, and fees, etc.), travel or transportation expenses, and subsistence expenses.

In determining whether cost of training is reasonable, consideration should first be given to the lowest cost training which is available within the commuting area. When like training for suitable employment, is offered at more than one training facility, the lowest cost training shall be approved.

Training outside the participant's normal commuting area should be approved only in situations where appropriate training is not otherwise available. Training that involves transportation or subsistence costs which add substantially to the total costs provides a basis for disapproving the training, if other appropriate training is available.

*NOTE: The six training criteria will be completed by the TAA Specialist after notification of the TAA training request has been received. Case Notes must document enough information that will enable the TAA Specialist to make an eligibility determination.*

### 12209 Other Factors Which Must be Considered in the TAA Training Approval Process

1. To request training a participant must first complete a job search to determine if there is any suitable employment available in his/her commuting area.

2. The training is of suitable duration to achieve the desired skill level in the shortest possible time.

3. The hours and days in a week of attendance will be in accordance with established hours and days commensurate with the course as determined by the training facility.

4. No other payment for the costs of such training has been or will be made from any other source which would create duplication of payments. Any funds which are used for any purpose other than the direct payment of the costs incurred in training is deductible, even if such use indirectly pays or reduces the costs involved in training the participant.

5. Case Management should be completed on all TAA eligible workers requesting any services covered under the program. This information should be documented in Jobs4TN (VOS) under case notes.

6. All TAA eligible workers requesting training must be assessed by the LWDA, their agent, or Adult Education (if no high school diploma) using the TABE/CASAS.

*NOTE: The above criteria will also be used to determine approved training which is paid for with sources other than TAA funds.*
NOTE: Pell and/or Lottery grants are no longer required to be used for training cost under TAA. If costs are deemed unreasonable, the participant must give written approval for the use of the grants.

12210 TAA Eligibility Application (Jobs4TN (VOS))

All workers identified as trade impacted must complete a Wagner Peyser application and then a TAA application in Jobs4TN prior to participation in the program. Once the TAA Application has been established and the participant has been identified as eligible to request services under the law, the next step is to set up Participation in the program. (See Petition information on page)

12211 TAA Participation (Jobs4TN (VOS))

Establishing Participation in the TAA Program starts with setting up an Initial Assessment Activity. All TAA workers must have specific activities offered to them as part of core and intensive services. Initial Assessment (VOS Code 102) is always the first service offered to the participant. Followed by:

- IEP – Individual Employment Plan must be developed on all TAA Workers (VOS Code 205)
- LMI – Labor Market Information that will help with re-employment (VOS Code 107)
- Job Search – Suitable employment search required prior to requesting training (VOS Code 125)
- Referral to WIOA – Assessment (TABE/CASAS testing) (VOS Code 211)
- Rapid Response – Participant attended a rapid response meeting (VOS Code 110)

There may be other activities that you include on the participant, but the list above is required on all TAA workers that are looking at occupational training.

12212 TAA Training Enrollment (Jobs4TN (VOS))

A training activity must be completed in Jobs4TN (VOS) by the TAA Representative establishing the type of training being requested, using one of the following codes:

- 300 Occupational Skills Training – Approved Provider List (ITA)
- 328 Occupational Skills Training – Non Approved Provider (No ITA)
• 339 Approved HiSet Training
• 342 TAA Approved Prerequisites
• 301 On-The-Job Training
• 314 Apprenticeship Training

The training provider and course of study are also identified in the activity.

*NOTE: Cost of training will be established based on the cost sheet submitted by the training facility and posted in Jobs4TN (VOS) by the TAA Specialist.*

Completion of the activity information will be the printed TAA Enrollment document.

**12213 Trade Adjustment Assistant Program (TAA) Application for TAA Training (ETA-858) (Jobs4TN (VOS))**

The TAA Specialist will review the activity, training information, cost, case notes, and make an eligibility decision based on the facts as they have been presented and they will complete the six training criteria. The form will be printed and signed indicating the decision. That printed form is the Application for TAA Training (ETA 858).

*NOTE: Case Notes must be entered in Jobs4TN (VOS) so that the TAA Specialist will have justification for the answers to the six training criteria.*

**12214 How to Apply for TAA Funded Training**

If the participant is requesting TAA funded training, America’s Job Center TAA Representative will complete and/or upload in Jobs4TN (VOS) the following:

1. TAA Program Application
2. TAA Occupational Training Activity (VOS Codes 300/328/339/342/301/314)
3. IEP Plan & IEP Activity (VOS 205)
4. A copy of the claimant's TMQ1 or eligibility determination (if petition is out of state).
5. Financial Statement LB-1090 indicating financial support should TRA exhaust.
6. Signed Worker’s Training Agreement and Responsibilities LB-1092
7. Willing to Commute form (if applicable) LB-1089
8. List of all books, supplies, tools, uniforms, etc., with the cost of each item per term (provided by training provider)
9. Total cost sheet showing tuition, fees, test cost, books, supplies, tools, uniforms, and any misc. items, per term (provided by training provider)
10. Copy of Academic Plan/Course Outline showing courses and hours planned for each term (provided by training provider)
11. Signature of Authority for Training Provider Officials and/or Vendors, LB-0898
with phone numbers and email addresses
12. Schedule of training facility breaks (school calendar).
13. TABE/CASAS Scores
14. Mileage Documentation
15. Demand Information

12215 How to Apply for Approval of Training with Other Funding Source

For workers who are enrolled in training by and funded through any source other than TAA, America’s Job Center TAA Representatives will complete and/or upload in Jobs4TN (VOS) the following:

1. TAA Application
2. TAA Occupational Training Activity
3. IEP Plan & IEP Activity
4. A copy of the claimant's TMQ1 or eligibility determination (if petition is out of state).
5. Financial Statement LB-1090 indicating financial support should TRA exhaust.
6. Signed Worker’s Training Agreement and Responsibilities LB-1092
7. Willing to Commute form (if applicable) LB-1089
8. Written notification from the funding source stating clearly that they will pay the training costs
9. A written notification from the training provider indicating the course of training, date the participant commenced the training and the duration of the training.
10. Copy of Academic Plan/Course Outline showing courses and hours planned for each term (provided by training provider)
11. Signature of Authority for Training Facility Officials, LB-0898
12. Schedule of training facility breaks (school calendar)
13. TABE/CASAS Scores
14. Mileage Documentation
15. Demand Information

12216 Signature of Authority for Training Facility Officials, LB-0898

(www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs)

The Signature of Authority for Training Facility Officials, LB-0898, is available for use by America’s Job Centers in obtaining training facility and/or vendor signatures(s) of authorization. The form is designed to collect the signature of the official(s) authorized to sign:

1. Claimant certifications, regardless of the funding source, and
2. Claimant certification and invoicing TDLWD when the training is TAA funded.

NOTE: Please ensure to include email addresses on the form.
12217 Forwarding Requests for Training Approval Timely

Training approval requests and all required documents should be uploaded to Jobs4TN (VOS) at least 30 days prior to the anticipated training start date in order for a determination to be made in a timely manner. **No training may be started prior to written approval by the TAA Specialist.** A copy of each document, with original signatures, should be maintained in the participant’s America’s Job Center file.

12218 Individual Employment Plan (IEP)

The Individual Employment Plan is a **shared document** in Jobs4TN (VOS) between all partners. The plan will follow the trade impacted participant from the first time he/she steps into the office for services until suitable employment is obtained.

The plan is made up of a goal(s) and objectives that describe the planned steps that will take the participant from dislocation to suitable employment. The goal is what the planned outcome will be, i.e. Complete Training, Obtain suitable employment, etc. The objectives should lay out a path through trade services, such as re-employment, training, job search, relocation, etc., to reach the established goal.

When developing objectives to meet the goal of training, it is important that the objectives are laid out in a specific order:

- Job Search (was there any suitable employment found)
- Requested training (what type of training is the participant interested in and did the participant provide documentation from the training facility that will establish the request date?)
- Referred to WIOA for Assessment (when was the scheduled assessment appointment?)
- Training is recommended (what does the case notes from WIOA and TABE/CASAS scores indicate?)
- Referred to training provider for training information
- Enroll in training (When, Where, What)
- Maintain satisfactory progress through out training
- Meet benchmarks
- Must schedule benchmark appointments every 60 days for progress reports, and
- Report at the end of every term with grades and registration/cost sheet for next term.
- Complete training
- Report for re-employment services
- Obtain suitable employment
NOTE: The above list of objectives are required on the IEP, however, please be aware that there could be additional objectives added throughout the training.

12219 Training Benchmarks

Training benchmarks are required to be established for a participant when the participant enrolls in training and to be able to monitor the participant’s progress toward completing the approved training within the 130-week maximum duration. The participant must substantially meet benchmarks every 60 days to receive Completion TRA and, therefore, benchmarks must be included in all IEPs (IEP’S). Benchmarks also measure satisfactory progress of the participant while in training.

In order to determine that the participant has substantially met the performance benchmarks established in the approved IEP (IEP) the participant must be evaluated for satisfactory progress against 2 benchmarks at intervals of no more than 60 days, beginning with the start of the IEP, to determine whether the participant is:

1. Maintaining satisfactory academic standing (i.e. not on probation or determined to be “at risk” by the instructor or training institution, and
2. On schedule to complete training within the timeframe identified in the approved IEP (IEP).

For this review, the training provider may provide documentation of the participant’s satisfactory progress, the America’s Job Center TAA Representative may attest to the participant’s satisfactory progress after consultation with the vendor and the participant. Or the state may request that the participant provide documentation of his/her satisfactory progress towards meeting the training benchmarks from the provider, like transcripts, grades, written progress reports, etc.

Regardless of the mechanisms used, the training benchmarks must be described in the participant’s IEP (IEP) and documented in Case Notes at each review.

Upon one substandard review of the established benchmarks, the participant will be given a warning, (Participant Non-Compliance Warning LB-1107 located at www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs) while two substandard reviews must result in a modification to the IEP, or the participant will no longer be eligible for Completion TRA. In this way, the training benchmarks may be used to provide early intervention that will provide the opportunity to determine whether the training is appropriate for the participant or that the plan requires a revision.

NOTE: Workers are required to provide grades and an updated course outline or academic plan at the end of every term so that staff can determine if the participant is on track. This information should also be documented in the IEP Plan and Case Notes.
12220 Additional Weeks of TRA Benefits

In order to assist the adversely affected participant to complete approved training, TRA benefits may be paid depending on the Program (2002, 2009, 2011, and 2015)

  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA training, or
  - Up to 130 weeks if participant had remedial training
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.
  - Training must be full-time

- 70000 – 79999 (2009)
  - 26 weeks of Basic TRA and up to 130 weeks of additional TRA benefits if enrolled in full-time TAA training, or
  - Up to 156 weeks if participant has had remedial or pre-requisites training
  - Training must be full-time to receive additional TRA benefits.
  - Must enroll within 26 weeks of either certification or layoff

  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA Training, or
  - Up to 130 weeks if participant has had remedial training
  - Training must be full-time
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.

- 80000 - 80999 (2011)(workers who begin receiving services on or after December 20, 2011)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.

- 81000 and above (2015 TAARA)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.

NOTE: TRA determination will be made by the Federal Benefit Unit.
12221 Determinations of Request for Training

Approval of training requests for workers who are enrolled in training by and funded through TAA or any source other than TAA will be made by the TAA Coordinator and/or the designated area TAA Specialist.

Denial of a training request will be in writing via electronic form from the TAA Coordinator and/or the designated area TAA Specialist to the adversely affected participant and must list the reason for such denial. Appeal procedures are contained on this form.

If an adversely affected participant is already attending training, but not approved under this section, he/she may apply for approval. If it is determined that the participant and course of training meet all requirements, and training is approved, the costs of such training will be paid by TAA, at the start of the next term.

12222 Approval of Training for Interstate Claimants

Training applications for interstate TRA claimants are to be prepared and submitted as described in Sections 12214 & 12215. Upon review of the application, the Agency TAA Training Coordinator and/or the designated area TAA Specialist will make a recommendation to the liable state to approve or deny the training. The final approval/denial will be issued by the state which is liable for the TRA benefit claim. Any appeal of a denial of training will be made to the issuing state.

12223 Time Limits Affecting Training

A participant must start approved training within 30 calendar days after the approval date to meet the definition of enrolled in training for TRA purposes, 617.11 (A)2(vii)D(1). The only time limit for workers applying for TAA paid training is the sunset of the TAA program. However, their eligibility for additional weeks of TRA benefits will be affected if they do not apply for training approval within the specified time limits as dictated by the petition number they are under. Therefore, staff must complete training requests as soon as a training program is selected and the application process begins. This will allow the requirement for additional benefits to be determined.

12224 Procedures for Certifications for TAA Approved Claimants

TRA claimants attending training must submit the 858-A (LB-0429) for weekly
certification whether or not they are drawing TRA Weekly Monetary Benefits. This lets the TAA and TRA Unit know the claimant is attending their approved training weekly. The Weekly Certification form is to be mailed each week. A fax of the form will not be accepted. They must be mailed to the TRA Unit at P.O. Box 280450, Nashville, TN 37228. The TAA/TRA Field Staff will provide the claimant a copy of the School Certification once TAA approved training has begun.

A Signature of Authority form (LB-0898) signed and dated by those authorized to sign off on the weekly school certifications, along with their individual email addresses, must be submitted with each request for training. The Signature of Authority form with original signatures is to be maintained in the individual TAA file at the AJC.

**NOTE:** *These forms can be obtained at [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs)*

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**12225 Training Related Costs (Transportation and Subsistence)**

An adversely affected participant approved for TAA training will be eligible for supplemental assistance to defray the cost of transportation expenses and/or subsistence necessary to pay the cost of separate maintenance when the training facility is located outside the commuting area of the participant's regular place of residence. [20 CFR 617.27 & 617.28] (Commuting area for the purpose of TAA travel for training participation is defined as 10 miles or more one way from the participant's residence.)

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**12226 Travel and Subsistence Payments**

**Transportation Payments**

When the participant lives 10 or more miles one way, transportation payments shall be made according to the cost per mile at the prevailing federal mileage rate and shall be paid for each mile that is traveled round trip.

**NOTE:** *A training activity will be set up in Jobs4TN so funds can be established for travel while in approved training 10 miles or more one way from the participant’s residence.*

**Subsistence Payments**

Subsistence payments will be paid when necessary for the costs of separate maintenance. Such payments will not exceed the lesser of (1) the participant's actual per diem expenses for subsistence; or (2) 50% of the prevailing per diem rate authorized under the federal travel regulations for the locale of the training.

No subsistence payment will be made for any day of unexcused absence as
certified on the Weekly Request for Allowances by Participant in Training, MA-858A (LB-0429)

NOTE: A subsistence activity will be set up in Jobs4TN so funds can be established for living expenses while in approved training over 50 miles one way from the participant’s residence.

NOTE: Transportation/Subsistence Application can be found at www.tn.gov/workforce/article/technical-assistance-policies-wfs

12227 Mileage Checklists


2. Print several copies of the form for participant to have for submitting requests to Central Office

3. Have participant sign and complete a W-9 form (only needed one time and must be provided with the training packet)

4. Remind all participants that a Weekly Attendance form (LB-0429) must be completed, signed, and date at the end of every week, by the school to track attendance. The form must be submitted weekly for the worker to receive his/her travel reimbursement.

   Note: (If this form is not completely filled out, reflecting dates of attendance, and dated at the end of each week benefits cannot be provided to a participant).

5. Once a participant is approved for travel allowance the amount of the cost is already included in the TAA approved training packet and has been calculated.

12228 Authorization and Invoice, TA-2

Authorization and Invoice (TA-2) form (LB-1121) will be furnished to the training institution by the TAA Specialist when TAA funding is approved for training. Payment of approved training facility costs will be processed upon receipt of the signed Voucher, TA-2, and an invoice with cost break down for the current term from the training
in institution to the TAA Training Coordinator and/or area TAA Specialist. 
[link to TN Workforce Development website]

**12229 How Payments Are Made**

Approved TAA funded training cost (institutional training) will be paid as follows:

1. Approved training facility or vendor cost will be processed upon receipt of the Voucher, Authorization and Invoice Form (TA-2), and an invoice, submitted by the training institution or vendor to the TAA Training Coordinator and/or area TAA Specialist. The TAA Specialist will provide the training institution with TDLWD billing requirements at the time of approval and be available to answer questions about billing that may arise when necessary.
   - The Voucher must be signed by an authorized school official. *(person who signed the signature of authority)*
   - Each TA-2 and backup invoice must have a unique invoice number in order to be processed in EDISON.
   - Jobs4TN SID number will replace contract number/SSN on the TA-2.
   - There should be no highlighting on either document.
   - A W-9 is required if training facility or vendor has never contracted with TDLWD.
   - Address on the W-9 should be the billing address, i.e. where the check is expected to be mailed.
   - The amount listed on the TA-2 must match the amount listed on the training facility/vendor’s invoice.
   - The charges on the bill must be for the term the voucher is issued.
   - TA-2, signed voucher, and back up invoice should be scanned and emailed to the TAA Unit at: TDLWD.TAA@TN.gov.

   **NOTE:** If an invoice amount is greater than the amount on the approved voucher, additional documentation will be request that justifies the increase cost.

2. The TAA Fiscal Specialist and/or his/her backup will review each invoice for completeness and accuracy and will send the original to Fiscal staff to process for payment as promptly as possible.

**12230 De-obligations**

90 days after the completion or withdrawal from training and if there is a remaining balance, the TAA Specialist will verify that all invoicing has been completed. Remaining balance will be returned to the TAA Grant and the activity will be completed/closed.

   **NOTE:** Training activities with remaining balances should never be closed. TAA
Specialist will close activity when funds for activity have been zeroed out.

12231 Costs Incurred After Termination of the Act

A participant whose training is approved and enters training on or before the termination date of the Act, will have appropriate tuition related training expenses set aside as resources-on-order to cover the costs of approved training. However, there is no authority to obligate or pay for costs of tuition or other training expenses, when the obligation to pay such costs arises after the termination date of the Act. [20 CFR 617.64]

No transportation or subsistence expenses may be obligated or paid after the termination date regardless of the participant’s continuation in training approved on or after the termination date.

12232 Disqualification of Continued Entitlement

Any adversely affected participant without "good cause", refuses to accept, continues, or fails to make satisfactory progress in suitable training to which he or she has been referred by staff, will not be entitled to any payments until he or she enters or resumes training and makes satisfactory progress in such training. [20 CFR 617.18]

12233 Training Facility Follow-Up Notice, LB-0785

The TRA Unit will request follow-ups from the training facilities on students who are no longer submitting weekly certifications. Once the TRA Unit has completed the follow-up, it will be scanned into Jobs4TN for access by the TAA Unit and the AJC staff. www.tn.gov/workforce/article/technical-assistance-policies-wfs

Note: If notification is received that a participant is not on track to complete training by scheduled end date, the AJC TAA staff will be required to obtain a letter of explanation for need and request to extend the training end date, from the provider before an extension can be granted.

12234 Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743

The Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743, is available for AJC’s to communicate with the provider regarding items required for the training approval or payment process.

NOTE: The Notice to Training Facility Trade Adjustment Assistance (TAA), LB-0743 is available on line at www.tn.gov/workforce/article/technical-assistance-policies-wfs.
12300 Job Search Allowance

A job search allowance will be granted to an adversely affected participant who meets all eligibility requirements to assist the participant in securing a job within the United States. [20 CFR 617.30]

12301 Requests for Job Search Allowance

The Request for Job Search Allowance will be completed to request approval for allowable reimbursement for job search activities outside the commuting area. [20 CFR 617.31]

12302 Criteria for Approval of Job Search Allowance [20 CFR 617.32]

A participant may be approved for a job search allowance if the following conditions are met:

A. The participant is covered under a certified petition.
B. A request for Job Search Allowance (form LB-1117) www.tn.gov/workforce/article/technical-assistance-policies-wfs must be submitted to the AJC before the job search begins for the job search allowance to be approved.
C. The job search activity must be 10 miles or more away from your residence (as defined by Google Maps, Rand McNally, Yahoo Maps).
D. The AJC TAA staff must determine that the participant has no reasonable expectation of securing suitable employment in the commuting area, and that there is a reasonable expectation of obtaining suitable employment of long-term duration in the area where the job search is conducted.
E. The participant has been totally separated from adversely affected employment at the time the job search starts.
F. The participant files a timely application, which is defined as follows:
   1. The 365th day after the date of the certification under which the participant is covered, or the 365th day after the date of the participant's last total separation, whichever is later; or
   2. The 182nd day after the concluding date of approved training;
G. The participant must have an active Wagner Peyser application in Jobs4TN.
12303 How to Apply for Job Search Allowance

TAA provides financial assistance to cover expenses incurred in seeking employment outside the worker’s normal commuting area, which is 10 miles or more. Workers may be reimbursed up to $1250 or $1500 depending on their petition for the necessary transportation costs while searching for such employment. TAA offers up to 90% reimbursement of job search costs when searching for a job outside the normal commuting area.

When you have a trade impacted worker they can be eligible for multiple services. These services are training, relocation and job search. The following information is to assist you with the job search process.

1) Determine if worker is covered under a certified petition and is eligible for trade assistance.
2) You must create or update their TAA VOS application and ensure employment information is complete.
3) Create a participation using Initial Assessment activity (102). (If they do not already have one)
4) Create an activity for Rapid Response (110), LMI (107), and IEP (205).
5) Create an IEP goal and objectives.

This is the point where the job search process will begin. Keep in mind that workers must always apply for Job Search Allowance at the local office before beginning a search outside the normal commuting area and that each application is good for 30 days.

6) Create a Job Search activity (125). This is the activity for the actual job search.
7) Fill out the Trade Adjustment Job Search Allowances Application.
   a. You fill out Section I, VI, and the worker and you sign and date it.
8) Create a VOS TAA – Approved Out of Area Job Search Allowance Activity (237). This is the activity that funds the job search.
9) Instruct Student to commence job search.
      i. Worker will need one for each job search, interview, or application placed.
   b. Also remind the worker to bring in any receipts for meals while doing the job search.
      (if job search is over 50 miles)
10) Maintain the application until the worker returns to provide the required documentation at the end of the 30 day limit.
11) When the worker comes back in process the documents and maintain the originals at the LO.
12) Once all documentation is gathered scan and upload documents to VOS and notify their area TAA specialist it is ready for review.
   a. Print out a directions verifying mileage to go with the other documents. (Google maps, Yahoo Maps, or Rand McNally Map)
12304 Reimbursable Amount [20 CFR 617.34]

The amount of a job search allowance shall be based on a percentage of the total allowable costs of transportation, lodging, and meals (depending on the petition number). The total job search allowances paid to a participant covered under a certified petition may not exceed the amount designated by the petition number regardless of the number of job searches undertaken by the participant. Payment from any other source(s) will, reduce the amount paid to the participant by TAA.

A. Travel

The cost allowable for travel will not exceed the lesser of (1) the actual round trip cost by reasonable public transportation; or (2) the cost per mile at the prevailing federal mileage rate from the participant's residence to the area of job search and return to residences (round trip).

B. Lodging and Meals (if over 50 miles)

The cost allowable for lodging and meals shall not exceed the lesser of (1) actual cost to the participant of lodging, as evidenced by receipts, and meals while engaged in the job search; or (2) 50% of the prevailing federal per diem allowance rate for the locality in which the job search is conducted.

C. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are:
   a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
   b. 2009 Amendments - 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time
4. Lodging and meals will be paid up to either 50% of the federal allowable daily rate for the travel destination (http://www.gsa.gov/portal/category/100000) or the actual cost, whichever is less. (only applicable if travel is over 50 miles one way)
5. Only allowable job search activities will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation in order to receive payment.
12305 Job Search Activity Definitions

In reference to TAA Job Search Allowances, approved job search activities are:
1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a resume;
5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/resumes, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC (Example: interview preparation meeting with a headhunter or private placement agency);
7. Attending a job fair or professional association meeting (for networking purposes);
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
   • Obtaining and using local labor market information;
   • Participating in skills assessments for occupation matching;
   • Attending job finding clubs;
   • Participating in pre-vocational workshops, incl. soft skills, resume writing, interviewing skills, etc.; or
   • Obtaining and following up on job referrals from AJC staff.

12306 Required Documentation for Reimbursement

2. A Job search Activity Verification form LB-1119 www.tn.gov/workforce/article/technical-assistance-policies-wfs, fully completed and signed by an authorized representative at the institution where a meeting takes place or services are south (Example: library attendant, AJC staff, employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare, etc.);
5. Meal receipts; (only applicable if travel is over 50 miles one way), and
6. Lodging receipts (only applicable if travel is over 50 miles one way).
12400 Relocation Allowance [20 CFR 617.40]

A relocation allowance will be granted to an adversely affected participant covered under a certification to assist him or her and family, if any, to relocate within the United States.

Note: "Family" means the following members of a participant's household whose principal place of abode is with the participant in a home the participant maintains or would maintain but for unemployment:

A. A spouse;
B. An unmarried child, including a stepchild, adopted child, or foster child, under age 25 or of any age if incapable of self-support because of mental or physical incapacity; and
C. Any other person whom the participant would be entitled to claim as a dependent for income tax purposes

12401 Criteria for Approval [20 CFR 617.42]

Eligibility for a relocation allowance requires the following:

A. The participant is covered under a certified petition.
B. The participant is totally separated from adversely affected employment at the time relocation commences.
C. The participant must have an active Wagner Peyser application on Jobs4TN.
D. AJC TAA staff must determine that the participant has no reasonable expectation of securing suitable employment in the commuting area.
E. The participant has obtained suitable employment of long term duration, or a bona fide offer of such in the area of intended relocation.
F. The participant must file a timely application which is defined as follows:
   1. The 425th day after the date of the certification under which the participant is covered, or the 425th day after the date of the participant's last total separation, whichever is later; or
   2. The 182nd day after the concluding date of approved training.
G. Relocation of the participant must occur within 182 days from the date of application for relocation allowance.
H. A relocation allowance will not be granted to more than one member of a family with respect to the same relocation.
I. A relocation allowance may be granted to a participant only once under a certification.
J. Relocation must occur within the United States and outside the participant's present commuting area. (Commuting area is defined as within 50 miles of the participant's residence.)
K. A Request for Relocation Allowances, ETA 860 (LB-0430, Rev. 1/08), must be submitted to the AJC before the relocation begins for the relocation allowance to be approved.
12402 Request for Relocation Allowances, ETA 860, LB-0430

A Request for Relocation Allowances, ETA 860 (LB-0430), will be completed to request relocation allowances.

12403 How to Apply for Relocation Allowances

A. AJC staff should assist the participant to complete the Request for Relocation Allowances, ETA-860 (LB-0430, Rev. 1/08) (www.tn.gov/workforce/article/technical-assistance-policies-wfs)

B. When applicable, AJC TAA staff will instruct the participant to obtain three (3) estimates from a commercial carrier, rental truck agency, and/or temporary storage business, for the total cost to be incurred.

C. Instruct the participant to obtain the name, title and complete telephone number of the company official who hired or offered employment of long term duration.

D. Instruct the participant to record his/her expenses for meals and lodging on the space provided and to obtain receipts for all expenses claimed.

E. An activity for Relocation Allowance must be completed in VOS to establish funding for the relocation allowance.

F. Attach the participant's receipts for all expenses to the completed original form along with a W-9 form and upload all documentation into Jobs4TN. Notify the TAA Coordinator and/or area TAA Specialist when everything is available for review.

120404 Reimbursable Amounts [20 CFR 617.45]

The amount of a relocation allowance consists of (1) a lump sum payment equal to three times the participant's former average weekly wage of adversely affected employment not to exceed the amount designated by the petition number; and (2) the total allowable costs for transportation, lodging, meals, moving, and if necessary, temporary storage (depending on the petition number). Payment from any other source(s) will reduce, by that amount, what is to be paid to the participant by TAA. The amount payable as a relocation allowance must include the following items:

A. Travel [20 CFR 617.46]

The cost allowance for travel will not exceed the amount designated by the petition number the lesser of (1) the actual cost for the participant and family by the most economic public transportation from the participant's old residence to the new residence in the area of relocation, or (2) the cost per mile at the prevailing federal rate from the participant's old residence to the new one.

(Separate Travel - If, for good cause, a member or members of an participant's family must travel separately to the participant's new residence, depending on the petition number, the total costs of such separate travel will be included in calculating the total
amount the participant is entitled to be paid. Good cause means such reasons as would justify the family member's inability to relocate with the other members of the participant's family, including but not limited to the family member's health, schooling or economic circumstances.)

B. Lodging and Meals

The cost allowance for lodging and meals will not exceed the amount designated by the petition number of the lesser of (1) the actual cost to the participant for lodging, verified by receipts, and meals while in travel status; or (2) a percentage of the federal prevailing per diem allowance rate for the locality to which the relocation is made. (depending on the petition number)

C. Moving Allowance [20 CFR 617.47]

The allowable costs of moving household goods and personal effects of the participant and family include moving by (1) commercial carrier; (2) trailer; (3) rental truck; or (4) house trailer. However, these allowable costs will not exceed the maximum number of pounds (net weight) authorized under the federal travel regulations.

1. Commercial Carrier

Amount, designated by the Petition number, of allowable costs of household goods and personal effects of a participant and family will not exceed the maximum number of pounds (net weight) authorized under the federal travel regulation. The participant must submit the most economical cost estimate to the AJC.

2. Trailer

Percentage of allowable costs (based on petition number) include (1) the private vehicle (cost per mile at the federal prevailing mileage rate); and (2) the necessary rental fee for each day required to complete the move.

3. Rental Truck

Percentage of allowable costs (based on petition number) include (1) the rental fee for each day required to complete the move; and (2) the necessary fuel for such rental truck paid by the participant.

4. House Trailer

If a house trailer or mobile home was used as the participant's place of residence in the old area and will be used in the new area, a percentage (depending on the petition number) of the allowable costs are (1) the commercial carrier's charges for moving the house trailer or mobile home; (2) charges for unblocking and re-blocking; (3) ferry charges, bridge, road, tunnel tolls, taxes, fees for permits to
transport the unit in or through its jurisdiction, retention of necessary flagmen; and (4) the cost of insuring the house trailer or mobile home for its actual value or $10,000 whichever is the least amount against loss or damage in transit.

5. Temporary Storage

If storage of household goods and personal effects is necessary, a percentage of the cost (based on the petition number) of such temporary storage for a period not to exceed 60 days is allowable.

D. Lump Sum Payment

A lump sum payment, equal to 3 times the participant's former average weekly wage of adversely affected employment not to exceed the amount as designated by the petition number, will be paid as part of the relocation allowance.

12405 How Payments Are Made

A. AJC TAA staff will review each request to assure completeness and accuracy of all entries, attach participant's receipts, and W-9 form to the completed original form and submit to the TAA Coordinator and/or area TAA Specialist via document upload in VOS.

B. The TAA Coordinator and/or area TAA Specialist will verify the participant's employment with the employer indicated in Section A (Participant Request).

C. Once verification of employment has been recorded, the TAA Coordinator and/or the area TAA Specialist will develop a voucher and email it to the AJC TAA staff. Participant will be scheduled to come in and sign the voucher and a copy will be returned to the TAA Coordinator and/or the area TAA Specialist. The request will be submitted to Fiscal who will process for payment as promptly as possible.

D. Electronic copies are maintained in document uploads within Jobs4TN.
12500 Appeal Rights

Under TAA law, should a participant be denied services and/or benefits, e.g., denied their request for training, transportation, relocation allowances, job search allowances, and/or up to 26 additional weeks of TRA payments, they have the right to appeal. When a participant receives a written notification of a denial, they are advised as to their right to appeal and the time frame in which to do so. If the participant has questions regarding the appeal process, they should be addressed to AJC TAA staff. If the participant desires to file an appeal, the usual methods for filing an appeal will be used.

12501 Notification of Approval/Denial/Disqualification

Any application for benefits or services under the Trade Act will be determined, and notices will be sent to the claimant and AJC TAA staff advising them of appeal rights. Likewise, requests for payments disqualified or otherwise not payable will receive a determination.

12502 Appeals of Interstate Decisions

Since final decisions made under the interstate arrangement are made by the state which is liable for the TRA claim, the appeal will be filed to the state of liability for the claim.
12550  Case Notation

A  TO  Z

- NOTE SHOULD FLOW FROM A TO Z
- GIVE PERTINENT INFORMATION
- NOTES SHOULD BE WRITTEN USING SHORT & BRIEF
- GIVE ENOUGH INFORMATION SO THAT ANY OFFICIAL CAN GET AN IDEA CONCERNING THE CONTENT.
Case Notation Guidance

Guidance for Case Notes/Activities & IEPs

Job Service Application Day
- Reported to AJC for Re-Employment Services
- *Case Notes start*
- Screened for available suitable job orders
- **Referred on any available job opens**
- Provided Labor Market Information
- Explained TAA Program
- *Discuss point of contact if determined eligible for training*

No Suitable openings available
- Discussed TAA Services
- *Discuss point of contact if determined eligible for training*
- Participant Requested TAA
- training Waiver issued (if applicable)
- Began VOS TAA Application and activities along with other required forms.
- Referred to LWDA for assessment, *or*
- To Adult Education if participant does not have high school diploma
- *Updated case notes & IEP to reflect assessment referral*

After Assessment
- WIOA (AE) assessed and recommended *(training title)*, or
- WIOA does not recommend training *(give reason)*
- Complete participant's request for training application
- Provided participant with training checklist and explained the information the participant needs to gather to complete the training packet.
- Schedule participant to return with information *on? (Schedule appointment date)*
- *Update case notes & IEP* with this information

Return Date
- Participant reported as scheduled with training information
- Completed training packet in Jobs4TN.
- Upload the packet information in Jobs4TN with current information.
- *Update IEP & Case Notes*
- Notify TAA Coordinator and/or area TAA Specialist for review an eligibility determination.
After Review/Determination (Approval)

- Received notice of approval from TAA Unit
- Notified participant of approval and instruct, him/her to begin school on scheduled start date.
- Notified training institute of approval
- Update case notes & IEP

During Training
(Every 60 days)

- Contact school to follow-up on participant’s progress
- Update case notes & IEP
- Discuss progress; grades; Benchmarks; concerns

After Review/Determination
(Denial)

- Received notice of denial from TAA Unit
- Notified participant of denial and discussed appeal rights
- Forwarded copy of denial to participant
- Advised participant that he/she could research other training options
- Advised participant of other services available under TAA. Offer re-employment services.
- Update case notes

Completion/Withdrawal of Training

- Requested follow up information from training institute (if withdrawal or early completion)
- Received follow up information
- Forwarded copy of follow up to TRA & TAA Unit
- Scheduled participant for Re-employment services
- Update case notes

Re-employment Services

- Discuss suitable job openings
- Refer for interview when appropriate
- Update Case notes
- Discussed Job Search &/or Relocation Allowance

Note: Continue with Case Management documentation until the participant locates suitable employment. Be sure to document all your efforts to provide services to the participant as
he/she continues through the process. Discuss point of contact if determined eligible for training; how will you all communicate?

Appropriate Communication Methods:

- Phone
- Email
- Office Appointment
- US mail

Notes: Things to remember: When speaking to the school document using case notes. A good rule is to always answer these questions; what, when, where, why and how much. Listing this information in the case notes assures you have covered all relevant information.
Case Notes  Jane Doe

11/01/2010  Reported to AJC for Job Search

11/01/2010  Job Search was conducted. No suitable openings similar to dislocating occupation which paid at least 80% of the dislocating wage was available.

11/1/2010  Participant requested training information; explained what would be expected of her if determined eligible for training.

11/1/2010  Worker stated her interest in RN training.

11/1/2010  Referred Ms. Doe to WIOA for Assessment.

11/5/2010  She has successfully completed Assessment and training was recommended.

11/6/2010  Ms. Doe has registered at University of Memphis for RN. She will not know if accepted into program until around November 15, 2010. Training will not start until January 2011. Therefore, a waiver was completed.

11/20/2010  Ms. Doe reported that she had been accepted into the RN Program.

11/20/2010  The development of the training packet has begun. Participant signed TAA Application and IEP.

11/20/2010  She will be scheduled to report back on 11/25/2010 with training cost sheet and academic plan broken down by term, a signature of authority, and a school calendar.

11/25/2010  Ms. Doe reported back with the required information.

12/01/2010  Complied required documentation and uploaded to VOS Documents for TAA Unit's review determination and notified area TAA Specialist.

12/5/2010  Ms. Doe contacted me to see if anything else was needed.

12/10/2010  TAA Unit notified me the training request had been reviewed and approved. Ms. Doe can start training on 1/7/2011. Contacted her to schedule an appointment to sign her TAA Application for Training and obtain training voucher.

12/12/2010  Ms. Doe reported for her appointment. Application was signed, dated, and uploaded to VOS documents. Voucher and cost sheet was provided with instructions to return on the appointment date of 3/7/2011 for 60 day benchmark.

1/7/2011  Contacted Ms. Doe by email to see if she has begun scheduled training. Everything looks good.

3/7/2011  Ms. Doe reported back on her training progress as required. She is meeting benchmarks and on track to complete timely. Made next 60 day appointment for 5/7/2011.

5/7/2011  Ms. Doe brought in her grades, next term cost sheet, and academic schedule. She is still meeting her benchmarks and on track to complete training timely. Documents have been uploaded into VOS. Notified area TAA Specialist that information was
available for review and development of voucher. Scheduled her for next 60 day benchmark appointment for 7/7/2011.

6/15/2011 Ms. Doe called to report she is failing a class and will need to extend time so the class may be retaken at a later time. School still indicates that participant is meeting benchmarks and can complete within the 130 Weeks requirement.

7/7/2011 She returned for 60 day progress report. Continues to meet benchmarks, however she is still concerned over the possible failure of a class. Discussed the availability of tutoring or possible withdrawal and attempting class again next term.

9/7/2011 She came in with grades. Benchmarks are still being met. Ms. Doe was able to successfully complete the class she expected to fail. There will be no need to extend her training at this time.

11/7/2011 60 day progress report. Everything still looking good. Benchmarks are being met.

1/7/2012 Participant still maintaining good standing with the school. Provided grades for previous term and next term’s cost sheet and academic schedule. Uploaded to documents in VOS.

3/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.

5/7/2012 She brought in grades. Things looking great.

7/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.

9/1/2012 She has successfully completed training and received her degree as a Registered Nurse. Ms. Doe is schedule to report to our office for employment assistance.

9/5/2012 She reported for employment services and was referred on an opening.

10/1/2012 Ms. Doe has obtained full time unsubsidized employment.
12600 Trade Adjustment Assistance Guidance

1. Any training costing in excess of 200% of the average cost of similar training, inclusive of tuition, textbooks, tools, academic fees, and travel or transportation expense shall be reviewed for meeting the reasonable cost criteria and as such shall be denied unless contradicting information is furnished. [20 CFR 617.22 (6)(iii)(a)]

2. In accordance with TAA regulations, a training application for an extraordinarily high skill level shall be denied. Extraordinarily high skill as defined is an occupation that requires training beyond an Associate’s Degree. In rare instances, training beyond an Associate’s Degree may be approved and only when the TAA approving authority takes into consideration factors such as cost, length of training, replacement rate of wages, the client’s previous training/education, the availability of other suitable training, etc. [20 CFR 617.22(b),]

3. TAA regulations provide that workers may be provided either one or a combination of on-the-job training and institutional training. If institutional training is utilized, priority must be given to vocational education schools (Tennessee College of Applied Technology centers). [20 CFR 617.23(c)(2)] When training, substantially similar in quality, content and results, is offered at more than one training provider, the lowest cost training shall be approved. [20 CFR 617.22(a)(6)(iii)(B)]

4. TAA regulations define classroom (institutional) training as used to “….impart technical skills and information required to perform a specific job or group of jobs.” Therefore, training requests that do not list a specific occupation for training will be denied. Examples of non-specific training are certificates or degrees in Business, Arts, or Business Systems Technology (without a defining field of study). The title of the training must be specific and the O-Net Code assigned must accurately reflect the title. [20 CFR 617.21(g)]

5. The TAA regulations stipulates that the “costs of a training program shall include tuition and related expenses (books, tools, and academic fees) travel or transportation expenses, and subsistence expenses;” Since no mention is made of desk top materials (i.e., pencils, pens, paper, notebooks, etc.), TDLWD will not purchase such items for the TAA participant unless the item is of a specialized nature inherent to the program of training (i.e., drafting pens). [20 CFR 617.22(a)(6)(iii)(A)]

6. In determining whether the costs of a particular training program is reasonable, first consideration must be given to the lowest cost training which is available within the commuting area. When training, substantially similar in quality, content and results, is offered at more than one training provider, and training at facilities outside the participant's normal commuting area that involves
transportation or subsistence costs which add substantially to the total costs shall not be approved if other appropriate training is available. The lowest cost training shall be approved. [20 CFR 617.22 (4)(ii)]

7. TDLWD shall purchase a special garment pin for workers completing a nursing course of study only if the pin is required. Further, it must be the least expensive pin available to the participant, unless a particular pin is required by the training provider for all training workers.

8. Transportation or travel expenses shall be paid to a TAA participant only if the training site is 10 miles or more from the participant’s residence. Reimbursement shall be made at the prevailing federal per mile rate and shall be paid for each mile that is traveled round trip. The projected total of travel expenses to be paid shall be used in the calculation to determine if the cost of the training is reasonable. [20 CFR 617.28(A)(B)]

9. Federal Regulation state that "...no participant shall be entitled to more than one training program under a single certification." Therefore, after a participant enters a training program, he/she may not change his/her training program to another occupation/skill unless the Instructor and/or adviser request the change for the benefit of the participant. Before a participant is enrolled in a training program, he/she must receive an assessment of his/her abilities to complete the training program, and there must be an expectation he/she will find a job in the field of study. Also, the training must be provided by the most economical means. If an participant were to be allowed to change training programs, the entire process would have to be repeated to assure compliance. While the training program approved for the participant may be amended to include additional courses, its final goal of training in a specific occupation cannot be altered. [20 CFR 617.22(f)(2)]

10. Evaluation of the participant's financial ability shall include an analysis of the participant's remaining weeks of UI and TRA payments in relation to the duration of the training program. If the participant's UI and TRA payments will be exhausted before the end of the training program, it shall be ascertained whether personal or family resources will be available to the participant to complete the training. A financial statement must accompany the participant’s request for training. [20 CFR 317.22(5)(ii)]

11. Pell and other grants will not be used to fund training on TAA affected workers. These monies may be used by the participant for living expenses and may be identified as such on the financial statement. These grants may be also used to cover cost that TAA cannot cover. [TEGL 22-08 (D.5.2)]

12. States are encouraged to select training providers that have met the qualifications necessary to be included in the Eligible Training Provider List (ETPL) as defined in the WIOA Law. However, training providers not on the list may be utilized as long as it can be determined that the facility is accredited. [TEGL 11-02 (D.2)]
13. WIOA approved training is an approvable TAA training option. However, the amendment of Section 236(a)(5) of the 2002 Act expressly provides that training options available under the TAA program are not limited to training programs available under Title I of WIOA.

14. The participant must be identified as an adversely affected participant covered under a trade certification to be eligible to request benefits and/or services. [20 CFR 617.22 (A) as defined under 617.3(B)(C)(1)(2) unless otherwise amended]

15. Prior to requesting training, a participant must complete a Wagner Peyser application, including resume, and Virtual Recruiter in Jobs4TN to assist him/her with a work search to determine if there is any suitable employment available. [20 CFR 617.22 (1)(i)]

16. Participant without 12th grade education or HiSet may be referred directly to Adult Education.

17. Referral to Adult Education upgrade will be based on WIOA recommendation after TABE or CASAS has been administered.

18. Distance training (i.e., training provided via the internet) may be considered “classroom training” when the credential received is equivalent to what would have been received if the training had been conducted on campus. This interpretation expands the types of approved classroom training to include distance learning, where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program. For distance learning, the final credential conferred must be equivalent in content and standard of achievement to the same program completed on campus or at an institutional training location. When the above condition is met, the training will be recognizing as the type that normally takes place in an interactive classroom setting. This standard replaces the four conditions in TEGL 7-00.

In addition, in order for distance learning to be approved, all criteria for training approval found at 20 CFR 617.22 must be met in the same way as in any other training.

Distance learning may, in some cases, be more self-paced than in class institutional training. AJC TAA staff will need to work with distance learning providers to understand the specific requirements or milestones of the distance learning program and to ensure that the training provider keeps the agency informed of the student’s adherence to those requirements through weekly attendance certifications.

19. Pre-Requisite training requires a participant training packet be developed and submitted for determination indicating the number of weeks and the cost of prerequisites only. An additional estimated cost sheet and the number of weeks
should accompany this packet indicating the total cost of training and weeks for both the pre-requisites and the actual training, so reasonable cost and length of training can be determined. *[TEGL 22-08, Sec 236 (a)(5)(E)]*

Upon completion of the pre-requisite training a second training activity for the primary training must be established in VOS. Required training documents must be uploaded into VOS documents for review and determination.

20. Purchase of Personal electronic devices for training purposes are only permitted when the training facility conducting the training requires all students to purchase this type of equipment as part of his/her training. If the training facility offers the use of electronic equipment to their students for their class work and studies, then the request for these types of purchases will be denied. *[Email Guidance 14-04]*

21. *TEGL 22-08 Trade and Globalization Adjustment Assistance Act of 2009 amended 20 CFR 617.22* to allow for Part-time training under the program. Participant’s enrolled in part-time training are not eligible to receive TRA benefits. Summer sessions may have fewer hours than spring and fall, because there are fewer classes to choose during that term. However, if the participant is enrolled in full-time training, the summer session should be at least 9 credit hours to be considered full-time.

22. 20 CFR 617.22(a)(f)(ii) Breaks in training: When an approved training program involves more than one course and involves breaks in training (within or between courses, or within or between terms, quarters, semesters and academic years), all such breaks in training are subject to the “30-day break in training” provision in § 617.15(d), *(as amended by TEGL 11-02, the Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002,*), for purposes of receiving TRA payments. A participant’s approved training program may be amended by the State agency to add a course designed to satisfy unforeseen needs of the participant, such as remedial education or specific occupational skills, as long as the length of the amended training program does not exceed the maximum allowable training weeks (per petition number) if remedial limitation and the courses provided constitutes full-time training, *(as amended by TEGL 22-08. Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009)*

23. A request for training means the claimant has provided the AJC TAA Representative a copy of a letter or email of acceptance, or a letter stating they have been placed on a waiting list at the time the participant makes his/her request for training. Any hard copy letter from the training provider must be on School Letter Head. Upon receipt of this information the AJC TAA Representative must date stamp it received. *[State Guidance Email 13-06]*
24. If for some reason the participant does not attend or he/she changes their mind on what he/she wants to do or where he/she wants to go, unless it is due to circumstances beyond their control, the timely request date will not be honored. [State Guidance Email 13-06]

25. AJC TAA Representatives are required to evaluate satisfactory progress of participants against two benchmarks every 60 days, beginning with the start of the training plan, to determine whether the participant is:

1. Maintaining satisfactory academic standing (e.g. not on probation or determined to be “at risk” by the instructor or training institution), and
2. on schedule to complete training within the timeframe identified in the approved training plan.

[TEGL 10-11, Section C.3.1 & State TAA Guidance E-Mail 11-01]

26. At the end of each term the participant must provide the AJC TAA Representative grades for the term just completed, an updated academic plan or course outline, and cost sheet for his/her next term of training. This will provide AJC TAA Representatives with an up to date progress report on the participant’s training activity and ensure they are meeting required benchmarks as stated above. [TEGL 10-11, Section C.3.1 & State TAA Guidance E-Mail 11-01]

27. At any time, during the course of TAA approved training, if a participant fails and/or withdraws from any required class or classes two (2) times; he/she will be issued a Non-Compliance Warning letter. The TAA Specialist will review all end of term grades and complete the letter if the participant’s grades reflect multiple failures or withdrawals of any identical required classes over the course of training. The Non-Compliance Warning letter will advise the participant that failure to complete the class the third time could provide TAA a reason to pull the student from the current training and re-evaluate what other training might be appropriate, available, and be completed within the remaining eligibility time limit. Participants will also be advised that any subsequent attempt to pass the class should be done during the next available term. The original letter will be maintained in the participant’s file at the AJC. (These failures/withdrawals do not have to happen in subsequent terms.) [State Guidance Email 17-01]
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<tr>
<td>Form W-9</td>
<td>Request for Taxpayer Identification Number and Certification (can be found @ <a href="http://www.irs.gov">www.irs.gov</a>.)</td>
</tr>
<tr>
<td>LB-1069</td>
<td>Affidavit for RTAA Regarding Trade Affected Separating Employer</td>
</tr>
<tr>
<td>LB-1053</td>
<td>Request for Eligibility Reemployment Trade adjustment Assistance (RTAA)</td>
</tr>
<tr>
<td>LB-1122</td>
<td>Request for Initial Reemployment Data on RTAA</td>
</tr>
<tr>
<td>LB-1050</td>
<td>Verification of Employment for Monthly Wage Supplement</td>
</tr>
</tbody>
</table>
**TAA Application:**

**JOBS4TN.GOV**

### General Information:

<table>
<thead>
<tr>
<th>Username:</th>
<th>LWIA/Region:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09-LWDA09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>appliCation Date:</th>
<th>Date of Eligibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/20/2015</td>
<td>06/20/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Primary Phone:</td>
</tr>
<tr>
<td>Residential Address:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
</tr>
</tbody>
</table>

### Equal Employment Opportunity Information:

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Registered with Selective Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have a Disability?:</th>
<th>Type of Disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I don't have a disability</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Citizen/Naturalized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic or Latino Heritage:</th>
<th>Race:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I am not of Hispanic or Latino heritage</td>
<td>White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Education Level Achieved:</th>
</tr>
</thead>
</table>

### Veteran Information:

<table>
<thead>
<tr>
<th>Question 1.</th>
<th>Are you within 24 months of retirement or 12 months of discharge from the military (Transitional Service Member)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2.</th>
<th>Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3.</th>
<th>Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitioning Type:</th>
<th>Transitioning Discharge Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Military Service Begin Date:</th>
<th>Military Service End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligible Veteran Status:</th>
<th>Military Campaign Badge:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabled Veteran:</th>
<th>Homeless Veteran:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recently Separated:</th>
<th>Attended TAP Workshop within 3 Years:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Employment Information:

<table>
<thead>
<tr>
<th>Employment Status:</th>
<th>Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TAA Employer:</th>
<th>HEMLOCK SEMICONDUCTOR LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unemployment Compensation?:</td>
</tr>
<tr>
<td></td>
<td>No, Neither Claimant nor Exhaustee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Address:</th>
<th>SUB OF DOW CORNING CORP-BR 1000 SOLAR WAY CLARKSVILLE 37040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Chemical Plant Operator</td>
</tr>
<tr>
<td>Hours per Week:</td>
<td>40.0</td>
</tr>
<tr>
<td>Months Employed:</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Begin Date:</th>
<th>Employment End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/20/2011</td>
<td>03/20/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dislocation Hourly Wage:</th>
<th>Date of Qualifying Separation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$29.00</td>
<td>03/12/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Re-Employed Since Layoff From Trade Affected Job:</th>
<th>Yes, re-employed since layoff from trade affected job</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>New Employment Projected or Actual Start Date:</th>
<th>Projected or Actual Annual Wage of Individual's New Employment:</th>
</tr>
</thead>
</table>
Barrier Information:

Individual or family members have limited English, or difficulties with reading, writing, or understanding of English. No, does not have limited English.

Eligibility Information:

<table>
<thead>
<tr>
<th>Meets Definition for TAA?:</th>
<th>Yes</th>
<th>Meets Definition for ATAA?:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Definition for RTAA?:</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>

TAA Calculations:

<table>
<thead>
<tr>
<th>Waiver Date (Certification):</th>
<th>06/15/2013</th>
<th>Waiver Date (Most Recent Separation Date):</th>
<th>07/13/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Issued Date:</td>
<td></td>
<td>Job Search Allowance (Separation):</td>
<td>03/20/2014</td>
</tr>
<tr>
<td>Job Search Allowance (Certification):</td>
<td>04/15/2014</td>
<td>Job Search Allowance (After Training):</td>
<td></td>
</tr>
<tr>
<td>Relocation Allowance (Separation):</td>
<td>05/19/2014</td>
<td>Relocation Allowance (Certification):</td>
<td>06/14/2014</td>
</tr>
<tr>
<td>ATAA Eligibility:</td>
<td></td>
<td>Relocation Allowance (After Training):</td>
<td></td>
</tr>
<tr>
<td>Training (Separation):</td>
<td>07/13/2013</td>
<td>Training (Certification):</td>
<td>06/15/2013</td>
</tr>
<tr>
<td>Additional TRA (Separation):</td>
<td>10/16/2013</td>
<td>Additional TRA (Certification):</td>
<td>11/11/2013</td>
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Staff Information:

<table>
<thead>
<tr>
<th>Staff Create ID:</th>
<th>Staff Position:</th>
<th>staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Created:</td>
<td>Office Location Of Responsibility:</td>
<td>TN Career Center - Nashville</td>
</tr>
<tr>
<td>Current Case Manager:</td>
<td>Previous Case Manager:</td>
<td></td>
</tr>
<tr>
<td>Staff Edited ID:</td>
<td>Date Last Edited:</td>
<td>12/29/2015</td>
</tr>
<tr>
<td>Record Review Staff ID:</td>
<td>Record Review Date:</td>
<td>12/29/2015</td>
</tr>
<tr>
<td>Met Quality Requirements:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signatures

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)*

1. I certify that the information on this application is accurate to the best of my knowledge.
2. I understand that any misrepresentation of the facts may cause my forfeiture of rights in the TAA Program and may result in criminal action.
3. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for TAA.
4. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature Date Parent/Guardian Signature Date

Staff Signature Date TN Career Center - Nashville One Stop Center
### TAA Enrollment

**JOBS4TN.GOV**

TN (Gil) Center, Nashville  
665 Mainstream Drive  
Nashville, TN 37243

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>SSN</th>
<th>IAppID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source</td>
<td>Case Manager</td>
<td></td>
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</table>

Petition: 082509A - Employer Name Unknown

<table>
<thead>
<tr>
<th>Activity/Service: 300-Occupational Skills Training - Approved Provider List (IPA)</th>
<th>Break in Training (weeks):0</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorization Begin Date</th>
<th>Authorization End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Begin: 1/19/2016</td>
<td>Projected End: 12/15/2017</td>
</tr>
<tr>
<td>Actual Begin: N/A</td>
<td>Actual End: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

### Enrollment Provider Information

<table>
<thead>
<tr>
<th>Entity</th>
<th>FEIN#</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASHVILLE STATE COMMUNITY COLLEGE</td>
<td>62-0808901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Site Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASHVILLE STATE COMMUNITY COLLEGE</td>
<td>(615)383-3246</td>
</tr>
<tr>
<td>120 White Bridge Road</td>
<td>Nashvillle, TN 37209</td>
</tr>
</tbody>
</table>

### Scheduled Service Cost:

<table>
<thead>
<tr>
<th>Total Training Costs</th>
<th>$7,973.40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fee</td>
<td>$6,399.00</td>
</tr>
<tr>
<td>Books</td>
<td>$1,574.40</td>
</tr>
<tr>
<td>Tools</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>Corrments</td>
<td>$0.00</td>
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</table>

<table>
<thead>
<tr>
<th>Fund Source: TAA Fund Source</th>
<th>FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alloc: $7,973.40</td>
<td>Oblig: $0.00</td>
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### Record ID:

<table>
<thead>
<tr>
<th>Last Edited By: cc01128</th>
<th>Last Edit Date: 11/19/2016 11:54:00 AM</th>
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</table>

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<td>Corrments</td>
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<tr>
<td>Tools</td>
<td>$0.00</td>
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<tr>
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<td>Oblig: $0.00</td>
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### Record ID:

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<thead>
<tr>
<th>Last Edited By: cc01128</th>
<th>Last Edit Date: 11/19/2016 11:54:00 AM</th>
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</thead>
</table>
Tennessee Works Online Services
Trade Adjustment Assistance Program (TAA)
Application for TAA Training

<table>
<thead>
<tr>
<th>Participant Information</th>
<th>State ID:</th>
<th>Petition Number: 082812</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Recent Qualifying</td>
<td></td>
<td>Petition Certification Date: 7/17/2013</td>
</tr>
<tr>
<td>Separation Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Training Information    |          |                        |
| Provider:               | ROANE STATE COMMUNITY | Program: NURSING COLLEGE |
| Projected Start Date:   | 1/20/2015 | Projected End Date: 12/11/2017 | Weeks of Training: 151 |

I understand that I may exhaust my UI and IRA benefits before the projected end date of my training even though the cost of the training may continue to be paid. I will have ( ) will not have ( ) the financial resources available to cover my living expenses during the entire period of training. If my benefits end prior to completion of training.

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

| Training Criteria     |          |                        |
| Training Application Date: | 1/14/2015 | Suitable employment is not available to the worker: Yes |
| The worker would benefit from this training: Yes | |
| There is reasonable expectation of employment following completion of this training: Yes | |
| This training is reasonably available to the worker: Yes | |
| The worker is qualified to undertake and complete the training: Yes | |
| This training is available at a reasonable cost: Yes | |

| TAA Training Determination |          |                        |
| Based on TAA guidelines, the training specified above is: APPROVED|

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Appeal Rights: If you do not agree with this determination, you have fifteen days (15) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you originally filed your claim. If you cannot contact the office in person or the time allowed, write or call that office. In your letter you must explain why you disagree with the determination and provide documentation.
Voucher ID: 

Voucher Remittance Address: 
TN Career Center - Nashville 
665 Mainstream Drive 
Nashville, TN 37243 

For Participants Name: 

SSN: 
Student ID: 
State ID: 
Program: Trade Adjustment Assistance (TAA) Program-TAA 
Appid: 

Provider of Service: 
Follett Bookstore (Nashville State) 
Address: 
120 White Bridge Road 
Nashville, TN 37209 

Attn: N/A 
FEIN/SSN: 362593135 
Vendor ID: 20236 

Agreement Information: 

Agreement#: N/A 
Service Code: 300-Occupational Skills Training-Approved Provider List (ITA) 
Service Dates: Start - 01/19/2016 End - 12/15/2017 
Fund Stream: TAA Fund Stream FY 2014 

Voucher Comments: 
spring 2016 books 

Total payment for this voucher cannot exceed the TOTAL VOUCHER amount 

<table>
<thead>
<tr>
<th>Item</th>
<th>Voucher Amount</th>
<th>Payments To Date</th>
<th>Amount Submitted for Payment For Service Provided Between: Start Date: 4/30/2016 End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Training Costs</td>
<td>$411.55</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Tuition/Fee</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>$411.55</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Tools</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL VOUCHER</td>
<td>$411.55</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

Thereby certify, under penalty of law, that this voucher is correct and accurate. I understand that subsequent vouchers will be dependent on the participants continued progress in Trade Adjustment Assistance (TAA) Program.

Providers Authorized Signature: Date: Authorized Staff Signature: Date:
**Goals and Objectives Established:**

<table>
<thead>
<tr>
<th>Goal#</th>
<th>Program Affiliation(s)</th>
<th>Type of Goal</th>
<th>Term of Goal</th>
<th>Actual completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TAA</td>
<td>Training</td>
<td></td>
<td></td>
<td>Open</td>
</tr>
</tbody>
</table>

*Field but lacks credential to secure suitable job.*

---

Example:

**Program**

<table>
<thead>
<tr>
<th>TAA</th>
<th>03/23/2016</th>
<th>Closed</th>
</tr>
</thead>
</table>

**Notes**:

- Received his AA in Drafting from Murray.
- Will meet all benchmarks.
- Will report to the AJC.
- Job search assistance.

---

**Signatures**

- Applicant Signature
- Parent/Guardian Signature
- Staff Signature
Tennessee
TRADE ADJUSTMENT ASSISTANCE PROGRAM
Training Benchmark Review

Name: 
State ID: 
Application ID: 

Petition: 083146- Toho Tenax America, Inc Review Date: 5/18/2015 Benchmark ID: 376

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Provider</th>
<th>Program</th>
<th>Actual Begin Date</th>
<th>Projected End Date</th>
<th>Actual End Date</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>300-Occupational Skills Training - Approved Provider List (ITA)</td>
<td>TENNESSEE TECHNOLOGICAL UNIVERSITY</td>
<td>FINANCE</td>
<td>6/2/2014</td>
<td>5/10/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Beginning Date of Benchmark Period: 1/1/2015 Ending Date of Benchmark Period: 5/7/2015

Is the participant maintaining satisfactory academic standing (e.g., not on probation or determined to be "at risk" by the Instructor or training institution)? Yes

Is the participant scheduled to complete training within the timeframes identified in the approved training plan? Yes

Supporting Evidence: Grades

Participant Signature: ___________________________ Date: __________

Staff Signature: ___________________________ Date: __________

Appeal Rights
If you do not agree with this determination, you have fifteen days (15) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you initially filed your claim. If you cannot contact the office in person in the time allowed, write "I call that office. In your letter you must explain why you disagree with the determination and provide documentation.
### Departmental Labor & Workforce Development

**TRADE ACT OF 1974**

**AUTHORIZATION AND INVOICE**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT BILLED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL** $0.00

These services are for the period: [Date]

This is to certify that goods and services have been rendered for the amount billed above.

Signature of Vendor or Agent: [Signature]

**ATTENTION:** Please attach an itemized invoice with cost breakdown and totals. One Unique Invoice number MUST be assigned for attached.
### Employment Data for 52 Week Qualifying Period

#### Employer Response

1. Did separation occur as of separation date (above)?
   - **YES**
   - **NO**
   - If Partial, please note on agency.

### Separation

<table>
<thead>
<tr>
<th>Week of Separation</th>
<th>Total Wages <em>Week or Separation</em></th>
<th>Wages Earned by Period (Yr/Per)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Separating Employee

<table>
<thead>
<tr>
<th>NumDec Wk/Sp/En</th>
<th>Rate of Pay per hour or weekly full-time equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Weekly Earnings of Last 26 Weeks

<table>
<thead>
<tr>
<th>Num Dec Weeks</th>
<th>More than 26 weeks continued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social Security Contributions

<table>
<thead>
<tr>
<th>NumDec Wk/Sp/En</th>
<th>Amount of Social Security Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reason for Separation

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

- **Location**
- **Reason**

---

**Signature and Address:**

**Employer's Representative:**

**T/O:**

---

**For Agency Use Only:**

**DUECOA: E.Tro**

**ROA2258**
### A. Worker Application for Relocation Allowances

1. Were you totally separated from adversely affected employment? ____________________________ YES ______ NO ______

2. Are you currently employed? ____________________________ (If "Yes", complete the information concerning your present employment) ______

3. Is this your first request for relocation allowances under the Trade Act of 1974 as amended? ______

4. Have you obtained suitable employment, or do you have a bona fide offer of employment? ______

5. Name, title, and complete telephone number of person who hired you.

### B. Worker Request for Travel Allowances

<table>
<thead>
<tr>
<th>Travel Identification</th>
<th>Number of Persons</th>
<th>Travel Dates</th>
<th>Travel by Auto</th>
<th>Travel by Commercial Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Family Members*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Names of Travelers: ____________
- Age: ____________
- Relationship: ____________
- Justification (other family members and late departure): ____________

### C. Worker Request for Transportation of Household Goods

<table>
<thead>
<tr>
<th>Commercial Carrier</th>
<th>Trailer Hauled by Auto</th>
<th>Commercial Carrier for Truck Rental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Service</td>
<td>No. Miles</td>
<td>Estimated Charges</td>
</tr>
<tr>
<td>Motor</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Accessorial</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Name and Address of Commercial Carrier: ____________

Form \# ETA-950 (Rev. 1/98)
D. WORKER REQUEST FOR LUMP SUM PAYMENT

AVERAGE WEEKLY WAGE $ __________________ (MULTIPLIED BY THREE (3)) $ __________________

E. WORKER RECORD OF EXPENSES

<table>
<thead>
<tr>
<th>DATE</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
<th>DAILY TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* MEALS

<table>
<thead>
<tr>
<th>DATE</th>
<th>LODGING</th>
<th>NAME OF MOTEL</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* RECEIPTS

F. WORKER CERTIFICATION

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES 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 THATpenalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I further certify that the funds received will be used for the intended purpose and that I will provide proof of such expenditures as required.

SIGNATURE ____________________________ DATE __________________

G. STATE AGENCY DETERMINATION

1. O YOU ARE NOT ELIGIBLE TO RECEIVE RELOCATION ALLOWANCES UNDER PROVISIONS OF THE TRADE ACT OF 1974, AS AMENDED, (20 CFR PART 617, SUBPART E, 617.40) BECAUSE

2. (a) O TRAVEL EXPENSE AT $ __________________ COMPUTED 90% OF THE TOTAL OF:

   (1) O $ __________________ PER MILE FOR PRIVATELY OWNED AUTO
   (2) O $ __________________ MILES FOR TRUCK, OR TRAILER HAULED BY COMMERCIAL CARRIER

   (b) O LODGING AND MEALS AT $ __________________

   (1) O $ __________________ OF ACTUAL EXPENSE, OR
   (2) O $ __________________ 50% OF FEDERAL DAILY LIVING ALLOWANCES

   (c) O MOVING ALLOWANCE OF $ __________________ COMPUTED AT 90% OF:

   (1) O $ __________________ FOR COST OF COMMERCIAL CARRIER OR TRAILER HAULED BY COMMERCIAL CARRIER OR RENTAL TRAILER OR TRUCK.
   (2) O __________________ FOR MILES FOR TRUCK OR HOUSE TRAILER HAULED BY AUTOMOBILE

   (d) O LUMP SUM OF: $ __________________

   (1) O $ __________________ (AVERAGE WEEKLY WAGE) NOT TO EXCEED $1,250.00
   (2) O $ __________________ (TOTAL AMOUNT PAID)

   (3) O $ __________________ (DATE OF PAYMENT) (MO. DAY. YR) __________________

TAX COORDINATOR __________________ DATE __________________

H. APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST 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 TRADEADJUSTMENT ALLOWANCES.
VIII. AGENCY VUICAUON OF JOUS INTUVIEW

DA: completed Tr. 1'1t' Adjustment M. t. nloc Job Sc.; tch A. cility Vetlkk.:tion form
DA: letter No. me comp; ny Oe;:..livery N9 Int'l tw
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trit spe:uned 1'1tr.1 ge-

Amount to be reimbursed $ __________

TAA Coordinator/Merit Staff

651'1'Y5 of petition certif:.; orb'l7
82 Q.f 1'S tru conclusion O.tr., n 1'47
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 (with parameters of eligibility).

Thank you in advance for your collaboration.

Sincerely,

The TN TAA Team

PLEASE PRINT CLEARLY

Participant Name: ____________________________  SSN: ____________________________

Employer/Service Provider: ____________________________  Contact Person, Title: ____________________________

Complete Address: ____________________________

Employer/Service Provider: ____________________________  Contact Person, Title: ____________________________

Job Search Activity Type: ____________________________

Job Search Activity Time: ____________________________

By signing below, I certify that 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: ____________________________
**Tennessee Department of Labor and Workforce Development**

**TAAN JIA Training Assessment Referral**

<table>
<thead>
<tr>
<th>LWIA</th>
<th>Petition#</th>
</tr>
</thead>
</table>

**Claimant Name**

<table>
<thead>
<tr>
<th>Address</th>
<th>SSN</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Last Employer**

<table>
<thead>
<tr>
<th>Separation Date</th>
<th>D No suitable job opening as of</th>
</tr>
</thead>
</table>

**TAA Sta Member**

Please complete applicable items and return to TAA staff.

- [ ] Assessment and Individual Employment Plan (IEP) requested for TAA-eligible individual
- [ ] Assessment Scheduled ___________________________ Assessment Completed ___________________________

**Current Enrollment/Prior Completion Title Training**

- [ ] Type of Training:
  - [ ] Occupational Training
  - [ ] Remedial Training (GED)
  - [ ] On the Job Training

<table>
<thead>
<tr>
<th>Date applied for Title training:</th>
<th>Date scheduled to enter training:</th>
<th>Type of Training:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date entered training:</td>
<td>Projected Completion Date:</td>
<td></td>
</tr>
<tr>
<td>Training Job Title:</td>
<td>Applied for PELL Grant:</td>
<td></td>
</tr>
<tr>
<td>Status of PELL:</td>
<td>Name and Address of Training Facility:</td>
<td></td>
</tr>
</tbody>
</table>

**Training Completed:** ___________________________

**Training Is Recommended By Title I Staff:**

- [ ] Occupational Training Type: ___________________________
- [ ] Training facility (if known): ___________________________
- [ ] Remedial Training O (OJT) (Explain): ___________________________
- [ ] Of T he Training ___________________________

**Training Is Not Recommended By Title I Staff:**

__________________________________________

**LJU: Lp/certificat**

Dated: ___________________________

Signature: ___________________________

Phone: ___________________________
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY
TRADE ADJUSTMENT ASSISTANCE PROGRAM
TRAINING FACILITY TAA FOLLOW-UP NOTICE

PETITION NO. __________________________

NAME OF TRAINING PARTICIPANT (First Name Initial, Last Name)

DATE OF ENROLLMENT __________________________ ANTICIPATED COMPLETION DATE __________________________

NAME OF TRAINING FACILITY __________________________ STREET __________________________

ADDRESS __________________________ CITY __________________________ STATE __________________________ ZIP CODE __________________________

PARTICIPANT STATUS

O COMPLETED TRAINING COURSE (Date) ____________
This means the student has completed all requirements for their certificate or diploma. Date needs to be the last day the student attended classes.

D NEEDS AMENDED - If this means the student will not be able to complete their requirements for their certificate or diploma by the anticipated completion date above, and will need to complete the course. The student should be directed to their local Career Center to submit a written request for the change.

O WITHDREW FROM TRAINING (Date) ____________
This means the student stopped attending classes or had to drop out of classes for personal reasons; and did not complete training. This is the actual last date the student attended classes.

O TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION (Date) ____________
Please give an explanation below as to why the student was terminated and the actual last date the student attended classes. Reason student was terminated by training facility (Explain in enough space): __________________________

O FAILED TO BEGIN PARTICIPATION
If possible, student should be instructed to go to Career Center and notify TRA representative of their situation. Reason student failed to begin participation if reason is given (Explain on another sheet): __________________________

O ENTRY DATE DELAYED UNTIL (Date) ____________
This means the student was not able to begin training on the date of the Notice of Enrollment listed above, because the training was delayed. The actual date the student began approved training. Student should be directed to visit their local Career Center to balance the TRA Representative will request an Amended/Supplemental.

Reason student's enrollment was delayed (Explain on another sheet): __________________________

SIGNATURE: __________________________
FACILITY REPRESENTATIVE __________________________

DATE ____________
RETURN TO: __________________________
TRAINING FACILITY / TAA FOLLOW-UP NOTICE
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
P.O. BOX 290450
NASHVILLE, TN 37228

FAX: __________________________
PHONE: 800-331-1271 EXT. 1886

ROA2258

LB-0765 (Rev. 6/15)
**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Signature of Authority for Training Facility Officials**

**Trade Act of 1974, Amended 2002**

---

<table>
<thead>
<tr>
<th>Name of Training Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Training Facility</td>
<td></td>
</tr>
</tbody>
</table>

---

**DrAA FUNDED**

*Weekly Request for Allowances by Worker in Training LB-0429*

<table>
<thead>
<tr>
<th>Individual authorized to sign claimant's weekly claim Name</th>
<th>Dato</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

---

**Invoice TA-2**

<table>
<thead>
<tr>
<th>Individual authorized to bill the TN Department of Labor and Workforce Development for training costs Name</th>
<th>Dato</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

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**OTHER SOURCE OF FUNDING**

<table>
<thead>
<tr>
<th>Name of Entity Funding Training</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address of Entity Funding Training</td>
<td></td>
</tr>
</tbody>
</table>

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**Weekly Request for Allowances by Worker in Training LB-0429**

<table>
<thead>
<tr>
<th>Individual authorized to sign claimant's weekly claim Name</th>
<th>Dato</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

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**Agency Representative**

Dato ___________________________
TAA Training Check List

You have applied for Trade Adjustment Assistance (TAA) funded training. If you are interested in enrolling in training, please obtain the items listed below from the school that you are interested in attending and present them to TAA Representative, at the Americas Job Center, as soon as possible. If you need assistance you may call at _____________.

- Training Course Information (i.e. School Pamphlet, Course Informational Sheet, School Catalog, etc. Any item that will give a brief description of the course of study.), or
- Course of Study outline (indicating class breakdown per quarter, semester, trimester, etc., and credit hours)
- School calendar (indicating the breaks that will occur during the course of training)
- Required booklist and estimated cost of each book broken down by term
- Required supplies and estimated cost of each supply broken down by term
- Required tools (if any) and estimated cost of each tool broken down by term
- Required uniforms (if any) and estimated cost of each uniform broken down by term
- Required miscellaneous items (if any) and estimated cost of each miscellaneous item broken down by term
- Pell Grant Award Letter (if eligible)
- Wilder Naifeh Award Letter (if eligible)
- Other scholarships or grants (if eligible)
- Cost Sheet (indicating entire cost of training, i.e. tuition, total book cost, total tool cost, etc.) broken down by term
- Signature of Authority (school officials authorized to sign Trade Readjustment Allowance (TRA) weekly claims request and invoices)
- A letter of acceptance from the school (if LPN, Paramedic, etc.)
- A letter indicating a waiting list (if applicable)
- A comparison from TCAT or state school if choosing a private training facility
STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

TAA Training Packet Checklist

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>SID</th>
<th>Petition Number</th>
<th>AJC#</th>
<th>Start Date</th>
</tr>
</thead>
</table>

- VOS TAA Application, sign and dated by participant
- VOS IEP-Goal & Objectives toward training, sign and dated by staff and participant
- TMQ1 (shown as TMQ4) Benefit History Master
- LB-1090 Financial Statement
- LB-0738 TAA/WIA Training Assessment Referral from the LWIA
- TABE Information
- Supply & Demand information or School Placement Rate
- Academic Plan (courses and hours planned for each session) or Course outline for TCAT
- Total Cost Sheet showing total tuition, books, and supplies broken down by term
- List of all books, supplies, tools with cost for each item broken down by term
- LB-0898 Signature of Authority (both training facility and outside vendors)
- School Calendar (identifying breaks in training that are over 30 days in length)
- Comparison between a TCAT or state school if a private training facility is being requested.
- Mileage documentation
- LB-1089 Willing to Commute Statement (when demand is outside the worker's commuting distance.)
- LB-1092 Worker Training Agreement and Responsibilities
- Case Notes are Up to Date
  - Include Education Level, i.e. GED, Certificates, Diplomas, Degrees, field of study, dates received, and from what training facility.
- W-9 (when training requires travel outside the commuting area of 50 miles.)

<table>
<thead>
<tr>
<th>COST SUMMARY:</th>
<th>COMMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Contract Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Bookstore Contract Amount</td>
<td></td>
</tr>
<tr>
<td>Vendor Contract Amount</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

LB-1047 (Rev. 11/15)  RDA2258
WILLING TO COMMUTE

Name ________________________________  Last 4 Digits of Social Security Number ________

Office Number _______  Petition Number _____________

I understand that my occupation is not in demand in LWIA ______ where I live, but I'm willing to travel up to 75 miles outside of my commuting area to LWIA ______, where my occupation is in demand, to look for employment upon completion of my training.

Worker's Signature -------------------------------------- Date ____________

TAA Representative's Name ________________________________

TAA Representative's Signature ____________________________  Date ________
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL SUPPORT STATEMENT

Name _______________________________ Last 4 Digits of Social Security Number ________
Office Number _________ Petition Number _________________

Should my TRA benefits exhaust prior to the completion of TAA approved training, my means of financial support to complete training will be personal or family resources through any of the following sources:

Please check all that apply.

D Financial Aid
D Grants
D Full-Time or Part-Time Employment
D Relatives
D Spouse
D Disability Funds
D Supplemental Security Income (SSI)
D Investments
D Real Estate Properties
D Pension
D 401K
D Savings
D Student Loans

Worker’s Signature ___________________________ Date ________________

TAA Representative’s Name ________________________________

TAA Representative’s Signature ___________________________ Date ________________
WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name ___________________________ Last 4 Digits of Social Security Number ________

Local Office Number ___________ Petition Number ___________

By signing my name below, I certify that I have carefully read this form in its entirety. I have received a copy of this form 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.

1. I understand that I must file a Jobs4TN work application and complete a job search with not suitable employment available prior to requesting TAA Funded Training.
2. I understand that I must always check TCAT and state schools first before selecting any private schools.
3. I have participated in the process of the development of my TAA Training Plan.
4. I understand that TAA will only pay for items that are required from the school and are included in the contract.
5. I understand that I cannot be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training without my written permission should the cost of training be determined unreasonable.
6. I understand should additional cost be needed, I must contact my local Career Center TAA Representative.
7. I understand that any items that are not required by the school will be my sole responsibility.
8. I understand that I must enroll and maintain full-time status throughout the entire training if my petition is 69999 and below or 85000 and above. (Full-time as indicated by the school.)
9. I must maintain full-time status to be eligible for TRA benefits if my petition number is between 70000 and 84999. (full-time as indicated by the school).
10. I understand if I drop to part-time status, if my petition is between 70000 and 84999, I will not be eligible for TRA benefits.
11. I understand that I must complete my weekly attendance certification and submit the signed form by mail weekly during approved training to the TRA Unit, P.O.Box 280450, Nashville, TN 37228.
12. I understand that I cannot start training prior to an approved notice from the TAA Coordinator.
13. I understand that I must notify my local Career Center TAA Representative of any changes pertaining to my approved training.
14. I understand that any request for changes from my classes scheduled must come from the school.
15. I understand I must provide a copy of all classes scheduled for the upcoming term and a copy of my grades to my local Career Center TAA Representative.
16. I understand I must report to the Career Center at least every sixty (60) days to discuss my training progress with my local Career Center TAA Representative.
17. I understand should I withdraw from training for any reason I must notify my local Career Center TAA Representative immediately.
18. I understand that I must notify my local Career Center TAA Representative upon completion of training.
19. I understand that I must notify my local Career Center TAA Representative when I obtain employment.
20. I understand that I submit weekly certification after completion of training or during weeks of break greater than thirty (30) days.
21. 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.

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 Career Center where the TAA claim was taken 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 __________________

TAAR Representative’s Signature ___________________________ Date __________________

LB-1092 RDA 2258
Request for Completion TRA Benefits

I, ____________________________, understand that I may be eligible to receive up to thirteen (13) weeks of Completion TRA benefits if I am on track to complete my training within the next twenty (20) weeks and have met all benchmark requirements.

I also understand that if I do not complete my training within the next twenty (20) weeks I will be over paid and responsible to repay all of the Completion TRA I have received.

Signature of Worker: ____________________________ Date: ____________________________

Signature of TAA Representative: ____________________________ Date: ____________________________
TM PARTICIPANT NON-COMPLIANCE WARNING

Name ___________________________ ________________________ Last 4 Digits of SSN ________

SID# ___________________________ LocalOffice Number ___________ Petition Number ___________

I, ___________________________, understand that due to my failure to comply with the terms of the agreement as stated in the Worker’s Agreement and Responsibilities form, that I am receiving this warning of non-compliance. I have failed to meet my responsibilities of the items checked below. I understand that I must comply with the TAA Regulations including these items through the remainder of my training. I also understand that my case will be evaluated every sixty (60) days by a TAA Specialist to ensure my compliance with the regulations. Failure to meet requirements may result in losing my TAA funding for training.

D Not meeting Benchmarks:
   ☐ Not maintaining satisfactory academic standing.
   ☐ Not on track to complete training within the timeframes identified in the approved training plan.
   ☐ Failure of any required class(es) for two (2) or more Terms/Semesters/Quarters.
   ☐ Withdrawal of any required class(es) for two (2) or more Terms/Semesters/Quarters.
   ☐ Not completing & submitting weekly attendance certifications.
   ☐ Failure to notify TAA Representative of changes pertaining to approved training.
   ☐ Not providing grades at the end of each term to TAA Representative.
   ☐ Not providing class schedule/academic plan at the end of each term to TAA Representative.
   ☐ Not reporting for scheduled appointment with TAA Representative every sixty (60) days to discuss training progress.

☐ Academic standing by the school is taken into consideration, but is not the sole deciding factor.
☐ Participant must be on track to complete training within required weeks based on petition number.

By signing my name below, I certify that I have carefully read and understand this form in its entirety and I have received a copy of this form for my records. I agree to abide by all of the policies and requirement of the TAA program.

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 Career Center where the TAA claim was taken 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).

Participant’s Signature ___________________________ Date ___________

TAA Representative’s Signature ___________________________ Date ___________
AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name ___________________________ Social Security Number ___________________________

Worker's Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

1. I understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name ___________________________

Doing Business As ___________________________

Mailing Address ___________________________ Street ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Physical Address ___________________________ Street ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Employer's Phone ___________________________ (With Area Code)

Date of layoff from above mentioned employer ___________________________

Number of hours worked during last full week ___________________________

32 hours or more excluding overtime

Rate of pay per hour during last full week ___________________________

I, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Signature ___________________________ Date ___________________________

Agency Representative's Signature ___________________________ Date ___________________________

18 1069 (Rev. 08-16)
**Trade Act of 1974, Amended 2018 Reauthorization**

<table>
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<th>RATE OF PAY PER HOUR</th>
<th>NUMBER OF HOURS FIRST Full Week</th>
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</thead>
</table>

**RTAA PROGRAMS**

- Certificate
  - I certify that all information included on this form is correct to the best of my knowledge and belief.
  - I understand that an incorrect statement or failure to disclose material facts may exempt me from certain benefits.

**SIGNATURE OF WORKER**

**LOCAL TREASURER**

**COMMENTS**

**TRA UNIT**

P.O. BOX 280450
NASHVILLE, TN 37228
PHONE: (877) 813.0950
FAX: (615) 532.3374
REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER ____________________________________________

CLAIMANT __________________________________________

SSN: ____________________________

B/C: ____________________________

DATE FILED: ____________________________

DATE MAILED: ____________________________

MUST BE RECEIVED BY: ____________________________

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN $30,000 ANNUALLY FROM HIS HER TRADE AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (75% OF THE DIFFERENCE).

THE SUPPLEMENT MAY BE PAID UNTIL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER’S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS IN THE UPPER RIGHT CORNER OF THIS PAGE.

FIRST DAY WORKED: ____________________________

JOB: ____________________________________________

HOURS WORKED PER WEEK: ____________________________

TYPE OF EMPLOYMENT: O SALARY   O COMMISSION   O CONTRACTUAL

WAGE PER HOUR: ____________________________

EMPLOYMENT STATUS: O FULL TIME   O PART TIME

EMPLOYER NAME AND TITLE ____________________________________________

PHONE NUMBER ____________________________

FAX NUMBER ____________________________

DATE ____________________________

LB-1122

RTAA-01
Verification of Employment for Monthly Wage Supplement

**NEW EMPLOYER'S NAME**

**WORKER'S NAME (First, Middle Initial, Last)**

**SOCIAL SECURITY NUMBER**

**NEW EMPLOYER'S MAILING ADDRESS (Street)**

**STATE**

L'AtPOWER DIR.I.CFOKS.

EMPlLOYMENT STAJS

1. "W11s. ihu-or'Uif:S,curmtittigipet'houf?" S

**WEEK 1: SUNDAY BEGINNING DATE**

**WEEK 1: SATURDAY BEGINNING DATE**

**WEEK 1: NUMBER OF HOURS WORKED**

**WEEK 2: SUNDAY BEGINNING DATE**

**WEEK 2: SATURDAY BEGINNING DATE**

**WEEK 2: NUMBER OF HOURS WORKED**

**WEEK 3: SUNDAY BEGINNING DATE**

**WEEK 3: SATURDAY BEGINNING DATE**

**WEEK 3: NUMBER OF HOURS WORKED**

**EMPLOYER CONTACT**

**SIGNATURE**

**EMPLOYEE NUMBER**

**FM**

**JIBI**

SIGNATURE OF WORKER

DATE SIGNED

[9-10]
Q & A’s

2014 TAA Conference

June 25-27, 2014

1. If a participant wants to start training and has paid for the first trimester/semester, can TAA pick the participant up for the next trimester?

   Yes, TAA can pick the participant up the next trimester/semester and forward; however TAA cannot go back and pick up cost for any tuition, books, and/or supplies for previous trimesters/semesters.

2. How do we handle a training that will be conducted by 2 schools in partnership?

   1. Prepare one completed training packet for the first portion. Be sure you indicate in the IEP that the training is a partnership of the schools.
   2. Nearing completion of the first training, prepare a second request for training (Activity).
   3. Be sure to include an estimate of the full training cost in the first training packet.

3. What if the training is less than full-time during a semester?

   If there are classes pertinent to the training, but not necessarily a required part of the training the class or classes can be used to make the semester at least 12 credit hours. (No more than 2 classes that are not needed per term)

4. If there is no information in the Source that indicates demand, but you can get a statewide cluster can that be used to justify demand?

   When statewide clusters are available for teachers only, you may use the statewide cluster to justify demand.
5. How soon can a training institution or vendor invoice TAA?

A training institution or vendor may invoice TAA at the beginning of the classes as long as the participant has attended at least one day if they choose. (Not for the total amount of the training. Just for the term they are currently enrolled in.)

6. How does the training institution or vendor submit an invoice for payment?

a. The Trade Act of 1974 Payment and Authorization form or as we call it the TA2 must be completed and attached to the school's invoice. The institution or vendor will complete the left-hand portion with the school/vendor name and address. On the right, only the name and SSN need to be completed. The middle section would be just a summary of the cost, i.e. tuition $0000, books $0000, etc. and total at the bottom of that section. On the lower left hand side, the school or vendor official will sign, indicate his/her title, and date the form.

b. The TA2 and invoice should be emailed to tdlwdtaa@tn.gov.

7. If a person wants to go into training that originally marked down that he/she didn't want training on both the Waiver and the Training Assessment Guide during TRA claims taking, can a training activity be developed?

Yes, the waiver is for TRA benefits only. The participant may request training at any time until the entire program (TAA) ends. He/She will have to meet the six training criteria and a financial statement must be completed to show how he/she can financially support him/herself while in training.

8. Does TAA require a participant to have a HiSet prior to approval of training?
No, a HiSet is not necessary for any training unless the school requires it. However, we want to try and help the participant get his/her HiSet if possible, but we do not deny any training based on the lack of it, unless the school will not accept him/her.

9. How do you document mileage to show whether the participant lives 10 miles or more from the school and needs mileage cost covered?

a. We ask that you use one (1) on-line source to document the mileage from the participant’s home to school. We look for the shortest distance to the school.

b. Sources that can be used:
   - Rand McNally
   - Google Maps
   - Yahoo Maps
   - Bing Maps

NOTE: Do not use MapQuest as a source. It does not always give clear directions.

10. How do we document state schools first on the workers TAA training request?

TAA Regulations say that priority should be given to TCATs first, then state training institutions, and finally private training institutions if the other 2 are not available, whenever possible.

Indicate in case notes the steps taken to ensure the participant investigated the training facilities as stipulated by federal regulations. If technology centers have a waiting list, case notes must be backed up with a statement from the training facility as to the waiting list.

There may be instances where the closest school to the participant is a state college or private training institution. There should always be documentation to backup why the student has chosen that particular training facility over a technology center and/or state school.
11. Why are we required to obtain a financial statement from the participant in the application process?

Criteria number five (5) under the Six TAA training criteria ask, “Is the participant qualified to undertake and complete the training he/she is requesting?” There are 2 parts to this question. First part addresses is the participant qualified to begin? The answer to this question would reflect the participant’s assessment by your local workforce investment agency and their recommendation.

The second part is the participant’s probability to complete. This part has to do with the participant’s financial support during training, primarily his/her TRA benefits. In the past the answer to this question would have been the participant had TRA benefits to carry him/her through their training. However, with the addition of EUC benefits, the answer to the financial statement with TRA has become cloudy. To help clarify the financial status of the participant a financial statement from the participant is required. This statement will indicate how he/she will support his/her family, should the TRA benefits be exhausted.

12. What other documentation can be used if the Cluster indicates there is no demand in the participant’s residential area?

a. **The School Placement Rate** (70% or higher for the training occupation)
   1. May be available on the Cluster
   2. If not on the Cluster, may be obtained from the training institution

b. Newspaper advertisements or job orders for the specific occupation (be sure the advertisement has the newspaper’s date line that includes the name and the date of the paper) or

c. Newspaper articles/news releases concerning growth of a particular occupation in the area (be sure the article has the newspaper’s date line that includes the name and the date of the paper) or
d. Letter from an employer that indicates an offer of employment to the person requesting training in the occupation he/she will be trained in, or

e. Any documentation that indicates a demand in the area that comes from a reputable authority.

13. Can partial training packets be submitted for review when time is limited?

No, unless we have authorized you to do so. Always upload all training information into VOS as one document and notify your TAA Specialist when that information is available for review.

14. Will TAA pay for pre-requisites?

If the petition the participant is covered by is 69999 or less, no. However, petitions number starting with 70000 and above, Yes!

15. How do pre-requisites affect the total number of weeks of training?

The number of weeks required for pre-requisites are counted in the total number of weeks of training. So, if you had 26 of pre-requisites and 74 weeks of the training program, then the total number of weeks a person would be enrolled in training would be 100.

16. Can workers enroll in training part-time?

If the petition the participant is covered by is 69999 or less, No. If the petition number starts with 70000 or above, Yes! However, the participant will lose his weekly TRA Benefits.
17. Why do I need to get a signature of authority for training and vendor contracts?

It is extremely important that a signature of authority for training be obtained so that the participant will get his/her TRA benefit during training when eligible. The signature represents the school official(s) that will verify that the participant did attend school that week.

As to the invoicing for the training facility and/or vendor contract, a signature of authority identifies the official responsible for billing TAA for tuition and/or purchases.

18. Can verbal approval be given prior to reviewing the request?

No, a participant cannot start training until the entire training packet has been reviewed and a determination is made.

19. Must grants (Pell, Lottery, etc.) be used first for training cost prior to billing TAA?

No, under the new program, we may not require the participant to obtain other funds (Pell, Lottery, grants) as a condition for approval of training. The participant may volunteer to use other funds to supplement the TAA training funds when the cost of training is otherwise not reasonable. This will allow the participant to use financial assistance for living expenses, thus providing the participant with income support during long-term training.

20. Can a participant request 2 different trainings under the same petition?

The participant may request it and receive a determination, but the federal regulations state that no participant shall be entitled to more than one training program under a single certification.
21. How many weeks of training may a participant request.

The maximum duration for any approvable training program is 104 weeks for petitions numbers equal to or less than 69999, with remedial up to 130.

130 weeks for petitions # 70000 to 79999, with remedial up to 156.

130 weeks for petitions # 80000 & above.

22. Can a participant apply for student loans?

Yes, for living expenses only. TAA will cover the required training cost, including, tuition, books, supplies, etc.

23. If a student fails a class in a semester and the school still considers them in good academic standing, will TAA allow them to repeat the class and cover the cost?

Yes, as long as required and requested by the school instructor or official.

24. A student requesting training in a specific program, applies at the school but is not accepted into that specific program. They request a different program and are accepted, what is the correct “request date” for training?

In most cases they could use the original date of request.

25. What is the process for de-obligating the remaining balance on training funds?

De-obligations for training contracts are handled by the TAA Unit. 90 Days after receipt of the follow up notice, the training facility is contacted to ensure there are no outstanding invoices. Once it has been determined that all invoices have been paid a de-obligation letter is generated closing out all remaining funds. A copy of this letter will be electronically forwarded to the training facility and the AJC TAA staff. A copy of the de-obligation letter will be uploaded to
For training approved in VOS, 90 Days after receipt of the follow up notice, the training facility is contacted to ensure there are no outstanding invoices. Once it has been determined that all invoices have been paid, the TAA Specialist will de-obligate any remain funds and close out the training activity.

26. Can the IEP be update after the participant has signed it?

Yes.

27. Some claimants do not come into the office to complete the IEP until UI has been exhausted. Is there a time frame to complete the plan? Can the interview be conducted by phone if they will not come in?

No, the participant needs to report to the AJC if truly interested in training. The participant’s delay in coming into the office to start the process could affect his/her TRA benefit.

28. When the claimant exhaust all UI/EUC/TRA and is still unemployed, does case management/ case notes continue?

It should continue as long as services are being provided. The purpose of the program is for trade affected workers to become successfully employed through services provide at the AJC. It’s important to advise trade affected workers about training opportunities that are in demand and can potentially lead to suitable employment.

29. How long are TAA files required to be kept?

3 years from completion date.

30. When a training program leads to certification and there is a reasonable assurance of employment, but it is short term and only a few hours per week, can this training be considered full time?

Yes
31. Are TAA or adversely affected workers required to apply for Pell grants in order to receive training benefits?

   No

32. Can you deny TAA approved training to an adversely affected participant who has defaulted on a Student loan?

   NO, if the training facility enrolls them in training.

33. Can you deny TAA approved training to an adversely affected participant who has not registered for selective service?

   No

34. What is the definition of Supportive Services?

Supportive services are customer services that are necessary to enable workers, who cannot afford to pay for such services, to participate in authorized program activities. Examples of such services include but are not limited to:

- Child care and dependent care for dependents of customer
- Clothing-Adequate clothing to allow customer to wear appropriate work attire while participating in program activities and during job interviews
- Housing-Temporary shelter, housing assistance and referral services
- Linkages to community services-Alcohol/drug/gang intervention, counseling, drop-out prevention, pregnancy prevention money-management, tutoring or other purposes
- Referrals to medical services-Referral services to appropriate medical service providers
- Transportation-Expenses for commuting to and from WIOA activities such as public transportation fare, carpool arrangement or gas for personal auto
- Other-Services which are consistent with these policies and justification is maintained in the customer’s file. Examples include but are not limited to the following: uniforms or work-related tools, including such items as:
- Eye glasses and protective eye wear which may be needed for participating in program activities and/or employment, materials for workers with disabilities, meals, and needs related payments.
35. Should grades be scanned and uploaded to VOS?
Yes, at the end of every term.

36. Are there Activities that need to be reported during the training period?
Any service that is provided to the participant during his/her participation period must be documented through VOS.

37. When another state resident requests training at a facility within his/her state residence, is it best to refer the participant to an AJC in his/her state?
Our offices are set up to assist workers no matter where they live. However, if a participant has traveled several miles past an AJC in their state to get to ours, then we should talk with the participant to ensure he/she understands they have the option to go to the AJC in their home state if they choose. However, if they want to work through us, then that's their option.

If the petition is from their home state and they want to go to school in that state, we prefer they speak with a representative within their state, but that may not be an option for them, therefore we act as an agent state for the liable state (petition state) to provide services.

If the petition is from another state and they reside in Tennessee and want to go to school in Tennessee then again we would work as the agent state in situation also.

38. Does "request for training" begin the day the participant brings in the checklist information from the school?

It is the date the participant provides proof that he/she is serious about pursuing training. It should be an acceptance letter from the school, enrollment letter, a letter indicating the participant's name is on a waiting list, or it could be documentation of cost, academic plan, etc. Any document from the training facility that will establish his/her serious desire to enroll in training.

Without an acceptance, enrollment, or letter indicating the waiting list, the TAA Unit will look for the date the cost sheet and academic plan was provided or the date of the Waiver if available.

39. What is required of the TAA AJC Rep once the activity is approved?
• Schedule appointment for Participant to sign waiver, if necessary
• Maintain all originals signatures in participant's file
• Schedule benchmark appointment every 60 days
• Check in with the training facility at least every 60 days for progress reports
• Obtain grades from the participant at the end of every term and course outlines/academic plans for following term if still enrolled
• Upon completion, upload credential into VOS
• Assist with employment search
• Document employment information once participant is reemployed

NOTE: Always update case notes on all activities and contacts you have with the participant, training facility, etc., throughout the training.

40. What information should be provided when a TAA affected participant calls in to certify and the automated systems asks if he/she is in training, or doing job searches, etc.?

Claimants are advised to certify weekly through TIPS either over the phone or online. If the claimant is in approved TAA training or will begin training within 30 days, the claimant is exempt from work searches. The ERI code should reflect this. However, the system will still ask them if he/she has completed his/her work searches and are able & available and looking for work. He/She will answer yes to both. Because he/she are in TAA approved training, his/her UI/EUC benefits will not be affected.

41. What comparison is used if the participant request training at a private training facility?

The participant should always look at training at the TCAT’s first, then state colleges, and finally private training facilities if the other 2 do not have similar training. A letter or email from the schools concerning the status of the specific training will be acceptable.

42. If a participant is 49 years of age at the time of separation and becomes employed, then unemployed and begins a second job after turning 50 years old, is the participant eligible for RTAA benefits as long as the request is made before the end of the EPE date? If so will the RTAA benefit be paid after the EPE?
Yes, as long as the work is age 50 the day he beings his second job, and makes
the request before the end of his TRA EPE, he would be eligible if the other
requirements are met. His RTAA claim will set up a RTAA EPE which is different
than the TRA EPE. The RTAA EPE is a 2 year period that begins with his first day
of re-employment.

43. Does the trade impacted participant need to have a Jobs4TN Wagner Peyser
application prior to requesting TAA services?

Yes
TRAINING EXAMPLE
TAA Application: JOBS4TN.GOV

**General Information:**

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<td>Application Date:</td>
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**Contract Information:**

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**Equal Employment Opportunity Information:**

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**Veteran Information:**

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<td>Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?</td>
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<td>Question 3.</td>
<td>Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected day?</td>
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<tr>
<td>Disabled Veteran:</td>
<td>Homeless Veteran: No</td>
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<td>Recently Separated:</td>
<td>Attended TAP Workshop within 3 Years: No</td>
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**Employment Information:**

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<tr>
<td>Employer Address:</td>
<td>5050 North County Road 967 Blytheville, AR 72320</td>
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<td>Job Title:</td>
<td>Oiler</td>
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<td>Hours per Week:</td>
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re-employed since layoff from Trade affected job

Projected or Actual Annual Wage of Individual's New Employment: $0.00
Barrier Information:
Individual or family members have limited English, or difficulties with reading, writing or understanding of English.

Eligibility Information:

<table>
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<th>TAA Calculations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Date (Certification): 05/02/2015</td>
<td>Waiver Date (Most Recent Separation Date): 05/14/2016</td>
</tr>
<tr>
<td>Waiver Issued Date:</td>
<td>Job Search Allowance (Separation): 01/12/2017</td>
</tr>
<tr>
<td>Job Search Allowance (Certification): 03/03/2016</td>
<td>Job Search Allowance (After Training):</td>
</tr>
<tr>
<td>Relocation Allowance (Separation): 03/23/2017</td>
<td>Relocation Allowance (Certification): 05/02/2016</td>
</tr>
<tr>
<td>ATAA Eligibility: 07/23/2016</td>
<td>Relocation Allowance (After Training):</td>
</tr>
<tr>
<td>Training (Separation): 05/14/2016</td>
<td>Training (Certification): 05/02/2015</td>
</tr>
<tr>
<td>Additional TRA (Separation): 08/20/2016</td>
<td>Additional TRA (Certification): 09/30/2015</td>
</tr>
</tbody>
</table>

Staff Information:

<table>
<thead>
<tr>
<th>Date Created:</th>
<th>Office Location Of Responsability: TN Career Center-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Case Manager:</td>
<td>Previous Case Manager:</td>
</tr>
<tr>
<td>Staff Edited ID:</td>
<td>Date Last Edited:</td>
</tr>
<tr>
<td>Record Review Staff ID:</td>
<td>Record Review Date:</td>
</tr>
<tr>
<td>Met Quality Requirements:</td>
<td></td>
</tr>
</tbody>
</table>

Signatures

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.)

1. I certify that the Information on this application is accurate to the best of my knowledge.
2. I understand that my willful or misstatement of the facts may cause my forfeiture of rights in the TAA Program and may result in criminal action.
3. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for TAA.
4. I further understand and agree that my social security number and other Information on this application will be provided to other government agencies if required by law.

Applicant Signature Date Parent/Guardian Signature Date

Staff Signature Date One Stop Center
General Information:

Plan ID:

User ID:

Name:

Plan was started on: 03/23/2016

Plan was started in office location: TN Career Center

Plan closed on:

Goals and Objectives Established:

<table>
<thead>
<tr>
<th>Goal#</th>
<th>Program Affiliation(s)</th>
<th>Type of Goal</th>
<th>Term of Goal</th>
<th>Date Established</th>
<th>Estimated Date of Completion</th>
<th>Actual Completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TAA</td>
<td>Training</td>
<td>Long Term</td>
<td>03/23/2016</td>
<td>04/29/2017</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Goal Description: Welding Program

Comments: Desires employment in the Welding field but lacks needed credentials to secure full time suitable employment. Will enroll in the Welding Program to obtain the needed credential.

Objectives to Goal#1

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Review Date</th>
<th>Program</th>
<th>Staff</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Search</td>
<td>03/23/2016</td>
<td>05/07/2016</td>
<td>TAA</td>
<td></td>
<td>Closed</td>
</tr>
</tbody>
</table>

Comments: Assistance with job search. No suitable employment found at this time.

Requested training in Welding

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Staff</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td></td>
<td></td>
<td>Closed</td>
</tr>
</tbody>
</table>

Comments: Requested training in Welding at the UC campus of TCAT Newbern. School placement rate for Welding is 74%.

Completes: WIOA Assessment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Staff</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td></td>
<td></td>
<td>Closed</td>
</tr>
</tbody>
</table>

Comments: Was referred to WIOA for assessment and recommended for training.

Enroll in TAA funded training

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Staff</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td></td>
<td></td>
<td>Closed</td>
</tr>
</tbody>
</table>

Comments: Applied and was enrolled through TCAT Newbern to attend the Welding Program at their Unbor City campus beginning May 2, 2016 and ending April 29, 2017. He received his AS in Drafting & Design from Murray State University in 1962 but never used his training. He will travel 14 miles one way to school Monday through Friday.

Maintain satisfactory progress

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will maintain satisfactory progress throughout his welding training.

Will meet benchmarks

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will meet all benchmarks set by TCAT Newbern.

Report every 60 days

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will report to the AJC every 60 days to discuss his progress in the Welding Program.

Notify TAA of any changes in training

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will notify his TAA representative of any changes in his training program as soon as possible.

Receive credential

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will receive his credential at the end of his training program.

Job Search Assistance

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will come into the AJC at the end of his training program to receive job search assistance.

Obtain employment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Program</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/23/2016</td>
<td>TAA</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Will obtain full time suitable employment in the Welding field.
<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>/ Oalce</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*StaSign't r=".m"0Jt '.."
EXAMPLE

( TMQ4 )( 082945

10-20-2014 08:10

*** TR A M A S T E R ***

SSN  PETITION TYP8  LO CLAIM DT  DET DT  EPE  ATAA DEADLINE PROG
082945  0400  07/08/14  07/08/14  06/25/2016  00/00/00

WAIVER DT REASON TS HC'l'C  LATEST WED BRK. DEP PAY
00/00/00  00  H  0  07/08/14  0  00  3

TRA ACT:  11  CHG DATE:

STOP SEp DT  BH BYE  DEC DT  008  SEX RACE  RET  CSP  TAX  ADDS  APPLS  CHiS
08  06/27/14  06/27/15  07/22/14  1  2  0  0  YES  0  0  0

****** CURRENT ENTITLEMENT H***""""***H <H-pRIOR  NONQUALIFYING DATA:"***
MBa  WBA  ERN  ALW  DBAL  DEC/ISS  SEP DT  DEC  DEC DT  CLAIM DT  EPE
7150  275  68.75  7150  01/00  00/00/00  00  00/00/00  00/00/00

****** ********************* TRAINING ******A-*************

BEGIN  ENDING  EXTENDED  REQUESTED  CHANGE
DATE  DATE  TYPE  WIA  DAYS  HILES  SUBS  WKS  DATE  TIMELY/DEADLINE  OA'E:
00/00/00  00/00/00  0  .00  .00  00/00/00  12/27/14  07/22/14

EMPLOYER  -  ITW PASLODE

EMP NO 0270-231

Date: 10/20/2014 Time: 8:11:03 AM
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL SUPPORT STATEMENT

Name _______________________________ Last 4 Digits of Social Security Number _________
Office Number ___________ Petition Number ___________

Should my TRA benefits exhaust prior to the completion of TAA approved training, my means of financial support to complete training will be personal or family resources through any of the following sources:

Please check all that apply.

D Financial Aid
D Grants
D Full-Time or Part-Time Employment
D Relatives
D Spouse
D Disability Funds
D Supplemental Security Income (SSI)
D Investments
D Real Estate Properties
D Pension
D 401K
D Savings
D Student Loans

Worker’s Signature _______________________________ Date ____________

TAA Representative’s Name _______________________________

TAA Representative’s Signature ____________________________ Date ____________
WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name ___________________________ Last 4 Digits of Social Security Number ________

Local Office Number ___________ Petition Number ___________

By signing my name below, I certify that I have carefully read this form in its entirety. I have received a copy of this form 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.

1. I understand that I must file a Jobs4TN work application and complete a job search with not suitable employment available prior to requesting TAA Funded Training.
2. I understand that I must always check TCAT and state schools first before selecting any private schools.
3. I have participated in the process of the development of my TAA Training Plan.
4. I understand that TAA will only pay for items that are required from the school and are included in the contract.
5. I understand that I cannot be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training without my written permission should the cost of training be determined unreasonable.
6. I understand that additional cost be needed, I must contact my local Career Center TAA Representative.
7. I understand that any items that are not required by the school will be my sole responsibility.
8. I understand that I must enroll and maintain full-time status throughout the entire training if my petition is 69999 and below or 85000 and above. (Full-time as indicated by the school.)
9. I must maintain full-time status to be eligible for TRA benefits if my petition number is between 70000 and 84999. (full-time as indicated by the school.)
10. I understand if I drop to part-time status, if my petition is between 70000 and 84999, I will not be eligible for TRA benefits.
11. I understand that I must complete my weekly attendance certification and submit the signed form by mail weekly during approved training to the TRA Unit, P.O. Box 280450, Nashville, TN 37228.
12. I understand that I cannot start training prior to an approved notice from the TAA Coordinator.
13. I understand that I must notify my local Career Center TAA Representative of any changes pertaining to my approved training.
14. I understand that any request for changes from my classes scheduled must come from the school.
15. I understand that I must provide a copy of all classes scheduled for the upcoming term and a copy of my grades to my local Career Center TAA Representative.
16. I understand that I must report to the Career Center at least every sixty (60) days to discuss my training progress with my local Career Center TAA Representative.
17. I understand that I must withdraw from training for any reason I must notify my local Career Center TAA Representative immediately.
18. I understand that I must notify my local Career Center TAA Representative upon completion of training.
19. I understand that I must notify my local Career Center TAA Representative when I obtain employment.
20. I understand that I cannot submit weekly certification after completion of training or during weeks of break greater than thirty (30) days.
21. 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.

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 Career Center where the TAA claim was taken 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 ________________
EXAMPLE

LWIA ____________
Petition # ____________

Claimant Name ____________________________ SSN ____________________________

Address __________________________________ Phone ____________________________

Last Employer ______________________________ Separation Date ________________

D No suitable job opening as of ____________

TAA Staff Member

TITLE I STAFF
Please complete applicable items and return to TAA staff.

D Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual.
 Assessment Scheduled ______________________ Assessment Completed ________________

Current Enrollment/Prior Completion Title I Training

D Date applied for Title I training: ______________________
 Date scheduled to enter training ______________________
 Date entered training ________________________________
 Projected Completion Date ____________________________
 Training Job Title _________________________________
 Applied for PELL Grant D YES D NO Status of PELL ____________________________
 Name and Address of Training Facility: ____________________________________________
                                                                                   ____________________________________________
                                                                                   ____________________________________________
 Training Completed: ______________________

Training Is Recommended By Title I Staff:
D Occupational Training Type: ______________________ Funding Source: ______________________
 Training Facility (if known) _______________________________________________________
 D Remedial Training D (OJT) (Explain) _____________________________________________________
 D Other ____________________________________________________________________________

Training Is Not Recommended By Title I Staff:
(Explain) __________________________________________________________________________

LWIA Representative __________________________ Date __________________________ Location __________________________ Phone __________________________

Tennessee Department of Labor and Workforce Development
TAA/WIA Training Assessment Referral

LWIA Representative __________ Date __________ Location __________ Phone __________

LB-0738 (R 01/08)
DIRECTIONS

Identifying Data: Record the examinee’s Name, ID Number, Test Date, Examiner’s or Teacher’s Name, School or Program, on Test Form in the appropriate spaces.

Part 1. Summary of Scores and Percentile Rank Profile

1) In the profile section below, enter the number of correct responses for each test in the spaces labeled “Number-Correct Score.”

2) Refer to the 100 boxes in the Norms Box. It contains the number-correct total scores. The scale score for Total Mathematics is obtained by averaging the two Total Mathematics tests. The scale score for Total Reading is obtained by averaging the two Total Reading tests. Total Mathematics, and Language.

3) Refer to the appropriate boxes in the Norms Box to obtain other scores such as percentile ranks and scale equivalents. Enter these scores in the appropriate spaces. The corresponding percentile or scale score rank can be determined by referring to the top right-hand corner of the graph. The number of objectives mastered can be determined from the information in Pan 2.

4) Percentile ranks are provided for two reference groups: ABE and ABE-Juvenile. ABE is the sum of all ages, institution types, and accommodations for all students in the TABE-8 sample. ABE-Juvenile is a subgroup of ABE and includes only those students age 14 through 20. If percentile ranks are being reported, place a check mark in the box Mxt to the appropriate reference group. On the line in the margin, make a short, heavy vertical bar at the point that corresponds to the percentile rank for each test and total. The position of these lines on the profile graph is a graphic representation of the examinee’s relative achievement in the area(s) of greatest strength.

Example:

<table>
<thead>
<tr>
<th>TEST</th>
<th>Reading</th>
<th>Mathematics</th>
<th>Total Mathematics</th>
<th>Total Reading</th>
<th>Lng/BG</th>
<th>Total</th>
<th>5 Vocabulary</th>
<th>6 Language</th>
<th>7 Mechanical</th>
<th>8 Spelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pos.</td>
<td>1,16</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>81</td>
<td>21</td>
<td>20</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

Score: 93

Percentile Rank: 81.0

Reference Group 3:

- ABE
- ABE-Juvenile
<table>
<thead>
<tr>
<th>Number of Objectives Mastered</th>
<th>PoG&amp;bie Number of Objectives Mastered</th>
<th>Scale Score for Total Mathematics</th>
<th>Scale Scores for Test 2 &quot;Test 3...&quot;</th>
<th>Scale Score for Total Math</th>
<th>subplot2content</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6</td>
<td>7.8</td>
<td>12.9</td>
<td>10.9</td>
<td>12.9</td>
<td>3</td>
</tr>
</tbody>
</table>

*Scale Score for Total Mathematics* Scale Scores for (Test 2 "Test 3...", Test 2... for Total Mathematics ($T_{total}$)).
How much will this program cost me?*

Tuition and fees: $3,555
Books and supplies: $1,148
On-campus room & board: not offered

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

VddinTechnology
Program Lower Undergraduate certificate
Program Length - 12 months

What other costs are there for this program?
For further program cost information click here.

• The amounts shown above include costs for the entire program, assuming normal time to completion. Note that this information is subject to change.

How long will it take me to complete this program?

The program is designed to take 12 months to complete. Of those that completed the program in 2014-2015, 58% finished in 12 months.

What are my chances of getting a job when I graduate?

The job placement rate for students who completed this program - 74%.
For further information about this job placement rate, click here.

What financing options are available to help me pay for this program?

Financing for this program may be available through grants, scholarships, loans (federal and private) and institutional financing plans. The median amount of debt for program graduates is shown below:

Federal loans: $0
Private education loans: $0
Institutional financing plan: $0

For additional information related to this program and/or the information provided above, click here. 

Date Created: 1/29/2016

Return to Website
Your search found 4 job(s), representing at least 6 position(s), that matched your search criteria. Change your search criteria. Save this Job Search.

To refer a job, select the check box for the job(s) and click the Refer link at the bottom of the table.

Results View: Summary | Detailed
To sort on any column, click a column title.

| E | 03/24/2016 Arc Welder | GMP Metal Products | Humboldt, TN | N/A | 44% | Yes | 2 |

... Welder FLSA Status: Non-Exempt Department: Reports To:

| 03/24/2016 9:33:00 AM Machine Operator | GMP Metal Products | Humboldt, TN | N/A | 44% | Yes | 4 |

... welders, drill press, hand tools, etc. Should be familiar with the different types measuring devices in checking parts: to include micrometers, squares, calipers, etc. Must be able

| 02/04/2016 9:47:00 AM Mechanical Maintenance | PolyOne Corporation | Dyersburg, TN | N/A | 69% | N/A | 4 |

...welder. etc. Uses hand tools and pneumatic tools to modify or repair parts and equipment. - Installs new or repairs/modifies hydraulic and pneumatic equipment as needed. -Improves relia

| 08/04/2015 Mechanical Maintenance | PolyOne Corporation | Dyersburg, TN | 6% | 38% | N/A | CORP | 4 |

...welder. etc. Uses hand tools and pneumatic tools to modify or repair parts and equipment. - Installs new or repairs/modifies hydraulic and pneumatic equipment as needed. - Improves reliability and uptime of all equipment. Takes a proactive approach to equipment issues with a preventive maintenance mentality. -Operates forklift and hydraulic workin

Source: [Preferred Employer], CORP [Corporate], EDU [Education Institution], GOVT [Government], HOSP [Hospitals], NIX [National Labor Exchange], NEWS [Newspaper], PJB [Private Job Board], REC [Recruiter], SM [Social Media], SJB [State Job Board], VOL [Volunteer]

Key Match: 1 [Keyword or phrase matched the job title exactly], 2 [The keyword or phrase was in the job title], 3 [At least one keyword was in the job title], 4 [The exact keyword or phrase was in the job description], 5 [At least one keyword was in the job description], 6 [Keyword matched was in the occupation title], 7 [Keyword matched was in an alternative (lay) job title], 8 [Keyword matched was in occupation description]

Records per page: 25

[Change job search criteria]
Welding Course Curriculum

Program Mission: To offer every student the opportunity to develop the skills, knowledge, and attitudes leading to gainful employment in the welding industry.

ALL AVAILABLE CERTIFICATES AND DIPLOMAS

<table>
<thead>
<tr>
<th># of Trimesters</th>
<th>Certificate/Diploma Title</th>
<th>Estimated Hours to Complete</th>
<th>Estimated Days to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Trimester</td>
<td>Welders Helper Certificate /Shielded Metal Arc Welder Certificate</td>
<td>432</td>
<td>72</td>
</tr>
<tr>
<td>2 Trimester</td>
<td>Gas Metal Arc Welder/Flux Core Arc Welder Certificate</td>
<td>648</td>
<td>12.2</td>
</tr>
<tr>
<td>3 Trimesters</td>
<td>Gas Tungsten Arc Welder Certificate</td>
<td>1,296</td>
<td>2.16</td>
</tr>
<tr>
<td>3 Trimesters</td>
<td>Combination Welder Diploma</td>
<td>1,296</td>
<td>216</td>
</tr>
</tbody>
</table>

In Trimester

WELDERS HELPER CERTIFICATE / SHIELDED METAL ARC WELDER CERTIFICATE

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Estimated Hours to Complete</th>
<th>Estimated Days to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELD 1001, 1010, 1015, 1111</td>
<td>Technology Foundations / Work Ethics / OSHA / Shop Orientation &amp; Safety</td>
<td>27</td>
<td>4.5</td>
</tr>
<tr>
<td>WELD 1301,1201</td>
<td>Intro to OXY-FUEL Rig / Welder Helpers Certification</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1401, 1102,1501,1601</td>
<td>OXY-FUEL Cutting Process/ OXY-FUEL Welding/ Soldering/Plasma Cutting</td>
<td>27</td>
<td>4.5</td>
</tr>
<tr>
<td>WELD 1701</td>
<td>Basic Shielded Metal Arc SMAW 6010 Flat</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1701</td>
<td>Shielded Metal Arc 6010 Horizontal/Vertical Overhead</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1701</td>
<td>Shielded Metal Arc 7018 Flat Horizontal</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1901</td>
<td>Shielded Metal Arc Welding 7018 Vertical / Overhead</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1901</td>
<td>Shielded Metal Arc Welding Vertical 7018 3G Test Plate</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 1901, 1801</td>
<td>Shielded Metal Arc Overhead 7018 4G Test Plate / Review of SMAW</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Total Estimated Hours/Days</td>
<td>432</td>
<td>72</td>
</tr>
</tbody>
</table>
### 2nd Trimester

**IAS METAL ARC WELDER CERTIFICATE**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Estimated Hours to Complete</th>
<th>Estimated Days to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELD 3001</td>
<td>Gas Metal Arc Flat / Horizontal/Vertical/Overhead</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3001</td>
<td>Gas Metal Arc Flat 3G/4G Test Plate</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3201</td>
<td>Flux Cored Arc Welding Flat / Horizontal/Vertical/Overhead</td>
<td>27</td>
<td>4.5</td>
</tr>
<tr>
<td>WELD 3201</td>
<td>Flux Cored Arc 3G/4G Test Plate</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3301</td>
<td>Gas Tungsten Arc Welding</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3301</td>
<td>Gas Tungsten Arc 3G Test Plate</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 2101</td>
<td>SMAW-Mild Steel Pipe - Uphill all / Practice</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 2001, 3101</td>
<td>Blueprint Reading / Blueprint Fabrication</td>
<td>27</td>
<td>4.5</td>
</tr>
<tr>
<td>WELD 2101, 3101</td>
<td>SMAW Mild Steel Pipe Uphill 5G / Blueprint Reading/ Blueprint Fabrication</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Total Estimated Hours/Days</td>
<td>432</td>
<td>72</td>
</tr>
</tbody>
</table>

---

### 3rd Trimester

**GAS TUNGSTEN ARC WELDER CERTIFICATE/ Combination WELDER DIPLOMA**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Estimated Hours to Complete</th>
<th>Estimated Days to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELD 2101, 2001, 3101</td>
<td>SMAW Mild Steel Pipe Uphill 5G / Blueprint Reading/ Blueprint Fabrication</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3401</td>
<td>Pipe-Gas Tungsten Arc All Positions</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 2101, 3401</td>
<td>GTAW Root/ SMAW Filler &amp; Cap Mild Steel Pipe 5G</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 2101, 3401</td>
<td>GTAW Root/ SMAW Filler &amp; Cap Mild Steel Pipe 6G</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3001</td>
<td>GMAS Mild Steel Pipe Practice Uphill / 6G Test</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3301, 3401</td>
<td>Gas Tungsten Arc Welding Advanced/Aluminum</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>WELD 3301, 3401</td>
<td>Gas Tungsten Arc Welding Advanced/Stainless Plate</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td>Weld 3401, 3501</td>
<td>Stainless Steel Pipe / Diploma Completion Test</td>
<td>54</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Total Estimated Hours/Days</td>
<td>432</td>
<td>72</td>
</tr>
</tbody>
</table>
## Estimated Student Cost Sheet

### TENNESSEE COLEGIATE OF APPLIED TECHNOLOGY-NEWBERN

**Welding Technology Program (1 Year Program)**

**2015-2016**

Class Meets Monday through Friday 8:00 am-2:30 pm
204 South Second St, Union City, TN
Dyersburg High School, Dyersburg, TN

### 1st Trimester

<table>
<thead>
<tr>
<th>Description</th>
<th>Sales Tax</th>
<th>Exempt:</th>
<th>With Sales Tax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$1,175</td>
<td></td>
<td>$1,175</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Welding Fee</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Tooling U Subscription</td>
<td>$313</td>
<td>$313</td>
<td></td>
</tr>
<tr>
<td>Welding Rook/Workbook</td>
<td>$145</td>
<td>$145</td>
<td></td>
</tr>
<tr>
<td>Printreading for Welders</td>
<td>$71</td>
<td>$71</td>
<td></td>
</tr>
<tr>
<td><strong>Welding Kit (includes items listed below)</strong></td>
<td><strong>$395</strong></td>
<td><strong>$432</strong></td>
<td></td>
</tr>
<tr>
<td>Welding Helmet (Auto darkening)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safely Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welding Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chipping Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grinder (Usually 41/2 in Electric)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2- Pliers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wire Brush</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shield</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape measure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Striker, respiratm, lens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap stone, tip cleaner, tank wrench ear plugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welders cap, file, Weld gauge, tip cleaners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Welding Jacket/Sleeves and Rib</strong></td>
<td><strong>$133</strong></td>
<td><strong>$146</strong></td>
<td></td>
</tr>
<tr>
<td>Head Phones For Computer</td>
<td>$9</td>
<td>$9</td>
<td></td>
</tr>
<tr>
<td>OSHA 10 Hour Training</td>
<td>$32</td>
<td>$1,098</td>
<td>$32 $1,148</td>
</tr>
<tr>
<td>1st Trimester Books/Supplies</td>
<td>$2,383</td>
<td>$2,433</td>
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</table>

### 2nd Trimester

<table>
<thead>
<tr>
<th>Description</th>
<th>Sales Tax</th>
<th>Exempt:</th>
<th>With Sales Tax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$1,175</td>
<td></td>
<td>$1,175</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Welding Fee</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>2nd Trimester Books/Supplies</td>
<td>$1,285</td>
<td>$1,285</td>
<td></td>
</tr>
</tbody>
</table>

### 3rd Trimester

<table>
<thead>
<tr>
<th>Description</th>
<th>Sales Tax</th>
<th>Exempt:</th>
<th>With Sales Tax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$1,175</td>
<td></td>
<td>$1,175</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$10</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Welding Fee</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>3rd Trimester Books/Supplies</td>
<td>$1,285</td>
<td>$1,285</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Tuition</th>
<th>Welding Fee</th>
<th>Books/Supplies</th>
<th>Student Activity Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL - Tax Exempt</td>
<td>$3,525</td>
<td>$300</td>
<td>$1,098</td>
<td>$30</td>
</tr>
<tr>
<td>TOTAL - With Sales Tax</td>
<td>$3,525</td>
<td>$300</td>
<td>$1,148</td>
<td>$30</td>
</tr>
<tr>
<td>ADDITIONAL COST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRADUATION FEE</td>
<td></td>
<td></td>
<td>$31</td>
<td></td>
</tr>
</tbody>
</table>

"TOTAL FEES AND SUPPLIES- Tax Exempt $4,984
"TOTAL FEES AND SUPPLIES- With Sales Tax $5,034

*This is only an estimated cost.

Book prices are subject to change with each new order.

Student progress may vary and may dict items needed for each trimester.

Prior to making purchases through a third party or online bookstore, we recommend contacting the TCAT bookstore for verification of current ISBN numbers and editions.

*Item subject to sales tax.

Revised 12-10-2015
<table>
<thead>
<tr>
<th>Trainee SSN</th>
<th>Trainee Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Enrollment Date</th>
</tr>
</thead>
</table>

Name of Training Facility

Address of Training Facility

City | State | Zip Code

**OTAA FUNDED**

Weekly Request for Allowances by Worker in Training, LB-0429

<table>
<thead>
<tr>
<th>Individual authorized to sign claimant's weekly claim</th>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Invoice TA-2

<table>
<thead>
<tr>
<th>Individual authorized to bill the TN Department of Labor and Workforce Development for training costs</th>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**OTHER SOURCE OF FUNDING**

Name of Entity Funding Training

Address of Entity Funding Training

City | State | Zip

Contact Name | Phone Number

Weekly Request for Allowances by Worker in Training, LB-0429

<table>
<thead>
<tr>
<th>Individual authorized to sign claimant's weekly claim</th>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency Representative | Date

LB-0898 (R. 01/08)
### TENNESSEE COLLEGES OF APPLIED TECHNOLOGY
#### TCAT- NEWBERN
#### 2016

#### SPRING TRIMESTER

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
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<tbody>
<tr>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
</tr>
<tr>
<td>1 2</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5</td>
<td>1 2</td>
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<tr>
<td>3 4 5 6 7 8 9</td>
<td>7 8 9 10</td>
<td>9 10 11 12 13</td>
<td>11 12 13</td>
</tr>
<tr>
<td>10 11 12 13 14 15 16</td>
<td>14 15 16 17</td>
<td>18 19 20</td>
<td>19 20 21 22 23 24 25</td>
</tr>
<tr>
<td>21 22 23 24 25 26 27</td>
<td>20 21 22 23</td>
<td>24 25 26 27 28 29</td>
<td>27 28 29 30 31</td>
</tr>
<tr>
<td>28 29 30 31</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SUMMER TRIMESTER

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
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<tbody>
<tr>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4</td>
<td>1 2</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8 9 10 11 12 13 14</td>
<td>5 6 7 8 9 10 11</td>
<td>3 4 5 6 7 8 9</td>
<td>7 8 9 10 11 12 13</td>
</tr>
<tr>
<td>14 15 16 17</td>
<td>11 12 13 14 15 16</td>
<td>10 11 12 13 14 15 16</td>
<td>14 15 16 17 18 19 20</td>
</tr>
<tr>
<td>25 26 27 28 29 30</td>
<td>26 27 28 29</td>
<td>31 15</td>
<td>28 29 30 31</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

#### FALL TRIMESTER

<table>
<thead>
<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
</tr>
<tr>
<td>1 2 3</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3</td>
</tr>
<tr>
<td>4 5 6 7 8 9 10</td>
<td>6 7 8 9 10 11 12</td>
<td>4 5 6 7 8 9 10</td>
<td>11 12 13 14 15</td>
</tr>
<tr>
<td>13 14 15 16 17 18 19</td>
<td>13 14 15 16 17 18 19</td>
<td>11 12 13 14 15 16</td>
<td>11 12 13 14 15 16</td>
</tr>
<tr>
<td>18 19 20 21 22 23 24</td>
<td>20 21 22 23</td>
<td>24 25 26</td>
<td>18 19 20 21 22 23 24</td>
</tr>
<tr>
<td>30 31</td>
<td></td>
<td></td>
<td>30 31</td>
</tr>
</tbody>
</table>

- **STUDENT HOLIDAYS**
- **CJ STUDENT AND STAFF HOLIDAYS**
- **CJ ADMINISTRATIVE CLOSING**
- **STUDENT HOLIDAYS/INSERVICE**
- **TRIMESTER DAYS FOR THE MONTH**
- **CJ BEG/ENDING OF TRIMESTER**

Note: * There must be 72 training days in each trimester.
220 French Landing Dr, Nashville, TN 37228 to Motlow State Community College - Driving Directions

Drive 25.1 miles, 32 min
37228 to Motlow State Community College

Get on 1-65 S from Rosa L Parks Blvd

1. Head southwest

2. Turn left toward French Landing Dr

3. Turn right onto French Landing Dr

4. Turn right onto Vantage Way

5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd

6. Use the right lane to merge onto 1-65 S via the ramp to Memphis

Take 1-24 E to TN-266 N/Sam Ridley Pkwy W in Smyrna. Take exit 668 from 1-24 E

7. Merge onto 1-65 S

8. Keep right to stay on 1-65 S, follow signs for 1-40 E/Knoxville/Huntsville

9. Keep left at the fork to continue on 1-40 E, follow signs for 1-24 E/Knoxville/Chattanooga

10. Keep right to stay on 1-40 E

11. Keep right at the fork to continue on 1-24 E, follow signs for Chattanooga

12. Take exit 66B for Sam Ridley Pkwy/TN-266 E toward Smyrna

Continue on TN-266 N/Sam Ridley Pkwy W. Drive to Motlow College Blvd

13. Merge onto TN-266 N/Sam Ridley Pkwy W
14. Turn left onto Motlow College Blvd
   Destination will be on the left

Motlow State Community College
5002 Motlow College Boulevard, Smyrna, TN 37167

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps
 taxp
Identification Number (TIN)  
Entry in the box. A TIN provided must_match the name given on line 1 to avoid backup withholding. For individuals, this is generally your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions of page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. 

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for idelines on whose number to enter.

II. Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not 1040-MC or 1040-ES, and I have withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. I am a U.S. citizen or other U.S. person (defined below); and

Certified by the IRS instructions. You must cross out Item 2 above if you have not been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual Retirement arrangement (IRA), and generally, payee TINs other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature:  
Date:  

General Instructions

Section refers to the Internal Revenue Code unless otherwise noted. For various developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

Use this form to verify that the information you provided is correct, or to claim an exemption. The instructions on this form show you how to fill out the form after you have decided on your classification. If you do not complete all the required boxes, your statement is incomplete, and you must complete the form to correct that mistake.

Page 1

Form W-9  (Rev. December 2014)  
I declare under penalty of perjury that the information provided is true and correct.

1. Name (as shown on your income tax return)  

2. Business name or disregarded entity name, if different from above  

3. Check appropriate box for federal tax classification  

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)  

Exemption from FATCA reporting code (if any)  

5. Address (number, street, and apt. or suite no.)  

6. City, state, and ZIP code  

7. List account No. or TIN (optional)  

Part II  

Certification  

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not 1040-MC or 1040-ES, and I have withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. I am a U.S. citizen or other U.S. person (defined below); and

Certified by the IRS instructions. You must cross out Item 2 above if you have not been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payee TINs other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature:  
Date:  

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Page 1
TAA Training Packet Checklist

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>SID</th>
<th>Petition Number</th>
<th>AJC#</th>
<th>Start Date</th>
</tr>
</thead>
</table>

- **O** VOS TAA Application, sign and dated by participant
- **O** VOS IEP-Goal & Objectives toward training, sign and dated by staff and participant
- **O** TMQ1 (shown as TMQ4) Benefit History Master
- **O** LB- Financial Statement

[[ ]] LB-0738 TAA/WIA Training Assessment Referral from the LWJA
- **O** TABE Information
- **O** Supply & Demand information or School Placement Rate
- **O** Academic Plan (courses and hours planned for each session) or Course outline for TCAT

[[ ]] Total Cost Sheet showing total of tuition, books, and supplies broken down by term

[[ ]] List of all books, supplies, tools with cost for each item broken down by term

[[ ]] LB-0898 Signature of Authority (both training facility and outside vendors)
- **O** School Calendar (identifying breaks in training that are over 30 days in length)
- **D** Comparison between a TCAT or state school if a private training facility is being requested.

[[ ]] Mileage documentation
- **D** LB-1089 Willing to Commute Statement (when demand is outside the worker’s commuting distance.)

[[ ]] LB-1092 Worker Training Agreement and Responsibilities
- **D** Case Notes are Up to Date
  - Include Education Level, i.e. GED, Certificates, Diplomas, Degrees, field of study, dates received, and from what training facility.

[[ ]] W-9 (when training requires travel outside the commuting area of 50 miles.)

<table>
<thead>
<tr>
<th>COST SUMMARY:</th>
<th>COMMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Contract Amount</td>
<td></td>
</tr>
<tr>
<td>Bookstore Contract Amount</td>
<td></td>
</tr>
<tr>
<td>Vendor Contract Amount</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
BENCHMARK EXAMPLE
## Example

**Tennessee**

**TRADE ADJUSTMENT ASSISTANCE PROGRAM**

**Training Benchmark Review**

<table>
<thead>
<tr>
<th>Name</th>
<th>State 10</th>
<th>Application 10: 300680944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petition</td>
<td>Review Date: 6/28/2016</td>
<td>Benchmark 10: 993</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Provider</th>
<th>Program</th>
<th>Actual Begin Date</th>
<th>Projected End Date</th>
<th>Actual End Date</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 Skills Training</td>
<td>TENNESSEE COLLEGE OF</td>
<td>WELDING</td>
<td>5/21/2016</td>
<td>4/29/2017</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>P'Oitied TECHNOLOGY AT Lilt TJ ___</td>
<td>NEWS RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Beginning DIU of Benchmark Period:** 5/21/2016  
**End of Benchmark Period:** 6/28/2016

Is the participant obligated to complete training in the timeframe identified in the approved training plan? Yes

**Supporting Evidence:**

**Participant Signature:**  
**Staff Signature:**

Date: Application Revised: 6/28/2016

If you do not agree with the determination made by the office, you must submit an appeal to the Workforce Center. If you cannot contact the office in person, write or call that office and provide your written appeal.
JOB SEARCH EXAMPLE
Trade Adjustment Assistance Job Search Allowances Application

I. General Information

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>JS Application Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>State ID</td>
<td>JS Application End Date</td>
</tr>
<tr>
<td>Petition Number</td>
<td>JS Remaining Balance</td>
</tr>
<tr>
<td>2002, 2011, or 2015 Max. Allowance $1250</td>
<td>JS App Deadline per Qualifying Separation</td>
</tr>
<tr>
<td>2009 Max Allowance $1500</td>
<td>JS App Deadline per Petition Certification</td>
</tr>
<tr>
<td>8</td>
<td>JS App Deadline per Training End Date</td>
</tr>
</tbody>
</table>

II. Eligibility Criteria

1. You must be covered by a certified TAA Petition.
2. You must apply and be approved for Job Search Allowances prior to commencing a job search activity and before incurring any expenses.
3. The job search activity must be 10 miles or more away from your residence (as defined by Google Maps, Rand McNally, Yahoo Maps).
4. Suitable employment must not be available within a 10 mile radius from your home.
5. You must be totally separated from employment with your Trade-affected company.
6. You must complete a Job Search Allowances application within
   a. 365 days of petition certification;
   b. 365 days of most recent qualifying separation; or
   c. 182 days after conclusion of training.

III. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are as follows:
   a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
   b. 2009 Amendments – 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time.
4. Lodging and meals will be paid up to either 50% of the federal allowable daily rate for the travel destination (http://www.gsa.gov/oortal/category/21287) or the actual cost, whichever is less. (only applicable if travel is over 50 miles one way)
5. Only allowable job search activities (as described in section IV) will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation (as described in section V), in order to receive payment.

IV. Job Search Activity Definition

In reference to TAA Job Search Allowances, approved job search activities are:

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a resume;
5. Going to a local AJC, public library, community center, or similar entity to use online job
matching systems, including Jobs4TN, to search for job matches, request referrals, submit
applications/resumes, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC (Example interview
preparation meeting with a headhunter or private placement agency);
7. Attending a job fair or professional association meeting (for networking purposes);
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
   • Obtaining and using local labor market information;
   • Participating in skills assessments for occupation matching;
   • Attending job finding clubs;
   • Participating in pre-vocational workshops, incl. soft skills, resume writing, interviewing skills, etc.; or
   • Obtaining and following up on job referrals from AJC staff.

V. Required Documentation for Reimbursement

1. A copy of the approved Job Search Allowances Benefit Rights, Obligations, and Application.
2. A Job Search Activity Verification form, fully completed and signed by an authorized representative at the
   institution where a meeting takes place or services are sought (Example: library attendant, AJC staff,
   employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare,
   etc.);
5. Meal receipts; (only applicable if travel is over 50 miles one way), and
6. Lodging receipts (only applicable if travel is over 50 miles one way).

VI. Participant Attestation

By signing below, I affirm the following:

1. I have read and understand the above terms.
2. I was afforded the opportunity to ask questions regarding Job Search Allowances and all of my questions were
   answered satisfactorily.
3. I understand that giving any false information or withholding information in order to obtain or increase
   benefits is FRAUD and can subject me to liability to repay overpayments, program disqualification, and
   criminal prosecution with penalties ranging from fines to up to 10 years imprisonment.
4. I understand that this job search application will expire on and that any job search
   activities conducted after that date will not be covered.
5. I understand that upon expiration of this application, I can reapply for further allowances if my balance is not
   exhausted.
6. I will be responsible for submitting a completed and signed Trade Adjustment Assistance Job Search Activity
   Verification form, including all applicable and acceptable backup documentation (as described in section V),
   in order to receive payment.

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.

Participant Signature Date

TAA AJC Representative Signature Date
VII. Eligibility Determination (FOR C.O. USE ONLY)

1. Is the applicant eligible for TAA? Ges 0No
2. Is suitable employment available within the commuting area? O’es 0No
3. Is the customer totally separated from employment with the Trade-affected company? DYes 0No
4. Is the Date of Request within: S
   - 365 days of most recent qualifying separation? Ges 0No
   - 365 days of petition certification? 0
   - 182 days after conclusion of training? 0

VIII. AGENCY VERIFICATION OF JOB INTERVIEW

A completed Trade Adjustment Assistance Job Search Activity Verification Form
A Letter from the Company Official verifying interview
0Phone conversation with the Company Official verifying interview
0Email from Company Official verifying interview

Per the Trade Act of 1974, as amended, the above-named applicant is D
eligible Onot eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed S _ _ _ _ _

__________________________________________  _________________________
TAA Coordinator/Merit Staff                      Date

APPEAL Rights: You have the right to appeal this determination within 15 days from the date the notice is mailed. You may file an appeal by letter to the Appeals Tribunal, TN Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, Tennessee 37243-1002, by Fax 615-741-8933, or you may file through the office that filed your request. Your Social Security Number must appear on all correspondence.
Guidance for Trade Adjustment Assistance Job Search Allowances Application.

This form must be filled out for the worker to apply for job search reimbursement funds. It must be completed before the job search begins.

Section I: General Information to be completed by TAA representative

1. Input name, State Id Number, Petition Number
2. Check box corresponding to which amendment the worker falls under
3. Enter the application start date (the day they apply for the job search)
4. Enter the day the job search application will end (30 days from the application start date)
5. Enter Job Search Allowance Remaining Balance, this will be $1250/$1500, depending on the petition, minus whatever has already been spent on previous job searches. (Amount spent on previous job searches can be found in the VOS on the TAA Budget Plan section of the previous 237 activity)
6. Enter application deadline per qualifying separation, application deadline per petition certification and application deadline per training end date. (all can be found on training application in VOS under TAA Calculations)

Section II: Eligibility Criteria

1. Discuss with the worker the 6 eligibility criteria.

Section III: Payment Criteria

1. Make sure the worker understands the 7 payment criteria listed in this section.

Section IV: Job Search Activity Definition

1. Discuss with the worker the Activity Definition to ensure they understand what can be covered.

Section V: Required Documentation for Reimbursement

1. Review with the worker the needed documents for submission for reimbursement after the job search has completed.

Section VI: Participant Attestation

1. The expiration date in line 4 should be completed for you. (30 Day completion date) If not please indicate the 30 day deadline date here.
2. Have the worker read this section and ask if they have any questions.
3. Have worker sign and date it.
4. You sign and date it.

Section VII: Eligibility Determination

1. This section is to be completed and filled out by the Central Office (C.O.)
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 TN Dept. 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 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 activates. 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 participants 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.
   a. Without the information or 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.
220 French Landing Dr
Nashville, TN 37228

Get on 1-65 S from Rosa L Parks Blvd

1. Head southwest
   - 2. Turn left toward French Landing Dr
   - 3. Turn right onto French Landing Dr
   - 4. Turn right onto Vantage Way
   - 5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd
   - 6. Use the right lane to merge onto 1-65 S via the ramp to Memphis

Take 1-24 E to TN-96 E/Old Fort Pkwy in Murfreesboro. Take exit 788 from 1-24 E

7. Merge onto 1-65 S
   - 8. Keep right to stay on 1-65 S, follow signs for I-40 E/Knoxville/Huntsville
   - 9. Keep left at the fork to continue on I-40 E, follow signs for I-24 E/Knoxville/Chattanooga
   - 10. Keep right to stay on I-40 E
   - 11. Keep right at the fork to continue on 1-24 E, follow signs for Chattanooga
   - 12. Take exit 788 to merge onto TN-96 E/Old Fort Pkwy toward Murfreesboro

13. Merge onto TN-96 E/Old Fort Pkwy
    Destination will be on the right
EXAMPLE

1313 Old Fort Pkwy
Murfreesboro, TN 37129

Get on 1-24 W

14. Head east on Old Fort Pkwy toward Golf Ln/New Salem Rd

15. Turn right at the 1st cross street onto New Salem Rd

16. Use the right lane to take the ramp to Nashville

Fall on 1-24 W to US 41 ALT/Rosa L Parks Blvd in Nashville. Take exit 85 from 1-65 S

17. Merge onto 1-24 W

18. Keep right at the fork to stay on 1-24 W, follow signs for Clarksville/Louisville/Interstate 65 N

19. Use the left 2 lanes to take exit 46B to merge onto 1-65 S toward 1-40 W/Huntsville/Memphis

20. Take exit 85 for US-41 Alt/Rosa L Parks Blvd toward State Capitol/Farmers Market/Metro Center

21. Keep right at the fork, follow signs for U.S. 41 Alternate N/Metro Center/Watkins College and merge onto US-41 Alt/Rosa L Parks Blvd

Continue on US-41 ALT/Rosa Parks Blvd. Drive to Mainstream Dr

22. Merge onto US-41 ALT/Rosa L Parks Blvd

23. Turn right onto Great Circle Rd

24. Turn left onto Mainstream Dr

Destination will be on the right

605 Mainstream Dr
Nashville, TN 37228
220 French Landing Dr, Nashville, TN 37228 to 220 French Landing Drive, Nashville, T...

25. Head northeast on Mainstream Dr

26. Turn left onto Great Circle Rd

27. Turn right onto Athens Way

28. Turn left onto French Landing Dr

29. Turn right

30. Turn left

Destination will be on the right

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps
Genera generally because 3. 2. 1. Under Note back<up Enter Form Departm«rt t
t
titles, or am
on.

wlfJCallon


tlfJCallon


3. Exemptions (codes apply only to

Exempt payao code ny) ___ Exemption hum FATCA reporting
code (if any).

-----------

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

3. A U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have not been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign

Here __ U.S. pet&Qo’s**

Date **

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future dCMiiplementation(JonInformatIon about developments affecting Form W-9 (such as legislation) is at www.irs.gov/fw9.

Purpose of Form

An individual (C) on (Form W-9 r (water) who is required to file an information return with the IRS, must obtain your I.D. number (TIN) and identification number (SSN), if applicable. If you do not have a TIN, apply for one by calling 1-800-TAX-FORM (1-800-829-3676) and then file Form SS-4. If you received your TIN from the IRS, you must report the following information to the IRS:

- Form 1099-INT (interest from any source)
- Form 1099-DIV (dividends paid by any domestic or foreign corporation)
- Form 1099-B (capital gains and losses reported to brokers)
- Form 1099-S (proceeds from sales of real estate or other transactions)
- Form 1098-T (mortgage interest paid)
- Form 1099-MISC (miscellaneous income)
- Form 1099-C (canceled debt)
- Form 1099-A (withdrawal from an IRA, SEP, or SIMPLE IRA)
- Form 1099-B (brokered transactions)
- Form 1099-C (canceled debt)
- Form 1099-D (dividends paid by any domestic or foreign corporation)
- Form 1099-K (merchant card and third party network transactions)
- Form 8962 (credit for foreign taxes paid or accrued)

EXAMPLE

Give Form to the requester. Do not deliver to the IRS.
RELOCATION ALLOWANCE EXAMPLE
1. Were you totally separated from adverse or affected employment? • YES/NO

2. Are you currently employed? • YES/NO

3. Is this your first request for relocation allowances under the Trade Act of 1974, as amended? • YES/NO

4. Have you obtained suitable employment or do you have a bona fide offer of employment? • YES/NO

5. Name, title and complete telephone number of firm offering employment:

<table>
<thead>
<tr>
<th>TRAVEL IDENTIFICATION</th>
<th>NUMBER PERSONS</th>
<th>TRAVEL DATES</th>
<th>TRAVEL BY AUTO</th>
<th>TRAVEL BY COMMERCIAL CARRIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKER</td>
<td></td>
<td>FROM: 3-14-13</td>
<td>TO: 3-10-14</td>
<td>Drive truck</td>
</tr>
<tr>
<td>SPouse</td>
<td>J</td>
<td>FROM: 3-14-13</td>
<td>TO: 3-10-14</td>
<td>Truck</td>
</tr>
<tr>
<td>CHILDREN</td>
<td></td>
<td>FROM: 3-14-13</td>
<td>TO: 3-10-14</td>
<td></td>
</tr>
<tr>
<td>OTHER FAMILY MEMBERS</td>
<td></td>
<td>FROM: 3-14-13</td>
<td>TO: 3-10-14</td>
<td></td>
</tr>
<tr>
<td>ABSENT CHILDREN OF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY MEMBERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Worker request for transportation of household goods

<table>
<thead>
<tr>
<th>COMMERCIAL CARRIER</th>
<th>TRUCK Haul by AUTO</th>
<th>COMMERCIAL CARRIER AND/OR TRUCK RENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF SERVICE</td>
<td>MILES ESTIMATED CHARGES</td>
<td>TYPE OF SERVICE NO. MILES ESTIMATED CHARGES</td>
</tr>
<tr>
<td>MOVING</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>ACCESSORIAL</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF COMMERCIAL CARRIER AND/OR TRUCK RENTAL

Field Operations/TAA Unit
**D. Worker Request for Lump Sum Payment**

Average Weekly Wage $29.28

(Multiplied by Three (3))

**E. Worker Record of Expenses**

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Lodging</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>.Q3</td>
<td>/Q.95</td>
<td>1?.:.Cf</td>
<td>Hôtel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F. Worker Certification**

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES 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 WILFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USED FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

**Signature**

**Date**

**G. State Agency Determination**

1. O YOU ARE NOT ELIGIBLE TO RECEIVE RELOCATION ALLOWANCES UNDER PROVISIONS OF THE TRADE ACT OF 1974, AS AMENDED, (20 CFR PART 617, SUB PARTE, 617.40) BECAUSE

**H. 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.
**Form W-9**

**Request for Taxpayer Identification Number and Certification**

<table>
<thead>
<tr>
<th>1. Name (as shown on your income tax return). Name is required on this line; do not leave this box blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>3. Check appropriate box for federal tax classification; check only one of the following seven boxes:</td>
</tr>
<tr>
<td>- Individual sole proprietor or single-member LLC</td>
</tr>
<tr>
<td>- Corporation (C-Corporation, S-Corporation, P-Partnership)</td>
</tr>
<tr>
<td>- Trust or estate</td>
</tr>
<tr>
<td>- Limited liability company, enter the tax classification (C-Corporation, S-S Corporation, P-Partnership).</td>
</tr>
<tr>
<td>4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</td>
</tr>
<tr>
<td>- Exempt payee code (if any)</td>
</tr>
<tr>
<td>- Exemption from FATCA reporting code (if any)</td>
</tr>
<tr>
<td>5. Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>6. City, state, and ZIP code</td>
</tr>
<tr>
<td>7. U.S. account number(s) here (optional)</td>
</tr>
</tbody>
</table>

**Taxpayer Identification Number (TIN)**

Enter you TIN in the appropriate box. This TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your U.S. tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

- **nature of U.S. person**
- **Date**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an Information return the amount paid to you or any other person reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
December 11, 2013

RE: Offer of Employment

Dear [Candidate’s Name],

I am very pleased to confirm our offer of employment for a full-time position of Senior Buyer/Planner at our Sandeminy facility reporting directly to [Supervisor’s Name]. Your official start date is Monday, December 16, 2013. As discussed, should your employment not commence on November 11111 as agreed upon, this offer will be rescinded.

If you accept this offer, your initial starting base salary would be [Salary Amount] to be paid bi-weekly (every other Friday). This is an annual benefit.

Salaried Bonus Plan
In addition, you are eligible to participate in the Salaried Bonus Plan which is 5% of your annual salary commencing next fiscal year, September 1, 2013. To be eligible for payment, you must be employed on August 31 of each fiscal year. The bonus program will be reviewed with you during your new-hire orientation. This is in no way a guarantee of any bonus.

Signing Bonus
In addition to the salary, this offer includes an one-time sign-on bonus amount of [Bonus Amount] (gross amount less applicable taxes and withholdings). This one-time bonus is set to be paid by the 15th day of employment. With this signing bonus, you must agree to execute a 24-month retention agreement.

Paid Time Off
You will receive Paid Time Off (PTO) at a rate of 120 hours annually. In addition, [Company’s Name] provides [Paid Time Off] (PTO) to you.

Performance Review
Based on your employment date of December 16, 2013, introductory review will be 85 days after (R) your start date. Thereafter, performance reviews will be conducted annually. Also, based on your employment date, you would not be eligible for a merit increase until December 2014.
Example

WOJ1sHoura
As an exempt employee, you will be expected to work whatever hours are necessary to perform your job and to be flexible to shift changes. Your actual hours may vary based on the nature of the position.

Confidential! Information
You will, during the term of your employment and thereafter, hold in strictest confidence and not disclose to any persons or entities without the express prior authorization of the Company, any Information, financial, manufacturing or marketing data, technique, formula, developmental or experimental WOJC in progress, business methods, made secrets (including, without limitation, any Confidential list or flat list or any other secret or Confidential Information relating to the products, services, customer, sales, or business affairs of the Company or its affiliates. You know that you will not make use of any of the above at any time after termination of your employment. Upon termination of your employment, you will deliver to the Company all documents, records, notebooks, work papers and all similar repositories containing any Information concerning the Company contained in any of the foregoing information, whether prepared by you, the Company or anyone else. In addition, you will not disclose the list of top sellers and/or confidential S. or any pricing or other information relating to product and/or services.

Scope of Employment
During the term of your employment and for a period of three years thereafter, you will not, directly, indirectly, for yourself or as an agent for or on behalf of or in conjunction with any other person, firm, partner, limited liability partnership or other entity, induce or entice any employee or its affiliates to leave your employment or cause anyone else to do so.

Joint! Plan! and Long-term Incentive Status
Medical, dental, prescription drug, and vision plans are currently available, as well as a 401(k) Plan (after satisfying eligibility requirements). Further details on all plans are available during a new employee orientation and in your first A M. While the Company makes efforts to provide excellent benefits, we do not guarantee the right to alter or terminate benefits at the company's discretion.

New employees enter into designated classifications with an introductory status for the first 90 calendar days after date of hire. This introductory period gives both you and the supervisor the opportunity to determine the fit between you, the employee, and the position. Both before and after the introductory period, employment is strictly at will and may be terminated with or without cause and with or without notice, by either yourself or the Company. This agreement regarding "at will" employment can only be modified by an express written agreement signed by the President of the company.
Employment is contingent upon a successful completion of a post-offer physical and satisfactory medical examination and background checks. Cost of the physical is paid by the company and arrangements will be made by our Medical Department for you to be examined at the company clinic.

We look forward to having you join our team. If you accept the offer described above, please sign in the space provided below and return the attached acceptance via email or fax to:

Sincerely,

ACCEPTED IY:

______________________________
12-1-11

Date

S..rt o.t.: Monday- December 2013 Confirmed:

cc: Director of Materials
Example

All Receipts artd 3 Maps From Acceptable Sources Detailing The Route Taken Must Be Provide.
RTAA EXAMPLE
AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

<table>
<thead>
<tr>
<th>Worker's Name</th>
<th>Social Security Number</th>
<th>Local Office Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Worker's Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

I, ________________________________, Social Security Number ________________________________, understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name ________________________________

Doing Business As ________________________________

Mailing Address ________________________________

Street ________________________________

City ________________________________ State ________________________________ Zip Code ________________________________

Physical Address ________________________________

Street ________________________________

City ________________________________ State ________________________________ Zip Code ________________________________

Employer's Phone ________________________________

(With Area Code)

Date of lack of work separation from above mentioned employer ________________________________

Number of hours worked during last full week ________________________________

(32 hours or more excluding overtime)

Rate of pay per hour during last full week ________________________________

1, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Signature ________________________________ Date ________________________________

Agency Representative's Signature ________________________________ Date ________________________________

LB-1069 (Rev. 08-16)
REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN $50,000 ANNUALLY FROM HIS/HER TRADE-AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE.

FIRST DAY WORKED: ________________________________

JOB TITLE: _______________________________________

HOURS WORKED PER WEEK: ________________________

TYPE OF EMPLOYMENT  Q SALARY  O COMMISSION  Q CONTRACTURAL

WAGE PER HOUR: _________________________________

EMPLOYMENT STATUS:  Q FULL-TIME  0 PART-TIME

RTAA-Q1
I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of filing for TRA. I understand that receipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.

**CERTIFICATION**

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this form is correct to the best of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

**SIGNATURE OF WORKER**

**LOCAL TAA REPRESENTATIVE**

**DATE**

**FAX TO 615-532-3374**

**TN Department of Labor and Workforce Development FROM:**

** COMMENTS:**
# Verification of Employment for Monthly Wage Supplement

**Trade Act of 1974, Amended Trade Adjustment Assistance Reauthorization of 2015**

<table>
<thead>
<tr>
<th>NEW EMPLOYER'S NAME</th>
<th>WORKER'S NAME <em>(First, Middle Initial, Last)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW EMPLOYER'S MAILING ADDRESS <em>(Street)</em></td>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
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</tr>
</tbody>
</table>

## EMPLOYER DIRECTIONS

Following a worker's RTM Determination of Eligibility, monthly employment data must be submitted to issue an RTM wage supplement to this worker. Based on the information below, the TM representative may issue a wage supplement payment. The wage supplement for RTM benefits will be determined by answering one (1) and two (2) and entering the number of hours worked per week.

## EMPLOYMENT STATUS

1. What is the worker's current wage per hour? $-----

2. If worker has separated, enter that last day worked? ---

<table>
<thead>
<tr>
<th>WEEK 1: SUNDAY BEGINNING DATE</th>
<th>WEEK 1: SATURDAY BEGINNING DATE</th>
<th>WEEK 1: NUMBER OF HOURS WORKED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 2: SUNDAY BEGINNING DATE</th>
<th>WEEK 2: SATURDAY BEGINNING DATE</th>
<th>WEEK 2: NUMBER OF HOURS WORKED</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 3: SUNDAY BEGINNING DATE</th>
<th>WEEK 3: SATURDAY BEGINNING DATE</th>
<th>WEEK 3: NUMBER OF HOURS WORKED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 4: SUNDAY BEGINNING DATE</th>
<th>WEEK 4: SATURDAY BEGINNING DATE</th>
<th>WEEK 4: NUMBER OF HOURS WORKED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER CONTACT PRINT NAME</th>
<th>SIGNATURE</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE COMPLETED</th>
<th>PHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## WORKER CERTIFICATION

I give this information to support my request for an RTM wage supplement under the Trade Act of 1974, Amended 2015. The information contained in this request is correct and complete to the best of my knowledge.

I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTM assistance for which I am not entitled.

I have more than one employer and am submitting more forms.

**SIGNATURE OF WORKER**

**DATE SIGNED**

**LB-1050 (8-16)**

RDA 2258
INSTRUCTIONS FOR VERIFICATION OF EMPLOYMENT FOR MONTHLY WAGE SUPPLEMENT ON RTAA

AMENDED 2015

This form must be completed every four weeks and faxed or mailed to

TRA Unit
Department of Labor and Workforce Development
P.O. Box 280450
Nashville, TN 37228

Fax: (615) 532-3374

within 7 days of the last week covered on the verification form.

A. **Full-time** is defined as 32 hours or more per week. To qualify under RTAA, individuals must work 32 hours or more each week.

B. **Part-time** is defined as two or more jobs totaling 32 hours or more each week. Worker must provide a completed form for each job worked.

**NOTICE TO EMPLOYERS**

The RTAA program provides an incentive to older workers (50 years of age or older) to find new employment quickly. An eligible individual who finds a new full-time job paying less than $50,000 annually may receive a salary supplement to bridge the gap between the old and new salary (up to 50% of the difference). The supplement may be paid until $10,000 has been paid to the individual or the end of a 2-year period, whichever occurs first.

Please complete the information included under Employment Status. If there has been any change in hourly rate during the weeks, please note the wage change and date of change. Please sign and print your name in the employer contact box.

**EXPLANATION OF BEGINNING AND ENDING DATES**

Form begins with first full week of reemployment. Hours worked must be reported by calendar week of Sunday through Saturday.
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER
Amended 2009 and 2011

GUS B. WONDERFUL
Worker Name

0101
Local Office Number

13
Worker's Address

CLAIMS STREET WORK HARD TN 37111

Employer's Name

ELMER'S TV/GFI. COMPANY

Doing Business As

ELMER'S FUDGE COMPANY

Mailing Address

600 CALORIE STREET

Physical Address

SAME

Employer's Phone

Date of lack of work separation from above mentioned employer

Number of hours worked during last full week (32 hours or more excluding overtime)

Rate of pay per hour during last full week

I, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

AWB.V
Worker's Signature

5/04/2016
Date

Marcus Haven
Agency Representative's Signature

p /oyj:-oj'
Date

ADA 2258

I understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.
REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER

PHONE: (615)253-0948
FAX: (615)532-3374

SSN: 1-1-1-1--1---I-i-.J-
BYE: rJ/J/1'-1/l"J

DATE FILED: tJ) s/l/l'
DATE MAILED: O.S/uui/l''

MUST BE RECEIVED BY: o s/I''

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTM) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN $50,000 ANNUALLY FROM HIS/HER TRADE-AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL $10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE.

FIRST DAY WORKED: 03/16/2016
JOB TITLE: CLAIMS APPf..BvE&

HOURS WORKED PER WEEK: ________________________

TYPE OF EMPLOYMENT O SALARY O COMMISSION — CONTRACTURAL
WAGE PER HOUR: ________________________

EMPLOYMENT STATUS: — FULL-TIME O PART-TIME

D06Ly- Fv.v.JH.Vf- - fW/vT fl- EMPLOYER NAME AND TITLE
RTM-o1
**Request for Eligibility**

Reemployment Trade Adjustment Assistance (RTAA)  
Trade Act of 1974, Amended 2009 and 2011  
TAA Reform Act of 2003

<table>
<thead>
<tr>
<th>Worker's Name (First, Middle Initial, Last)</th>
<th>Social Security Number</th>
<th>L0 Number</th>
<th>Petition Number</th>
<th>TAW OfS'f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efl. Fvt.</td>
<td>xxx-xx-xxxx</td>
<td>0100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker's Address (Street)</th>
<th>City</th>
<th>Work Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Claims Street</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trade Employer Name</th>
<th>First Day Worked</th>
<th>Total Separation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmer's Fudge Company</td>
<td>04/30/2015</td>
<td>09/30/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate of Pay Per Hour</th>
<th>Date of Last Full Week</th>
<th>Rate of Pay Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/26/2015</td>
<td>FIRST FULL WEEK</td>
<td>LAST FULL WEEK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Day Worked</th>
<th>Total Separation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/26/2016</td>
<td>10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Employer Name</th>
<th>First Day Worked</th>
<th>Total Separation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. O. 's Company</td>
<td>03/16/2016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate of Pay Per Hour</th>
<th>Date of First Full Week</th>
<th>Rate of Pay Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/26/2016</td>
<td>FIRST FULL WEEK</td>
<td>LAST FULL WEEK</td>
</tr>
</tbody>
</table>

**RTAA Program Selection**

- [Zf] I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of regular TRA. I understand that the receipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.

**Certification**

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this form is correct to the best of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

<table>
<thead>
<tr>
<th>Signature of Worker</th>
<th>DATE 11/1/2015</th>
<th>Signature of Local TAA Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>[Signature]</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fax to</th>
<th>Department of Labor and Workforce Development FROM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>615-532-3374</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

LB-1053 (Rev.5-12) RDA2258
Verification of Employment for Monthly Wage Supplement
Reemployment Trade Adjustment Assistance (RTAA) Trade Act of 1974, Amended 2009 and 2011
TAA Reform Act of 2003

NEW EMPLOYER’S NAME
POBIUS CLAIMS COMPANY

WORKER’S NAME
GUOUS WONDROFUL

EMPLOYER DIRECtONS
Following a worker’s RTAA Determination of Eligibility, monthly employment data must be submitted to issue an RTAA wage supplement to this worker. Based on the information below, the TAA representative may issue a wage supplement payment. The wage supplement for RTAA benefits will be determined by answering questions one (1) and two (2) and entering the number of hours worked per week.

EMPLOYMENT STATUS
1. What is the worker’s current wage per hour? $10.00

2. If worker has separated, enter that last day worked

WEEK 1
SUNDAY BEGINNING DATE: 3/20/16
SATURDAY ENDING DATE: 3/26/16
NUMBER OF HOURS WORKED:

WEEK 2
SUNDAY BEGINNING DATE: 3/27/16
SATURDAY ENDING DATE: 4/2/16
NUMBER OF HOURS WORKED:

WEEK 3
SUNDAY BEGINNING DATE: 4/3/16
SATURDAY ENDING DATE: 4/9/16
NUMBER OF HOURS WORKED:

WEEK 4
SUNDAY BEGINNING DATE: 4/10/16
SATURDAY ENDING DATE: 4/16/16
NUMBER OF HOURS WORKED:

I give this information to support my request for an RTAA wage supplement under the Trade Act of 1974, Amended 2009 and 2011. The information contained in this request is correct and complete to the best of my knowledge. I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTAA assistance for which I am not entitled.

I have more than one employer and am submitting more forms.

DATE SIGNED: 7/19/16

RDA2258
# Side-by-Side Comparison of TAA Program Benefits under the 2002 Program, 2009 Program, 2011 Program, and 2015 Program

<table>
<thead>
<tr>
<th>Workers</th>
<th>2002 Program</th>
<th>2009 Program</th>
<th>2011 Program</th>
<th>2015 Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to the outsourcing of jobs to a country with which the U.S. has a Free Trade Agreement</td>
<td><em>Workers who have lost their jobs because their company’s decline in production and/or sales was due to increased imports or to the outsourcing of jobs to a country with which the U.S. has a Free Trade Agreement</em></td>
<td>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</td>
<td>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to <strong>ANY</strong> country</td>
<td>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</td>
</tr>
<tr>
<td><strong>All TRA</strong></td>
<td>Up to 104 weeks of full-time training in</td>
<td>Up to 130 weeks of full-time training in</td>
<td>Up to 130 weeks of full-time training in the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</td>
<td>Up to 130 weeks of full-time training in the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Up to 130 weeks of TRA available to workers enrolled in remedial training</td>
<td>Up to 156 weeks of TRA available to workers enrolled in remedial training</td>
<td>Must enroll in training within 26 weeks of layoff</td>
<td>Must enroll within 26 weeks of layoff</td>
<td>Must enroll within 26 weeks of layoff</td>
</tr>
</tbody>
</table>

**All TRA**: Income support available in the form of weekly cash payments to workers who are enrolled in a full-time training course.
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Basic TRA is payable if an individual participates in TAA training OR is under a waiver of the requirement to participate in training. Training may be determined not feasible or appropriate and waived as a requirement for basic TRA eligibility for the following reasons:</td>
<td>1. The worker will be work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available</td>
<td>1. The worker will be work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available</td>
<td>1. The worker is unable to work resulting due to a health condition 2. No training program is available 3. An enrollment date is not immediately available</td>
<td>SAME AS 2011</td>
</tr>
<tr>
<td>Funding:</td>
<td>$220 Million to Training Funds Only</td>
<td>$575 Million Statutory Cap Applies to Training Funds Only</td>
<td>$575 Million to Employment Services Administration</td>
<td>NEW AMOUNT</td>
</tr>
<tr>
<td>Training Funding:</td>
<td>Funds to states to pay for TAA training.</td>
<td>An additional 15% above State Administration</td>
<td>No more than 10% of Employment Services Administration</td>
<td>$450 Million Statutory Cap Applies to Training, Job Search and Relocation Allowances, Case Management and Employment Services, and related State Administration</td>
</tr>
<tr>
<td>State Administration</td>
<td>Funds to states to pay for state administration of TAA benefits, not administration of TRA or ATAA/RTAA (covered by UI Funding Agreement).</td>
<td>An additional 15% above State Administration</td>
<td>No more than 10% of Employment Services Administration</td>
<td>No more than 10% of the amount provided may be spent for State Administration</td>
</tr>
<tr>
<td>Job Search and Allowances</td>
<td>Funds to states to pay for TAA case management and employment services.</td>
<td>Additional funds are available for employment services</td>
<td>At least 1% of the current TAA appropriation</td>
<td>No less than 5% of the Employment Services</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
<td>States also receive $350,000/year for TAA case management and employment services</td>
<td>BOL may capture states can be spent for State Administration</td>
</tr>
</tbody>
</table>
| | No less than 5% of the Employment Services | | | Under IV appropriation.
<table>
<thead>
<tr>
<th></th>
<th>2002 Program</th>
<th>2009 Program</th>
<th>2011 Program</th>
<th>2015 Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Search Allowances:</strong></td>
<td>A cash allowance provided to workers who cannot find an available job within the commuting area (e.g., 50 miles). Used to cover transportation costs, etc.</td>
<td>A cash allowance provided to workers who have to accept a job outside of their commuting area and relocate.</td>
<td>A cash allowance provided to workers who have to accept a job outside of their commuting area and relocate.</td>
<td>Same as 2011. 90% of allowable job search costs, up to a maximum of $1,250, available if state elects to provide the benefit.</td>
</tr>
<tr>
<td><strong>Relocation Allowances:</strong></td>
<td>90% of allowable job maximum of $1,250</td>
<td>100% of allowable job maximum of $1,250</td>
<td>90% of allowable relocation costs, plus an additional lump sum payment of up to $1,250 available if state elects to provide the benefit.</td>
<td>90% of allowable relocation costs, plus an additional lump sum payment of up to $1,250, available if state elects to provide the benefit.</td>
</tr>
<tr>
<td><strong>Additional Trade Adjustment Assistance:</strong></td>
<td>Available to workers $50,000</td>
<td>Available to workers $55,000</td>
<td>Available to workers $1,000</td>
<td>Available to workers $1,000</td>
</tr>
<tr>
<td><strong>Reemployment:</strong></td>
<td>Maximum total ATAA benefit of up to $10,000</td>
<td>Maximum total income (TRA) benefit of $12,000</td>
<td>Reemployed with no deadline</td>
<td>Reemployed with no deadline</td>
</tr>
<tr>
<td></td>
<td>Reemployed within 26 months in full time</td>
<td>Reemployed in full-time or part-time employment in combination with approved training</td>
<td>Training benefit is also available</td>
<td>Training benefit is also available</td>
</tr>
<tr>
<td></td>
<td>Training benefit NOT available</td>
<td>Training benefit is also available</td>
<td>Training benefit is also available</td>
<td>Training benefit is also available</td>
</tr>
<tr>
<td><strong>Premium Over-the-Counter Tax:</strong></td>
<td>Available to TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</td>
<td>Available to TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</td>
<td>Available to TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</td>
<td>Available to TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</td>
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Trade Adjustment Assistance (VOS) System

Operating Instructions

December 2016
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Jobs4TN (VOS) Operations Guide

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Log into Jobs4TN

1. Enter your staff user name (either your CC or CG #)
2. Enter your password
3. Press the enter key on your keyboard.
Staff Sign In Notice

1. Read and accept Staff Sign in Notice by selecting I Agree.
This is your Dashboard. It is the screen from where you will start your search.

1. To assist a participant click “Manage Individuals”
1. Click on “Assist an Individual”
1. Click on the “Last Name Box” and key last name. Then click on the “SSN (Last 4 digits)” box and key the last 4 Digits.

2. Click Search.

Or,

1. Click on the “Quick Search at the top left hand side of the page. Key full SSN or SID.

2. Name should appear below the “Quick Search” box.

3. Click on the appropriate name.
TAA Participant’s name will appear here.

1. To Complete a TAA application for this participant, look under “Staff Profile” and click “Programs”

NOTE:  *If your screen does not show the drop down menu, click on “Staff Profile”, then “Case Management”*

NOTE:  *Sometimes this screen will not appear due to worker not being active in Wagner Peyser. Be sure to activate worker before proceeding to the Programs Tab.*
NOTE: Every participant will need to have a Wagner Peyser Application, Resume, and Virtual Recruiter (job search purposes) completed before we proceed with creating a TAA application. If there is no WP application, we will ask the participant to complete one along with the resume and virtual recruiter (job search purposes), in the resource room before we can assist them further.

If a Wagner Peyser application, Resume, and Virtual Recruiter (job search purposes) is already present, you must review and verify with the applicant that the information is accurate and up to date.
TRADE ADJUSTMENT ASSISTANCE APPLICATION

Once the Wagner Peyser Application, Resume, and Virtual Recruiter have been completed:

1. Click on the “+ Trade Adjustment Assistance (TAA) Program”

“Create Trade Adjustment Assistance (TAA) Program” is now available (If not Contact your TAA specialist for assistance.)

1. Click on “Create Trade Adjustment Assistance (TAA) Program

**NOTE:** At this point in the process we are just collecting information to see if this person meets the requirements for the program. There will be 9 input screens to complete the trade application. Most of which will be auto-filled from the Wagner Peyser application. The Wizard will be utilized to work through the application process.
1. Key the “application date”. Use the TRA Claim Date (TRA claim dated can be located in ESCOT on the TMQ1 screen) or Date participant applies for the TAA Program if no TRA Claim has been established.

2. Key in the “date of Eligibility”. This is the decision date of TRA Claim (found in ESCOT on the TMQ1 screen). If there is no TRA claim, use date participant applies for the TAA Program and layoff has been verified to fall within the impact period.

3. Select the “LWIA/Region” from drop-down

4. Select the “Office location” (normally your career center)

5. Select the “Office Location” of Responsibility

**Note:** The application date is the date in which the impacted participant applies for the program. The date of Eligibility determination is the date the participant is determined to be an adversely affected participant. We may use ESCOT screens to obtain this information or if the impacted participant has a layoff notice from the separating company, then we have to verify as being trade impacted before we can proceed. If the latter is the case, then use the same date as the application date.

6. Press “next” to continue.
Contact Information Tab

Name
1. First name should already be populated (mandatory field)
2. Last name should already be populated (mandatory field)

Social Security
3. Key “SSN” (mandatory field)
4. Click on “Verify” under SSN Verification (mandatory field)
5. Select documentation used to verify SSN
6. You can also upload the verification document if one has not already been uploaded.
Residential Address

1. Address should auto-populate from Wagner Peyser application (mandatory field)

Mailing Address

1. Click “Check here to use residential address information” (This will allow the residential address to be used for mailing).

   Note: If the mailing address is different than the residential address, i.e. P. O. Box, please complete the mailing address information.

Phone Number

1. Key phone number and select the appropriate definition for the phone, i.e. home, mobile, work, etc.
NOTE: We need to ensure that we obtain an email address for the TAA participant. If the participant has no email address, one can be developed for them.

1. Key email address

Alternate Contact

1. If participant has an alternate contact, click on “Click Here”

CLICK “NEXT”

NOTE: If you do not press Next here the information you have captured on this tab will not be saved.
Demographic Information Tab

### Individual Information

1. Birthday should auto-populate from Wagner Peyser application (mandatory field)
   a. If not already verified, Click on “Verify” under Date of Birth verification (mandatory field)
   b. Select document used for verification (mandatory field)
   c. Upload copy of verification document if one is not already available.
2. Gender should auto-populate from Wagner Peyser application (mandatory field)
3. Disability should auto-populate from Wagner Peyser (mandatory field)
   a. If there is a disability, if not already verified, click on “Verify” to the right of Disability Verification (mandatory field)
   b. Select appropriate verification
   c. If necessary upload verification of disability
4. “Are you a U.S. Citizen, should auto-populate from the Wagner Peyser application. Complete USCIS information if participant is not a U.S. Citizen. (mandatory field) “Verify” if necessary.

### Educational Information

5. Select appropriate education level completed under Individual Registration Highest Grade Completed (mandatory)
6. Select highest graded completed under Federally Reported Highest Grade Completed (mandatory)
Demographic Information Tab (cont.)

Ethnic Origin

1. Select appropriate answer to, “Are you of Hispanic or Latino heritage?” (mandatory field)
2. Select appropriate answer to, “Race – Please check all that apply. (mandatory field)

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
Veteran Information

Military Service

1. These 3 questions should be auto-populated from Wagner Peyser. Verify they are answered correctly before continuing. (mandatory field)

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
Individual Employment Tab

Employment Information

1. Select the appropriate answer to “Individual Registration Current Employment Status.” (mandatory)
2. Select the appropriate answer to “Federally Reported Employment Status.” (mandatory)
3. Select the appropriate answer to “Are you receiving Unemployment Compensation?” (mandatory)
4. If the answer to question #3 is anything other than “No, neither claimant nor exhaustee” click on “Verify”
5. Select the appropriate documentation and if necessary upload a copy of the document into the system.
Individual Employment Tab (cont.)

Rapid Response

1. Select the appropriate answer to “Did you attend a group orientation?” (Rapid Response)(mandatory)
2. Click on “Click Here” to locate a Rapid Response Event Number.

Note: If they have attended a rapid response meeting you must select “Yes” on “Did they attend a group orientation?” in order for this information to be captured for reporting purposes.
Rapid Response Search Screen

1. Rapid Response Events can be searched by any of the following:
   Identification Number
   Company Name
   Site Location
   Begin Date
   End Date

2. Enter the search criteria
3. Click Search

Events Listing

1. Click on “Event Number”
2. Rapid Response event number will populate on the Individual Employment Tab beside “Rapid Response Event Number
3. If the employer does not show up and you know they attended an event please select #99999999 “Event not Listed”.

---

**Event Number** | **Company Name** | **Site Location** | **Begin Date** | **End Date**
---|---|---|---|---
9999999999 | Event not Listed | Event not Listed | 01/01/1974 | 12/31/2020
1211 | Goodyear Tire & Rubber Co | Goodyear Tire & Rubber Co | 09/01/2005 | 09/01/2005
11908 | Goodyear Tire & Rubber Co | Goodyear Tire & Rubber Co | 02/20/2005 | 06/30/2005
Petition

1. To complete petition information, click on “Find TAA Petition”
2. The “Filter Criteria” screen will appear.

Note: If participant application happens to be a conversion record, a petition search is still required so that the dislocating employment information will be populated.

Note: Any employment information not populated must be manually enter.
### Petition Filter Criteria Screen

#### Filter Criteria

<table>
<thead>
<tr>
<th>Petition Number</th>
<th>Company Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Employer Contact</th>
<th>ATAA Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>81945</td>
<td>Pfizer</td>
<td>Knoxville</td>
<td>TN</td>
<td>37901</td>
<td>Jonas Smith</td>
<td>Yes</td>
</tr>
<tr>
<td>75252</td>
<td>Goodyear Tire and Rubber</td>
<td>Gadsden</td>
<td>AL</td>
<td>35903</td>
<td>Susie Q</td>
<td>Yes</td>
</tr>
<tr>
<td>82939</td>
<td>Volex, Inc.</td>
<td>Hickory</td>
<td>NC</td>
<td>28602</td>
<td>HR</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Add New TAA Petition**

1. On this screen you can filter by:
   - Petition Number
   - Company Name
   - Decision Date
   - Impact Date
   - Expiration Date
   - City
   - Zip Code
   - Status

2. Key the search information and click “Apply Filter”
3. The Petition information should appear
4. Click on the appropriate Petition Information

**NOTE:** The option to add a new petition may only be accessed by TAA Central Office Staff.
1. TAA Petition, will appear after the petition has been selected on the Filter screen (mandatory)
2. Click “Verify” to the right of TAA Petition Verification and select the appropriate documentation (mandatory)
3. Select the appropriate answer to “TAA Liable/Agent State” (mandatory)

NOTE: Liable State is the state that holds the petition and pays the TRA benefits. Agent State is the state that assists the liable state with training funds when the participant is an out-of-state participant. Select both when Tennessee is the petition state and the state covering the training cost.

4. Petition information, i.e. company and address will appear after the petition has been selected on the Filter screen.
Individual Employment Tab (cont.)

Dislocating Employment Information

1. Key number of Hours per Week. (mandatory) Must be keyed in xx.x format, Or like 00.0
2. Key dislocating job title (mandatory)
3. Key “Employment Begin Date” with the dislocating employer. (mandatory)
4. Key “Employment End Date” from the dislocating employer. (mandatory)
5. Months Employed will auto-populate
6. Key “Dislocating Hourly Wage” (mandatory). This is the wage the participant was making when he/she was laid off.
7. Key the “Date of Qualifying Separation” (mandatory). This information can be found in ESCOT on the TMQ1 (shows TMQ4) Screen. It would be identified as the Separation Date.
8. Click “Verify” to the right of Verify Date of Qualifying Separation
   a. Select the appropriate documentation used for verification. (mandatory)
1. Re-employment since layoff from trade affected job is mandatory
2. Select the appropriate answer and complete the remaining information if applicable.

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
**Individual Employment Tab (cont.)**

**Public Assistance Tab**

- **Public Assistance Aid**
  
  * indicates required fields.

  For help click the question mark icon.

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you receiving TANF?</td>
<td>Yes, I am receiving TANF</td>
<td>No, I am not receiving TANF</td>
</tr>
<tr>
<td>Are you receiving Food Stamps?</td>
<td>Yes, I am receiving Food Stamps</td>
<td>No, I am not receiving Food Stamps</td>
</tr>
<tr>
<td>Are you receiving Supplemental Security Income (SSI)?</td>
<td>Yes, I am receiving SSI</td>
<td>No, I am not receiving SSI</td>
</tr>
<tr>
<td>Receiving Social Security Disability Income (SSDI) – 6 months prior to participation</td>
<td>Yes, I am receiving SSDI</td>
<td>No, I am not receiving SSDI</td>
</tr>
<tr>
<td>Are you receiving Refugee Cash Assistance (RCA)?</td>
<td>Yes, I am receiving RCA</td>
<td>No, I am not receiving RCA</td>
</tr>
<tr>
<td>Are you receiving General Assistance (GA)?</td>
<td>Yes, I am receiving General Assistance</td>
<td>No, I am not receiving General Assistance</td>
</tr>
<tr>
<td>Receiving or Notified of Pell Grant</td>
<td>Yes, receiving Pell Grant</td>
<td>No, not receiving Pell Grant</td>
</tr>
</tbody>
</table>

1. These are questions that the participant should have answered when completing the Wagner Peyser Application. All questions should be answered.
2. Review for accuracy and correct if necessary.
Individual Barriers Tab

1. Select appropriate answer to “Individual or family members have limited English...”

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
1. Meets definition of TAA will indicate yes or no
2. Meets definition of ATAA will indicate yes or no
3. Meets definition of RTAA will indicate yes or no
4. Eligible for TRA, if you are aware that the participant is drawing TRA mark eligibility “Yes”. Leave blank if you are not sure.

**NOTE:** At this point you should have a good idea as to whether the participant is in fact trade impacted. If the answers do not appear to be accurate some investigation may need to be conducted. Contact your Trade Specialist in Central Office for assistance.

**NOTE:** Case Notes are a must for everything we do in Trade. Update case notes as you work through the enrollment process to ensure needed information is available for eligibility determination.
Completion of the Application

| Relocation Allowance (Separation) | 9/1/2013 |
| Relocation Allowance (Certification) | 12/24/2013 |
| Relocation Allowance (After training) | Not Applicable |
| ATAA Eligibility | Not Applicable |
| Training (Separation) | 12/20/2014 |
| Training (Certification) | 4/27/2013 |
| Additional TRA (Separation) | Not Applicable |
| Additional TRA (Certification) | Not Applicable |

**Note:** At this point in the process you are ready to enroll the participant. To enroll a participant into the TAA program you must enter at least one activity.

CLICK “NEXT” if you are ready to enroll. CLICK “FINISH” if not

**Note:** If you click finish at this point you can go ahead and print the application. If you chose to click next to proceed to the enrollment and activity you can wait to print the application when those are finished. (Print instruction can be located on page 42 of this manual.

**NOTE:** If you do not press either Next or Finish here the information you have captured on this tab will not be saved.
Participant Information

1. Key “Participation Date” In most cases that would be the current date. (mandatory)
2. Participation Age will auto-populate from the Wagner Peyser application
3. Select appropriate answer for “highest education level achieved.” (mandatory)
4. Select appropriate answer for “are you attending school?” (mandatory)
5. Select appropriate answer for “employment status at time of participation” (mandatory)
6. Select appropriate answer for “UC/UI eligibility status at participation” (mandatory)

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
NOTE: To start participation you must give the participant an activity. The date that you give the client their first activity is the applicant’s participation date.

NOTE: Activity Enrollment is up to 7 screens. For non-funded activity you will use only 3 of the tabs. If this activity is a funded activity, all 7 screens will be utilized by both you and your TAA Specialist.

NOTE: The very first activity we should see on a trade impacted participant is Initial Assessment!!!! (For basic services provided by career center staff, the provider will be the Tennessee Department of Labor.)
### General Information Tab

![Image of General Information Tab](image)

This is general information on the trade impacted participant. It gives you his “user name”, his name, last 4 digits of his SSN, address, and application Summary.

His application summary identifies the participant’s application date and eligibility date.

1. Select the appropriate “Customer Program Group. (mandatory) For Trade this will be “TAA” (mandatory)
2. Select the appropriate LWIA/Region if not already identified. (mandatory)
3. Select the appropriate Office Location if not already identified. (mandatory)
General Information Tab (cont.)

Enrollment Information

4. Click on “Select Activity Code”

NOTE: There are some activities that are fundable and some that are not.
This is a list of activity codes that can be utilized in the trade program. In this example we have selected Initial Assessment Code 102. This is not a fundable activity. All TAA participants must have this activity and should be your first activity.

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and/or region.

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Activity Title</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
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<td>01</td>
<td>Hold waiting for activities or health/medical</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>101</td>
<td>Orientation</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>152</td>
<td>Initial Assessment</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>107</td>
<td>Provision Of Labor Market Research</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>110</td>
<td>Attended Rapid Response</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>125</td>
<td>Job Search/Placement Asst. inc. Career Counseling</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>185</td>
<td>Support Service -Other</td>
<td>SS - Other</td>
</tr>
<tr>
<td>202</td>
<td>Career Guidance/Planning</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>205</td>
<td>Develop Service Strategies (IEP/ISS/EDP)</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>209</td>
<td>Referred To State And Local Training</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>210</td>
<td>Referred To Educational Services</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>211</td>
<td>Referred To WIANIIOA</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>214</td>
<td>Adult Literacy, Basic Skills or GED Preparation</td>
<td>PS - Other</td>
</tr>
<tr>
<td>215</td>
<td>Short Term Pre-Vocational Services</td>
<td>PS - Other</td>
</tr>
<tr>
<td>217</td>
<td>Suggestive Service - Relocation assistance</td>
<td>SS - Relocation</td>
</tr>
<tr>
<td>222</td>
<td>English as a Second Language (ESL)</td>
<td>PS - Training Non-ITA</td>
</tr>
<tr>
<td>231</td>
<td>Waiver - Recall</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>232</td>
<td>Waiver - Marketable Skills</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>233</td>
<td>Waiver - Retiremen</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>234</td>
<td>Waiver - Poor Health</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>235</td>
<td>Waiver - Delay for Training</td>
<td>PS - Office Services</td>
</tr>
<tr>
<td>236</td>
<td>Waiver - Training Not Available</td>
<td>PS - Office Services</td>
</tr>
</tbody>
</table>
General Information Tab (cont.)

1. Key Actual Begin Date if not already populated.
2. Key Projected End Date (mandatory)

NOTE: Remaining items on this page are not applicable to this activity.

Initial Assessment begin and end date should be the same date because you completed this activity all in the same day.
1. Select the appropriate answer to “Position”
2. You may add a comment here if you choose.

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
Service Provider Tab

1. Click on “Select Provider.” (mandatory)

The Provider box will pop up for you to search for a provider of services. See following screen for an example.
This is a list of service providers that can be utilized in the trade program. Since we are using the “Initial Assessment”, we will use the Tennessee Department of Labor as the Provider. (This is not a fundable activity.)

Click on any Provider Name to select it.

[ ] Hide Filter Criteria

<table>
<thead>
<tr>
<th>Provider Code</th>
<th>Provider Name</th>
<th>Address</th>
<th>Programs Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>5336</td>
<td>Conversion Provider</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5397</td>
<td>Tennessee Department of Labor</td>
<td>220 French Landing Drive Nashville, TN 37243</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Click on the provider name or filter by the provider name, FEID, SSN, or vendor ID to locate the provider you are seeking. Provider box will be populated.

**NOTE:** In other activities a provider could be the LWDA, school, bookstore, uniform store, etc.

**NOTE:** If the provider is not shown in the drop down you will need to contact the TAA Central Office unit so they can create the provider.
Service Provider Tab (cont.)

1. Click on “Select Service, Course or Contract.” The Service Search Box will appear. (mandatory) See following example.

Click on any Service, Course or Contract name to select it.

<table>
<thead>
<tr>
<th>ID</th>
<th>Service, Course or Contract Name</th>
<th>Program Type</th>
<th>Location Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>95797</td>
<td>office services</td>
<td>Program Services</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Click on appropriate service. Enrollment Service Provider Information screen will be populated.
1. Service, Course or Contract will be populated. (mandatory)
2. Click on “Select Provider Location”. Select appropriate information and the name and address of training provider will populated the location box. (not mandatory)
3. Click on “Select Provider Contact” to obtain name of contact for the provider. (not mandatory)

CLICK “NEXT”

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
Note: Final Tab is Closure Tab. Once a non-fundable activity has been completed, it should be closed by completing the following steps. Most non-fundable activities will be closed the same day they are created, with one exception. The IEP must remain open throughout the training and reemployment search.

1. Key “Last Activity Date”
2. Select the appropriate “Completion Code”
3. Update “Case Notes” with information regarding the closure of this activity.
4. Select “Finish”

NOTE: At this point in the process you will need to print the application and have the participant sign and date it. You will sign your name and date the form.
Closure Information Tab

<table>
<thead>
<tr>
<th>Job Search Allowance (Certification)</th>
<th>4/15/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job search Allowance (After training)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Relocation Allowance (Separation)</td>
<td>3/29/2017</td>
</tr>
<tr>
<td>Relocation Allowance (Certification)</td>
<td>6/14/2016</td>
</tr>
<tr>
<td>Relocation Allowance (After training)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>ATAA Eligibility</td>
<td>7/30/2016</td>
</tr>
<tr>
<td>Training (Separation)</td>
<td>5/21/2016</td>
</tr>
<tr>
<td>Training (Certification)</td>
<td>6/13/2015</td>
</tr>
<tr>
<td>Additional TRA (Separation)</td>
<td>5/20/2016</td>
</tr>
<tr>
<td>Additional TRA (Certification)</td>
<td>11/12/2015</td>
</tr>
</tbody>
</table>

Edit Eligibility Information

Individual Signature

- [ ] Create PDF
- [ ] Include Staff Signature

Applicant Signature

[ ] Return  [ ] Print

To Print the Application:

1. Return to the Programs Tab
2. Click on “Trade Application” to open
3. Scroll to bottom of the screen
4. You will see a “Print” button
5. Uncheck the “Create a PDF” checkbox at the bottom of the screen.
6. Click on “Print”
7. Document will appear on your screen
8. Click your “Print” button for hard copy
9. Have the participant sign and date the document.
10. You will need to sign and date the document.

See next 2 pages for a print view of the TAA Application
**TAA Application:**

**JOBS4TN.GOV**

### General Information:

- **Username:** 1297769
- **Office Location:** NW City (Outlier in No-More Military)
- **Application Date:** 06/25/2016
- **Application ID:** 300763005

### Contract Information:

- **Name:** HUSDONH.KATTIE
- **Primary Phone Type:** Home
- **Resident Address:** 440 REGER RD
- **City, State, Zip:** MEMPHIS, TN 38119-9000

### Equal Employment Opportunity Information:

- **Race:** African American
- **Gender:** Male
- **USAS Number:**
- **Date of Birth:** 03/09/1956
- **Age:** 60

### Veteran Information:

- **Are you a U.S. Citizen?** Yes
- **Have you ever been discharged from the military?** Yes
- **If yes, what was the reason for discharge?** Discharge due to medical reasons
- **Do you have a disability?** Yes
- **If yes, what is your disability?** Major disability
- **Are you a veteran?** Yes
- **If yes, what branch of military?** Air Force
- **If you have a disability, what is the nature of the disability?** Major disability
- **Are you homeless?** No
- **Are you a recipient of VA benefits?** No
- **Are you a recipient of Social Security?** Yes

### Employment Information:

- **Employment Status:** Full Time
- **TAA Employer:** IQ Custom Products WC
- **Employer Address:** 1725 South Hill St, MEMPHIS, TN 38109
- **Job Title:**
- **Hours per Week:**
- **Months Employed:**
- **Date of Qualifying Separation:** 01/29/2016
- **Re-Employed Since Layoff From Trade Affected Job:** Yes
NOTE: This document will print off in 2 pages. Be sure the participant and you sign and date the document. Scan and upload when you have the complete packet into Jobs4TN (VOS) and maintain only the original signed documents in the participant's caseload.
CASE NOTES

Case notes are a must for everything we do in Trade. If you do not document it, it didn’t happen! Create case notes throughout the worker’s participation in Trade.

(Examples: activities, IEP’s, enrollment(s), benchmarks, etc.)

To create a case note you select Case Notes under the General Profile.

Then you click on add new case note. An example of a case note is on the next page.
Mr. Allen has requested information concerning TAA. I have completed his application and referred him to the WIA for Assessment and also to the school to gather information about training he may be interested in applying for.

1. Indicate Date Case Note is written
2. Select Program if not already populated
3. Identify the Case Not Type
4. Select appropriate LWIA/Region (Mandatory)
5. Select appropriate Office Location (Mandatory)
6. Note Subject of Case Note (Mandatory)
7. Indicate appropriate Contact Type (not mandatory)
8. Post case note.

Click “Save”

Note: To prevent duplication of case notes you can either post a case note from the Case Note Link or within an activity or benchmark. It is not necessary to create a case note in both.
Other Activities Needed

After completing the Initial Assessment Activity (102) you will create the following activities as you do them:

- Individual Employment Plan (IEP - 205) – *End date needs to be 6 month past estimated completion date.*
- Labor Market Information (LMI - 107)
- Rapid Response (110)
- Job Search (125)
- Referral to LWDA/WIOA for Assessment (211)

You will create these by selecting the “Create Activity” button under the expanded trade application section, as shown below.

After you select this, the steps will be the same for all the above listed activities.

*Note:* All of these activities will have closure date with the exception of the IEP (205) it should have an anticipated closure date of 6 months past the anticipated completion date of training.
**Requesting Training**

At this point the participant should have been assessed by the LWDA/WIOA and had training recommended (Activity 211) and no suitable employment was found. Therefore, he/she may request TAA Funded Training. For a participant to be considered as eligible for a training service, a training activity will be required. To be able to complete the activity in Jobs4TN (VOS) the participant will be required to assist in obtaining the necessary documentation from the provider to establish the cost of training, as well as, meeting the other criteria. The TAA Training Check List LB- 0948, located at [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs) can be a tool used to obtain the needed information. The following documentation will be required to be scanned and uploaded into Jobs4TN (VOS) as supporting documentation for eligibility determination:

**Total Training Cost**

- Cost sheet showing the total cost of training, broken down by term for each of the following: tuition/fees, total book cost, total tool cost (if applicable), and total miscellaneous cost (if applicable).
- Breakdown of books, tools, and supplies with cost of each item per term

**Training Information**

- Academic plan/course outline per term
- Signature of authority for the attendance forms and billing
- School Calendar showing breaks in training

**Miscellaneous Information**

- Mileage information (1 source)
- Demand Documentation
- Worker Training Agreement & Responsibilities LB-1092
- TAA Training Financial Support Statement LB-1090
- Willing to Commute LB-1089 (if traveling outside area for employment)
- TABE/CASAS Scores
- WIOA Referral to Training Form LB-0738

**Documents**

- Signed and Dated TAA application, by Participant and Career Center TAA Staff
- Signed and Dated IEP, by Participant and Career Center TAA Staff
- Completed, signed and dated IRS Form W-9

**Remember:**

- All of the above items (those on the check list) will need to be collected and saved to be uploaded as one packet to VOS when you are ready to request review and determination from your TAA Area Specialist.
- Maintain a file with the original signed TAA Application and the documents you have uploaded.
- Case notes must be completed every time you interact with the participant, so that there is a record of the services and activities you have provided the participant.
TAA Training Activity will be completed in the same manner as any other activity. This is a funded activity so there will be 7 tabs to complete by both you and the TAA Specialist, instead of 3 (none funded training).

NOTE: Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider’s List to verify the training institution and the course the participant is requesting is indicated on the Eligible Provider’s List (ETPL), located on the Department’s website, www.tn.gov/workforce/article/eligible-training-providers

If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.

Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select “Activity Code” 328, Occupational Skills Training- Non Approved Provider’s List (ITA) for this activity.

If the provider and course of study are on the Eligible Provider’s List, select “Activity Code” 300.
Create Training Activity

Create Trade Adjustment Assistance (TAA) Program

Create Participation

Create Activity

1. Click “Create Activity”
1. Select TAA as your customer Program Group.
2. LWDA Region is already populated from the first activity
3. Select the appropriate “Office Location”
NOTE: Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider’s List to verify the training institution and the course the participant is requesting is indicated on the Eligible Provider’s List (ETPL), located on the Department’s website, www.tn.gov/workforce/article/eligible-training-providers

If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.

Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select “Activity Code” 328, Occupational Skills Training- Non Approved Provider’s List (ITA) for this activity.

If the provider and course of study are on the Eligible Provider’s List, select “Activity Code” 300.

1. Click on “Select Activity Code”
Create Activities (cont.)

General Information

Enrollment Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>237</td>
<td>TAA - Approved Out of Area Job Search Allowance</td>
<td>SS - Other</td>
</tr>
<tr>
<td>300</td>
<td>Occupational Skills Training - Approved Provider List (ITA)</td>
<td>PS - Approved Provider Training - ITA</td>
</tr>
<tr>
<td>301</td>
<td>On-The-Job Training</td>
<td>PS - OJT</td>
</tr>
<tr>
<td>303</td>
<td>Distance Learning</td>
<td>PS - Approved Provider Training - ITA</td>
</tr>
<tr>
<td>304</td>
<td>Customized Training</td>
<td>PS - Non-ITA Occupational Skills</td>
</tr>
<tr>
<td>324</td>
<td>Adult Educ w/ Occ. Skills Training - Approved Provider List (ITA)</td>
<td>PS - Approved Provider Training - ITA</td>
</tr>
<tr>
<td>328</td>
<td>Occupational Skills Training - Non Approv Provider (No ITA)</td>
<td>PS - Non-ITA Occupational Skills</td>
</tr>
<tr>
<td>331</td>
<td>TAA - Approved Travel in Training</td>
<td>SS - Transportation</td>
</tr>
<tr>
<td>332</td>
<td>TAA - Approved Subsistence in Training</td>
<td>SS - Other</td>
</tr>
<tr>
<td>333</td>
<td>TAA - Approved Remedial Training (for those with GED/HS Diploma)</td>
<td>PS - Approved Provider Training - ITA</td>
</tr>
<tr>
<td>335</td>
<td>TAA - Approved Occupational Skills Training - Approved by Other State</td>
<td>PS - Non-ITA Occupational Skills</td>
</tr>
<tr>
<td>339</td>
<td>TAA - Approved GED Training</td>
<td>PS - Training Non-ITA</td>
</tr>
<tr>
<td>341</td>
<td>TAA - Approved Remedial Training (for those with GED HS Diploma) Approved by Other State</td>
<td>PS - Training Non-ITA</td>
</tr>
</tbody>
</table>

In this example we will be selecting a service provided by a provider on the Eligible Provider’s List

1. Select “Occupational Skills Training – Approved Provider list (ITA),” activity code 300.

NOTE: Do not select Activity Code 300 if you have not first checked the Eligible Provider’s List, located on the department’s website. Select Activity Code 328 and contact your TAA Specialist for assistance.
1. Key the Projected Begin Date (date training is scheduled to begin)
2. If the actual begin date is the same day the activity is being completed, key it in the “Actual Begin Date” block. If not, leave blank.
3. Key the Projected End Date (date training is scheduled to complete)(Mandatory)
4. Select the appropriate answer for “Training leads to an Associate’s Degree”
5. Select the appropriate answer for “Training funded by the TAACCCT Grant Program”

**NOTE:** The Actual Begin Date must be completed before the system will allow you to create Benchmarks or close the activity.

**NOTE:** It is important that we verify whether the training is TAACCCT training for reporting purposes.
Create Activities (cont.)
General Information
Enrollment Information

6. Select the appropriate answer for “Attending Full Time or Part Time training as defined by the training institution.”

**NOTE:** It is important that we indicate whether the training is full-time or part-time, because the participant’s eligibility for training or TRA could be impacted.

7. Key the Total number of hours attending currently. (credit hours per term)
8. Key the “date Verified current training attendance” (mandatory)

**NOTE:** This would be the date that you contacted the school to verify that the participant was on track to start school on the start date of training (or a letter of acceptance can justify).

9. Select the appropriate answer to “Any classes attended through distance learning.”
10. If Distance Learning is part of the training, key the date you verified that there would be someone who would sign off on the attendance records.

**NOTE:** It is important that we indicate whether the training was or had distance learning classes for reporting purposes.
1. Select appropriate answer for “Position” (staff)
2. Comments can be posted here if you choose to do so.
3. Be sure to add a case note so when reviewing the request we will have the needed information to make an accurate determination.

CLICK “NEXT”

*NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.*
1. Click on Select Provider

**NOTE:** Be sure you have first checked the Eligible Provider’s List for the training facility and course of study, located on the department’s website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.
Click on any Provider Name to select it.

<table>
<thead>
<tr>
<th>Provider Code</th>
<th>Provider Name</th>
<th>Address</th>
<th>Programs Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>5398</td>
<td>Bright Education Services</td>
<td>123 Main Street Nashville, TN 37214</td>
<td>1</td>
</tr>
<tr>
<td>5399</td>
<td>Mickey Mouse Clubhouse 7</td>
<td>8745 Spence LN Nashville, TN 37209</td>
<td>2</td>
</tr>
<tr>
<td>196</td>
<td>NASHVILLE STATE COMMUNITY COLLEGE</td>
<td>120 White Bridge Road Nashville, TN 37209</td>
<td>1</td>
</tr>
<tr>
<td>5397</td>
<td>School of Learning</td>
<td>456 Main Street Nashville, TN 37214</td>
<td>1</td>
</tr>
<tr>
<td>5403</td>
<td>Smith Landscape School</td>
<td>123 Baker Road Nashville, TN 37214</td>
<td>1</td>
</tr>
<tr>
<td>5400</td>
<td>Tennessee Provider</td>
<td>1812 Overture Nashville, TN 37208</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Select Provider (In this example we are using Nashville State)
1. Click on Select Service, Course or Contract

**NOTE:** Be sure you have first checked the Eligible Provider’s List for the training facility and course of study, located on the department’s website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.
Create Activities (cont.)
Service Provider (cont)

1. Select the course the participant is enrolling in. (In this example we are using the Business Management Course of study)

**NOTE:** Be sure you have first checked the Eligible Provider’s List for the training facility and course of study, located on the department’s website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.
Once you select a provider and course of study, if the provider is on the Eligible Training Provider List, the location will automatically populate the information for you.

1. Click on “Select Provider Contacts”

   **NOTE:** In most cases the Occupational training code will populate if the school and course of study is coming from the provider’s list. Contact your TAA Specialist if you have problems.
1. Select the appropriate Contact Name. “Provider Contacts” will automatically populate the name you selected.
**Enrollment Service Provider Information**

| Enrollment Summary: | Enrollment ID: 970270  
|                     | Username: LWiese87434  
|                     | TAA Application ID: 3143727  
|                     | Activity Code: 300  
| * Provider: | NASHVILLE STATE COMMUNITY COLLEGE  
|             | [Select Provider]  
| * Service, Course or Contract: | BUSINESS MANAGMENT  
|                           | [Select Service, Course or Contract]  
| Provider Locations: | NASHVILLE STATE COMMUNITY COLLEGE  
|                     | 120 White Bridge Road  
|                     | Nashville, TN 37209  
|                     | [Select Provider Locations]  
| Provider Contacts: | Priscilla Tibbs  
|                    | [Select Provider Contacts]  
| * Occupational Training Code: | [Occupational Training Code]  

1. Click on “Occupational Training Code.”
2. If you receive a message that no occupational code is found for the course of study you have selected, click on “Select Occupation from ONET Table”
3. Search Screen will appear (see example next)
1. Occupational codes may be search several different ways. You can start with “Search for an occupation by keywords(s) first. Click on the keyword search options box
2. Key your “keyword”
3. Click search
4. Review your options and select the code you feel is the best for the training the participant is entering.
Enrollment Service Provider Information

Enrollment Summary:
- Enrollment ID: 970270
- Username: LWiese87434
- TAA Application ID: 3143727
- Activity Code: 300

* Provider: NASHVILLE STATE COMMUNITY COLLEGE
[Select Provider]

* Service, Course or Contract: BUSINESS MANAGEMENT
[Select Service, Course or Contract]

Provider Locations:
- NASHVILLE STATE COMMUNITY COLLEGE
  120 White Bridge Road
  Nashville, TN 37209
[Select Provider Locations]

Provider Contacts:
- Priscilla Tibbs
[Select Provider Contacts]

* Occupational Training Code: 11102100 - General and Operations Managers
[Occupational Training Code]

CLICK "NEXT"

NOTE: If you do not press NEXT here the information you have captured on this tab will not be saved.
NOTE: Once you reach this tab you will scan and upload required training documents (complete packet). Notify your TAA Specialist of the existing training activity. Please be sure to include contact and address information on all vendors.

Your TAA SPECIALIST will review the information uploaded, complete this screen, and the following screens using the information you have provided from the school and other vendors, if any.

CLICK “Exit Wizard” and refer to page 77 for your next steps.
Financial Aid Tab

**NOTE:** The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, and the following screens using the information you have provided from the school.

**Enrollment Financial Aid**

- Financial Aid Applicable: [ ] Yes [ ] No
- Financial Aid Web Site: [Click here to view the Financial Aid Web Site]

[Exit Wizard]

**CLICK “NEXT”**

**NOTE:** If you do not press NEXT here the information you have captured on this tab will not be saved.
NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.

ENROLLMENT BUDGET SCREEN SHOT

<table>
<thead>
<tr>
<th>Enrollment Budget Information</th>
<th>Enrollment ID: 970270</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Summary:</td>
<td>Username: LWiese87434</td>
</tr>
<tr>
<td>Total Enrollment Cost:</td>
<td>TAA Application ID: 3143727</td>
</tr>
<tr>
<td>Financial Aid Contribution:</td>
<td>Activity Code: 300</td>
</tr>
<tr>
<td>Total Funded Costs:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Costs To Be Funded:</td>
<td>$7,020.00</td>
</tr>
</tbody>
</table>

[Click Here To Select a Budget]
NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.

<table>
<thead>
<tr>
<th>Available Budgets</th>
<th>Budget Amount</th>
<th>Available Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAS Fund Stream</td>
<td>$150,000.00</td>
<td>$21,300.00</td>
</tr>
</tbody>
</table>

Select a Budget
Select one budget from the list.

[Close button]
NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cost</td>
<td>$20,500.00</td>
</tr>
<tr>
<td>Total Funded Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Obligations</td>
<td>$0.00</td>
</tr>
<tr>
<td>Costs To Be Funded</td>
<td>$20,500.00</td>
</tr>
</tbody>
</table>

### Budget Allocation

<table>
<thead>
<tr>
<th>Budget</th>
<th>Funded Amount</th>
<th>Obligated Amount</th>
<th>Current Balance</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAA Fund Stream</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>Edit History</td>
</tr>
<tr>
<td>Test 1 (12/11/2012 - 12/10/2014)</td>
<td>[Click Here To Select a Budget]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Over Payments

<table>
<thead>
<tr>
<th>Date</th>
<th>Over Payment Amount</th>
<th>Waiver Issued</th>
<th>Action</th>
</tr>
</thead>
</table>
NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budget Information, and the following screens using the information you have provided from the school.

---

**Budget Plan Information**

<table>
<thead>
<tr>
<th>Enrollment Summary:</th>
<th>Enrollment ID: 973197</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Username: TINYTIMMY</td>
</tr>
<tr>
<td></td>
<td>TAA Application ID: 3163216</td>
</tr>
<tr>
<td></td>
<td>Activity Code: 300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Funded Costs:</th>
<th>$1,304.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Paid Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Outstanding Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Funded Costs to be Obligated:</td>
<td>$1,304.00</td>
</tr>
</tbody>
</table>

[+] Show Filter Criteria (Showing all records)

---

**TAA Fund Stream PY 2014 : PY 2014 (7/1/2014 - 6/30/2015)**

<table>
<thead>
<tr>
<th>Budget Location: State [State]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded Amount: $1,304.00</td>
</tr>
<tr>
<td>Obligated Amount: $0.00</td>
</tr>
<tr>
<td>Current Balance: $1,304.00</td>
</tr>
<tr>
<td>Total Payments: $0.00</td>
</tr>
<tr>
<td>Total Refunds: $0.00</td>
</tr>
<tr>
<td>Total Paid: $0.00</td>
</tr>
</tbody>
</table>

[ Add a Voucher ]
The TAA Specialist will complete the Voucher based on the information you have provided from the training facility and vendors (if any).

- First voucher will be submitted with the Approval document for you to provide to the participant at the time he/she comes in to sign the Approval.
- If the decision is to Deny the training, no voucher will be issued.
**EXAMPLE OF PRINTED VOUCHER**

**Tennessee**  
LV01/Region: LV01-09  
TN Career Center - Nashville

<table>
<thead>
<tr>
<th>Voucher ID: 5381</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Voucher Remittance Address:</td>
<td></td>
</tr>
<tr>
<td>TN Career Center - Nashville</td>
<td></td>
</tr>
<tr>
<td>655 Mainstream Drive</td>
<td></td>
</tr>
<tr>
<td>Nashville, TN 37243</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Here if Final:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Participants Name: Timmy Allen</td>
</tr>
<tr>
<td>SSN: XXX-XX-4446</td>
</tr>
<tr>
<td>Student ID: N/A</td>
</tr>
<tr>
<td>State ID: 3372340</td>
</tr>
<tr>
<td>Program: Trade Adjustment Assistance (TAA)</td>
</tr>
<tr>
<td>Program - TAA</td>
</tr>
<tr>
<td>Appt: 3153216</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee Provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreement Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement #: N/A</td>
</tr>
<tr>
<td>Service Code: 300 - Occupational Skills Training - Approved Provider List (ITA)</td>
</tr>
<tr>
<td>Fund Stream: TAA Fund Stream PY 2014</td>
</tr>
</tbody>
</table>

**Total payment for this voucher cannot exceed the TOTAL VOUCHER amount**

<table>
<thead>
<tr>
<th>Item</th>
<th>Voucher Amount</th>
<th>Payments To Date</th>
<th>Amount Submitted for Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start Date:</td>
<td>End Date:</td>
</tr>
<tr>
<td>Total Training Costs</td>
<td>$150.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Tuition/Fee</td>
<td>$100.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>$50.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Tools</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL VOUCHER:</strong></td>
<td><strong>$150.00</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify, under penalty of law, that this voucher is correct and accurate. I understand that subsequent vouchers will be dependent on the participants continued progress in Trade Adjustment Assistance (TAA) Program.

---

Providers Authorized Signature | Date | Authorized Staff Signature | Date
EXAMPLE OF TAA ENROLLMENT

TAA Enrollment
JOBS4TN.GOV

TN Career Center - Nashville
665 Main Street
Nashville, TN 37243

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>SSN</th>
<th>AppiD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy Allen</td>
<td>X.XX-X.XX-4445</td>
<td>13163216</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Case Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAA-TAA</td>
<td></td>
</tr>
<tr>
<td>Petition: 085552-Ferrara Candy Company</td>
<td></td>
</tr>
<tr>
<td>Activity/Service: 300 - Occupational Skills Training - Approved Provider List (ITA)</td>
<td>Break in Training (weeks): 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization Begin Date</th>
<th>Authorization End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Begin 11/26/2014</td>
<td>Actual End: N/A</td>
</tr>
</tbody>
</table>

| Comments: | N/A |

**Enrollment Provider Information**

<table>
<thead>
<tr>
<th>Entity</th>
<th>FEIN#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee Provider</td>
<td></td>
</tr>
<tr>
<td>Program/Service: Culinary Arts and Chef Training 202</td>
<td>303742525</td>
</tr>
<tr>
<td>Training Site Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Tennessee Provider</td>
<td>(342)323-2222 Ext.</td>
</tr>
<tr>
<td>1812 Overture</td>
<td></td>
</tr>
<tr>
<td>Nashville, TN 37208</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Service Cost:</th>
<th>$1,304.00</th>
<th>Current Funded Costs:</th>
<th>$1,304.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Training Costs</td>
<td>$1,104.00</td>
<td>FundStream: TAA</td>
<td>FundStream PY 2014</td>
</tr>
<tr>
<td>Tuition/Fee</td>
<td>$.000.00</td>
<td>Period: PY 2014</td>
<td>7/1/2014 - 6/30/2015</td>
</tr>
<tr>
<td>Books</td>
<td>$54.00</td>
<td>Alloc: $.304.00</td>
<td>Oblig: $.00</td>
</tr>
<tr>
<td>Tools</td>
<td>$0.00</td>
<td>Axn: $.304.00</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td>$250.00</td>
<td>Comments: 25% of</td>
<td>total cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Record ID: 973197
Last Edited By: 234839
Last Edit Date: 12/2/2014 1003:00 AM
Once you have saved the training activity, you will notify your TAA Specialist in the Central Office by email to let them know that the activity is in the system and is waiting for review.

NOTE: All documents that the Specialist will need to make an eligibility determination should have been scanned and uploaded to the Jobs4TN (VOS) System (see page 77 for instructions on how to upload scanned documents into the Jobs4TN (VOS) system)

NOTE: Case notes should be complete and up to date. (See page 45 for instructions on how to complete case notes)

NOTE: There should be several activities indicated in the system prior to the training activity. Activities expected on each TAA participant are:

- Orientation
- Rapid Response
- IEP/EDP
- LMI
- Job Search
- Referral to WIA for Assessment
- Training

NOTE: An IEP/EDP should be developed and remain open (for six (6) months after anticipated completion date) for viewing and continued updating. (See page 78 for instructions on how to complete the IEP/EDP)

NOTE: Vouchers will be issue at the beginning of each term. These vouchers will be prepared by TAA Specialists in the Central Office.

- The first voucher will be issued after the approval of the training.
- The TAA Specialist will email the Approval (for signature), the enrollment, the voucher with agreement, the term book/supply list, and the TA-2 to the career center TAA Representative, the training facility, participant, and the TRA Unit. It will be extremely important to insure the needed contact information is available.
- Career Staff will provide the Approval information to their LWDA partners and will contact the participant to schedule an appointment to report to the office to sign and date the Approval Document.
- Subsequent voucher(s) will be distributed after the participant has reported for his/her benchmark reviews when providing grades, registration for the next term, and an itemized cost sheet for that term.
- Grades, registrations, and updated cost sheets are required to be scanned and uploaded into Jobs4TN (VOS) at the end of each term and the TAA Specialist notified.
- The Specialist will review all documents, request any needed information, and issue the next voucher if everything is accurate.

NOTE: The providers will bill TAA each term just as they have all along. However, a new voucher will not be issued for the next term if TAA Central Office has not received and processed an invoice for the previous term.
INDIVIDUAL EMPLOYMENT PLAN ACTIVITY

Activity 205 (create an activity on page 47) documents the development of an Individual Employment Plan (IEP). This activity is required on all participants. Example of activity below.

Create Activity

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity / Provider</th>
<th>W2 Funding</th>
<th>Projected Begin Date</th>
<th>Actual Begin Date</th>
<th>Projected End Date</th>
<th>Actual End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>300 - Occupational Skills Training - Approved Provider List (ITA) TENNESSEE COLLEGE OF APPLIED TECHNOLOGY AT ELIZABETHTON</td>
<td>TAA</td>
<td>01/04/16</td>
<td>01/04/16</td>
<td>08/23/16</td>
<td>Close</td>
</tr>
<tr>
<td>331</td>
<td>331 - TAA - Approved Travel in Training Tennessee Department of Labor</td>
<td>TAA</td>
<td>01/04/16</td>
<td>01/04/16</td>
<td>08/23/16</td>
<td>Close</td>
</tr>
<tr>
<td>101</td>
<td>Orientation Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
<tr>
<td>107</td>
<td>107 - Provision Of Labor Market Research Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
<tr>
<td>110</td>
<td>110 - Attended Rapid Response Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
<tr>
<td>125</td>
<td>125 - Job Search/Placement Asst. Inc. Career Counseling Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
<tr>
<td>205</td>
<td>205 - Develop Service Strategies (IEPASS/EDP) Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/23/16</td>
<td>Close</td>
</tr>
<tr>
<td>209</td>
<td>209 - Referred To State And Local Training Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
<tr>
<td>211</td>
<td>211 - Referred To WIA/MDA Tennessee Dept of Labor and Workforce</td>
<td>TAA</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15</td>
<td>12/16/15 Successful Completion</td>
</tr>
</tbody>
</table>

Note: *Creating the activity is not the same as creating the IEP.* The IEP is created in the Plan Tab (see next page).
The Plan Tab is located under Staff's Profiles > Case Management.

Use this folder to manage Plan information for the selected Individual.
Creating an Individual Employment Plan

Objective Assessment Summary
There are No Objective Assessment Summaries
Create Objective Assessment Summary

Individual Employment Plan
There are No Individual Employment Plans
Create Individual Employment Plan/Service Strategy

Click “Create Individual Employment Plan/Service Strategy” under the Individual Employment Plan section.

Note: The IEP is utilized by all WIOA programs. If there is already a plan created you will NOT create a new plan, but will create your own goal and objectives for TAA.
Starting at the left tab (Plan) the WIZARD will step you through the appropriate steps to create the IEP.

Complete the Plan Information: Plan Start Date, Region, and Office. Then, click the Next Button.
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

IEP Goal

(*)indicates required fields.  For help click the question mark icon.

General Information

User Name  goiterriadams
Name  Adams, Terri

IEP Goals

No History Records

Add New Goal

Your IEP first needs a GOAL. What is the primary plan for assisting this person? Click the ADD New Goal link in the center of the page.

Note: The IEP is utilized by all WIOA programs. If there is already a GOAL created by another program, you WILL NEED to create a new goal and objectives for TAA.
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

IEP Goal

Complete the required fields to create your client’s goal.
Click save to move to the next screen.

Use text box for more information about the Goal.
The Goal appears in a table. To edit the goal, click the **EDIT** link in the *Action* Column. If a goal requires deletion, please contact your TAA Specialist for assistance.

Objectives are required next! Click the **NEXT** button.
After the Goal, you must create required **Objectives** that will be used to achieve the Goal. An **Objective** is defined as individual events that will lay the groundwork for the Goal’s success.

The system will let you add a new **Objective** manually, or use some predefined Objectives. **In TAA we will be adding our Objectives manually.**
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

IEP Objective

Manual Objectives are created from beginning to end. You determine the accurate title and nature of an Objective for the TAA Program.

Add additional comments that will clarify the need for this objective in the Detailed box.

Click SAVE.

Note: Any additional Objectives will be created in the same manner.
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

IEP Objectives

After the Objectives have been created, they will appear in a table. To edit an Objective, click the **EDIT** link in the Action Column. To delete an Objective, contact your TAA Specialist for assistance.

Click the **NEXT** button to continue.

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Objective</th>
<th>Date Established</th>
<th>Review Date</th>
<th>Program (s)</th>
<th>Staff</th>
<th>Status</th>
<th>action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HVAC Diploma training</td>
<td>Requested training in HVAC</td>
<td>11/18/2014</td>
<td>01/02/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Closed</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Completed WIA Assessment</td>
<td>11/20/2014</td>
<td>01/04/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Closed</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Enroll in TAA Funded Training</td>
<td>11/20/2014</td>
<td>01/04/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Closed</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Maintain good progress while in training</td>
<td>11/20/2014</td>
<td>01/04/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Will meet benchmarks while in training</td>
<td>11/20/2014</td>
<td>11/20/2014</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Report every 60 days, grades, reg, boost</td>
<td>11/24/2014</td>
<td>01/08/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Notify TAA Staff of any changes</td>
<td>11/24/2014</td>
<td>01/08/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Receive Credential</td>
<td>11/24/2014</td>
<td>01/08/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
<tr>
<td>HVAC Diploma training</td>
<td>Job Search</td>
<td>11/18/2014</td>
<td>01/02/2015</td>
<td>TAA</td>
<td>Wright, Robin</td>
<td>Open</td>
<td>Edit Delete</td>
</tr>
</tbody>
</table>

Add new objective

Note: Above is an example of, at a minimum, what the different Objectives should include. It shows the status of each Objective. As the participant progresses through their TAA services, you will close each Objective as it is completed.
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

IEP Objectives

The Services tab displays services from an individual’s service plan. If you checked the box in the Plan Tab to print the Service Plan with the IEP, services on this page will print with the rest of the form.

Click the Finish button.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Goals</th>
<th>Objectives</th>
<th>Services</th>
</tr>
</thead>
</table>

(*) indicates required fields. 

For help click the question mark icon.

**General Information**

- User Name: gsiteriadams
- Name: Adams, Torri

**IEP Services**

<table>
<thead>
<tr>
<th>App # - program</th>
<th>Service/Activity</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Provider</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>205 - Development of Individual Employment Plan</td>
<td>60 - WIA</td>
<td>A - 10/28/2011</td>
<td>P - 12/20/2011</td>
<td>GSI Test Provider</td>
<td>GSISA0</td>
</tr>
<tr>
<td>102 - Initial Assessment (W/P/WIA)</td>
<td>60 - WIA</td>
<td>A - 10/28/2011</td>
<td>A - 10/28/2011</td>
<td>GSI Test Provider</td>
<td>GSISA0</td>
</tr>
</tbody>
</table>

**Exit Wizard**

- << Back
- Finish
- Delete

**CONGRATULATIONS, YOU HAVE CREATED AN IEP!** Skip to page 93 to continue.
When you are ready to close the plan, click the EDIT link in the Plan Table. You will have to close the plan in the opposite order that you created it!
Close the IEP in this order:

1. Objectives
2. Goals
3. The date in the Plan Tab itself.
Edit each of the Objectives by selecting the Edit link.

The status must be Closed on each objective.

Provide an Actual Completion Date, Completion Status, and Reason Closed. Do the same for the Goal.

The goal must be Closed in the same way.
Exit Wizard

Provide a Closed Date in the Plan Tab, then click the Next button all the way out of the IEP.
If the IEP goal and objectives were successfully closed, the status will say ‘Closed.’
Once the IEP has been completed you will need to print a copy for signatures. Both the worker and you must sign and date the document. To print, click the Display/Print Link on the Plan main screen.
INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

EXAMPLE OF AN IEP

General Information:

Plan ID:
User ID:
Name:
Plan was started on: 03/23/2016
Plan was started in office location: TN Career Center
Plan closed on:

Goals and Objectives Established:

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Program Affiliation(s)</th>
<th>Type of Goal</th>
<th>Term of Goal</th>
<th>Date Established</th>
<th>Estimated Date of Completion</th>
<th>Actual Completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TAA</td>
<td>Training</td>
<td>Long Term</td>
<td>03/23/2016</td>
<td>04/25/2017</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

Goal Description: Welding Program

Comments: Desires employment in the Welding field but lacks needed credentials to secure full-time suitable employment. Will enroll in the Welding Program to obtain the needed credential.

Objectives to Goal #1

<table>
<thead>
<tr>
<th>Objective</th>
<th>Date Established</th>
<th>Review Date</th>
<th>Program</th>
<th>Staff</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Search</td>
<td>02/23/2016</td>
<td>06/07/2016</td>
<td>TAA</td>
<td></td>
<td>Closed</td>
</tr>
</tbody>
</table>

Comments: Assisted with job search. No suitable employment found at this time.

Requested training in Welding | 03/23/2016 | 06/07/2016 | TAA |    | Closed |

Comments: Requested training in Welding at the TCAT Newbern campus. School placement rate for Welding is 74%.

Completed WIOA Assessment | 03/23/2016 | 06/07/2016 | TAA |       | Closed |

Comments: Enrolled in WIOA for assessment and recommended for training.

Enroll in TAA funded training | 03/23/2016 | 06/07/2016 | TAA |       | Closed |

Comments: Applied and was enrolled through TCAT Newbern to attend the Welding Program at their Union City campus beginning May 2, 2016 and ending April 25, 2017. He received his AS in Drafting & Design from Murray State University in 1982 but never used his training. He will travel 14 miles one-way to school Monday through Friday.

Maintain satisfactory progress | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will maintain satisfactory progress throughout his Welding training.

Will meet benchmarks | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will meet all benchmarks set by TCAT Newbern.

Report every 90 days | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will report to the AOC every 90 days to discuss his progress in the Welding Program.

Notify TAA of any changes in training | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will notify his TAA representative of any changes in his training program as soon as possible.

Receive credential | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will receive his credential at the end of his training program.

Job Search Assistance | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will continue to seek employment at the end of his training period to pursue job search assistance.

Obtain employment | 03/23/2016 | 05/07/2016 | TAA |       | Open |

Comments: Will obtain full-time suitable employment in the Welding field.
EXAMPLE OF AN IEP

Signatures

Applicant Signature / Date

Parent/Guardian Signature Date

Staff Signature

EXAMPLE
This is an example of what IEP Alerts look like.

<table>
<thead>
<tr>
<th>Alert Description</th>
<th>Days</th>
<th>Notify</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IEP Goals Alert</strong></td>
<td>5 days prior</td>
<td>On the day only</td>
</tr>
<tr>
<td>This alert will notify you when any IEP goal is nearing the Estimated Date of Completion.</td>
<td></td>
<td>Everyday after</td>
</tr>
<tr>
<td><strong>IEP Objectives Alert</strong></td>
<td>5 days prior</td>
<td>On the day only</td>
</tr>
<tr>
<td>This alert will notify you when any IEP Objective is nearing the Review Date of Completion.</td>
<td></td>
<td>Everyday after</td>
</tr>
</tbody>
</table>

There are two (2) staff alerts available for the IEP:

- **IEP Goals Alert.** This alert will notify you when an IEP goal Estimated Date of Completion is coming soon.

- **IEP Objectives Alert.** This alert will notify you when an IEP objective review date of completion is coming soon.
BENCHMARKS

Go to the Programs tab in JOBS4TN (VOS) and click on the + next to the Trade Adjustment Assistance (TAA) Program.

Click on the + next to the TAA Application.

Under Create Activity, Click on Training Benchmark View.

Click on Add Training Benchmark.

Under Training Benchmark Information, fill out the beginning and ending dates of the benchmark period, and answer the questions regarding the participants training. Include uploaded documentation from the participant to support the Benchmark by verifying grades/progress report/etc. and add to documents. Enter the date the benchmark was completed. Enter case notes to go with benchmark information. Click Save.

Note: If you cannot see the Training Benchmark View link on your screen, verify that you have entered the actual begin date in the training activity.
WAIVERS

Create Waiver Entry

Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

Create Transportation Assistance

Create ATAA

TRA Payment View

Create Closure

Create Outcome

1. Click on “Create Waiver Entry”

Note: Only create a waiver when instructed to by the TRA Unit.
1. Key the date the “Waiver” is issued. (mandatory)
2. Key the “Waiver Reason” (mandatory)

Click “Save”

You must select Save if you want the information you have created to be saved.

Note: All open waivers must be reviewed every 30 days until the participant enters training.
**TRANSPORTATION ASSISTANCE (cont.)**

**Individual Information**

- User ID: 2643640
- State ID: 1282597
- Eligibility Date: 08/26/2011
- Petition Number: 075252
- First Name: Linda
- Middle Initial: K
- Last Name: Wiese
- Create User: Wright, Robin [234839]

**Application Information**

- Application Date for Transportation Assistance: 10/31/2014

**Exit Wizard**

Next >>
## Training Information

[Search for Training Provider]

*Training Provider: NASHVILLE STATE COM

[Search for Training Location]

*Training Location: NASHVILLE STATE COM

*School Address 1: 120 White Bridge Road

School Address 2: 

*City: Nashville

*State: TN

*Zip Code: 37209

Create Date: 10/31/2014

Create User: Wright, Robin[234839]

Edit Date: 10/31/2014

Edit User: Wright, Robin[234839]
### Travel Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date</td>
<td>10/31/2014</td>
</tr>
<tr>
<td>End Date</td>
<td>10/30/2016</td>
</tr>
<tr>
<td>Is this Training 100% Online?</td>
<td>No</td>
</tr>
<tr>
<td>Travel Distance from Home to School One Way</td>
<td>51.00</td>
</tr>
<tr>
<td>Mileage Rate</td>
<td>$0.560</td>
</tr>
<tr>
<td>Commuting Distance is Greater than 50 miles</td>
<td>Yes</td>
</tr>
<tr>
<td>Daily Mileage Rate</td>
<td>$57.12</td>
</tr>
<tr>
<td>Federal Per Diem Rate</td>
<td>$0.00</td>
</tr>
<tr>
<td>50% Federal Per Diem</td>
<td>$0.00</td>
</tr>
<tr>
<td>Daily Amount of Eligible Transportation Assistance</td>
<td>$0.00</td>
</tr>
<tr>
<td>TAA Transportation Assistance Determination</td>
<td>Approved</td>
</tr>
</tbody>
</table>

### Case Note

**NOTE:** Transportation Assistance will be set up after receipt of the training request by the TAA Specialist if training is approved and transportation assistance will be a part of the training cost. An Activity will be established by the TAA Specialist to coincide with the transportation assistance applications.
CREATE APPROVED TRAINING (TAA Specialist use only)

Create Waiver Entry

   Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

Create Transportation Assistance

<table>
<thead>
<tr>
<th>Provider</th>
<th>Location</th>
<th>Application Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASHVILLE STATE COMMUNITY</td>
<td>NASHVILLE STATE COMMUNITY</td>
<td>10/31/2014</td>
<td>10/31/2014</td>
<td>10/30/2016</td>
<td>Approved</td>
<td>Edit</td>
</tr>
</tbody>
</table>

Create ATAA

TRA Payment View

Create Closure
CREATE APPROVED TRAINING (TAA Specialist use only) (cont.)

### Approved Training Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>User ID</td>
<td>2643640</td>
</tr>
<tr>
<td>State ID</td>
<td>1028597</td>
</tr>
<tr>
<td>Eligibility Date</td>
<td>8/26/2011</td>
</tr>
<tr>
<td>Approved Training based upon qualifying separation date</td>
<td>11/5/2011</td>
</tr>
<tr>
<td>Approved Training based upon certification date</td>
<td>6/4/2011</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
</tbody>
</table>

### Approved Training Entry

<table>
<thead>
<tr>
<th>Approved Training Application Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10/31/2014</td>
<td>Today</td>
</tr>
</tbody>
</table>

- Suitable employment is not available to the worker: ○ Yes ○ No
- The worker would benefit from this training: ○ Yes ○ No
- There is reasonable expectation of employment following completion of this training: ○ Yes ○ No
- This training is reasonably available to the worker: ○ Yes ○ No
- The worker is qualified to undertake and complete the training: ○ Yes ○ No
- This training is available at a reasonable cost: ○ Yes ○ No

**Approval of training:**

**Case Note:**

Save  Cancel
**EXAMPLE OF THE ELIGIBILITY DETERMINATION**

Tennessee Workforce Online Services
Trade Adjustment Assistance Program (TAA)
Application for TAA Training

<table>
<thead>
<tr>
<th>Participant Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Timmy Allen</td>
<td><strong>State ID:</strong> 3312840  <strong>Petition Number:</strong> 085552</td>
</tr>
<tr>
<td><strong>Most Recent Qualifying Separation Date:</strong> 9/1/2014</td>
<td><strong>Petition Certification Date:</strong> 1/8/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider:</strong> NASHVILLE STATE COMMUNITY COLLEGE</td>
<td><strong>Program:</strong> CULINARTY ARTS</td>
</tr>
<tr>
<td><strong>Projected Start Date:</strong> 1/15/2015</td>
<td><strong>Projected End Date:</strong> 12/31/2016</td>
</tr>
<tr>
<td><strong>Weeks of Training:</strong> 102</td>
<td></td>
</tr>
</tbody>
</table>

I understand that I may exhaust my UI and TRA benefits before the projected end date of my training even though the cost of the training may continue to be paid. I will have ( ) will not have ( ) the financial resources available to have my living expenses or lose my UI benefits if I ( ) do not ( ) attend training.

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Training Criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Application Date:</strong> 11/26/2014</td>
<td><strong>Suitable employment is not available to the worker:</strong> Yes</td>
</tr>
<tr>
<td><strong>The worker would benefit from this training:</strong> Yes</td>
<td><strong>There is reasonable expectation (emp/lo)event following completion of this training:</strong> Yes</td>
</tr>
<tr>
<td><strong>This training is reasonably available to the worker:</strong> Yes</td>
<td><strong>TAA Training Determination:</strong></td>
</tr>
<tr>
<td><strong>The worker is qualified to undertake and complete the training:</strong> Yes</td>
<td><strong>Based on TAA guidelines, the training specified above is:</strong> APPROVED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Appeal Rights:** If you do not agree with this determination, you have ten days (10) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you originally filed your claim. If you call or write to the office in person, in the time allowed, write or call that office. In your letter, you must explain why you disagree with the determination and provide documentation.
Create Waiver Entry

Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

![Create Transportation Assistance](image)

Create ATAA

TRA Payment View

Create Closure

---

### Bona Fide Application

| **User ID:** | 2643640 |
| **Name:** | Wiese, Linda |
| **Petition Number:** | 075252 |
| **Petition Certification Date:** | 04/06/2011 |
| **Qualifying Separation Date:** | 07/11/2011 |
| **Bona Fide Application Date:** | 10/31/2014 |
| **Training Requested:** | No |

---

**Save** **Cancel**
JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE

Job Search Allowance and Relocation Allowance Activity are completed in the same fashion as a training activity. However, a paper application from [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs) will be required to complete the request for allowances. Please see page 110 for list of application forms and required documents.

Click “Create Activity”

Job Search activity code is 237 TAA – Approved out of Area Job Search Allowance and Relocation activity code is 217 Supportive Services Relocation
Select your American Job Center location.

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).
A Job Search application is active for 30 days. The projected end date should be 30 days after the Job Search application was requested.

Click “Next”

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).
You will select the Provider “Tennessee Department of Labor” and Services, Course or Contract “SS-Other”

Click “Next”

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45)
You will now be at the Enrollment Cost tab.

Click “Exit Wizard”

At this point you will notify your TAA Specialist in Central Office of the activity and upload the application with signature and the completed appropriate documents to Jobs4TN (VOS).
EXAMPLE OF ENROLLMENT COST INFORMATION FOR JOB SEARCH ALLOWANCE

<table>
<thead>
<tr>
<th>Enrollment Cost Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>237 - TAA - Approved Out of Area Job Search Allowance</strong></td>
</tr>
<tr>
<td>Tennessee Department of Labor</td>
</tr>
<tr>
<td>SS: Other</td>
</tr>
<tr>
<td>Enrollment Summary:</td>
</tr>
<tr>
<td>Enrollment ID: 1218465</td>
</tr>
<tr>
<td>Username: JBenefield518941</td>
</tr>
<tr>
<td>TAA Application ID: 3457017</td>
</tr>
<tr>
<td>Activity Code: 237</td>
</tr>
<tr>
<td>Activity Dates: 7/16/2016 - 7/18/2016</td>
</tr>
<tr>
<td><strong>$ 1,250.00</strong></td>
</tr>
<tr>
<td>Total costs are itemized below:</td>
</tr>
<tr>
<td><strong>Total Support Service Cost - Fee Based</strong></td>
</tr>
<tr>
<td>$ 1,250.00</td>
</tr>
<tr>
<td>Available: $50,000.00</td>
</tr>
<tr>
<td>Obligated: $50.00</td>
</tr>
<tr>
<td>Service Fee $ 1,250.00</td>
</tr>
<tr>
<td>Other Costs $ 0.00</td>
</tr>
<tr>
<td><strong>Additional Costs</strong></td>
</tr>
<tr>
<td>These optional fields are used to record additional expenses related to the service.</td>
</tr>
<tr>
<td>This enrollment currently has no line items.</td>
</tr>
<tr>
<td>Select an item from the list and then click on the Add button to add the selected line item.</td>
</tr>
<tr>
<td><strong>Line Items</strong></td>
</tr>
<tr>
<td>Other/Misc Support Cost</td>
</tr>
<tr>
<td><strong>Total Enrollment Cost</strong> $ 1,250.00</td>
</tr>
</tbody>
</table>

[ Exit Wizard ]

You will change the “Total Support Service Cost” to the amount allotted for Job Search services e.g. petitions in 2015 are allowed to use $1250.00 in Job Search services.

Click “Next”

Note: When doing Relocation you will leave the prefilled amount of $50,000 for the “Total Enrollment Cost”.
SCREEN SHOT OF FINANCIAL AID

Financial Aid Applicable:  
- [ ] Yes  
- [ ] No

Financial Aid Web Site:  
[ Click here to view the Financial Aid Web Site ]

[ Exit Wizard ]

Click “Next”
SCREEN SHOT OF ENROLLMENT BUDGET INFORMATION

Enrollment Summary:
- Enrollment ID: 1614308
- Username: LIWiese87434
- TAA Application ID: 3393900
- Activity Code: 237

- Total Enrollment Cost: $50,000.00
- Financial Aid Contribution: $0.00
- Net Cost: $50,000.00
- Total Funded Costs: $0.00
- Total Obligations: $0.00
- Costs To Be Funded: $50,000.00

Budget Allocation

[ Click Here To Select a Budget ]

Over Payments

<table>
<thead>
<tr>
<th>Date</th>
<th>Over Payment Amount</th>
<th>Waiver Issued</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You have no records</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ Add Over Payment ]

Select “Click Here To Select a Budget”
You will select the correct fiscal year’s budget the job search or relocation applies.
Select “Edit” to insert the “Funded amount” and click “Save”

Note: Job search and relocation allowance amounts will vary depending on the petition. Please refer to your TAA manual for specific petition amounts.
SCREEN SHOT OF AVAILABLE BUDGETS ALLOCATION

<table>
<thead>
<tr>
<th>Budget</th>
<th>Funded Amount</th>
<th>Obligated Amount</th>
<th>Current Balance</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAA Fund Stream FY 2014</td>
<td>$1,250.00</td>
<td>$0.00</td>
<td>$1,250.00</td>
<td>Edit History</td>
</tr>
<tr>
<td>FY 2014 (10/1/2013 - 9/30/2018)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State [State]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Click Here To Select a Budget]

Click “Next”
**SCREEN SHOT OF BUDGET PLAN INFORMATION**

<table>
<thead>
<tr>
<th>Enrollment Summary:</th>
<th>Enrollment ID: 1217812</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Username: BLANKORE64</td>
</tr>
<tr>
<td></td>
<td>TAA Application ID: 3460493</td>
</tr>
<tr>
<td></td>
<td>Activity Code: 237</td>
</tr>
<tr>
<td>Total Funded Costs:</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>Total Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Paid Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Outstanding Obligations:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Funded Costs to be Obligated:</td>
<td>$1,250.00</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Budget Location: State [State]</th>
<th>Funded Amount: $1,250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Payments: $0.00</td>
</tr>
<tr>
<td></td>
<td>Obligated Amount: $0.00</td>
</tr>
<tr>
<td></td>
<td>Total Refunds: $0.00</td>
</tr>
<tr>
<td></td>
<td>Current Balance: $1,250.00</td>
</tr>
<tr>
<td></td>
<td>Total Paid: $0.00</td>
</tr>
</tbody>
</table>

[ Add a Voucher ]

You have no records

[ Exit Wizard ]

Note: You will only create a voucher once you have received all appropriate documentation from AJC.
SCREEN SHOT OF Voucher

Voucher should be marked as “Approved” and Payable to the “Participant”.
Student ID (SID): 123456

Reference No.: Doe, Jane 07-10-2016-0878
(Last Name, First Name Processed Date, Last 4 SSN)

Click “Save”
In the “Service Fee” field you will change to the approved payable amount.

Click “Save”
Click “Add a Payment” to add approved payment payable to the participant.
Verify the “Status” is Open

“Paid Date” is the date the payment was approved and processed.

“Vendor Document #” is the voucher number (Last Name, First Name Processed Date, Last 4 SSN)

Beginning Date: Date participant signed the Job Search Allowance application

Ending Date: 30 days from the signed Job Allowance application date.

Click “Save”

Note: Leaving the payment status Open allows appointed staff to reconcile the approved payment at a later date.
Insert “Last activity Date” which is the day you are completing the activity.

“Completion Code” should be changed to Successful Completion.

Click “Finish”.

---

SCREEN SHOT OF ACTIVITY ENROLLMENT CLOSURE TAB (TAA Specialist use only)
### A. Worker Application for Relocation Allowances

1. Are you currently employed?  
   Yes: [ ]  No: [X]  
   (If Yes, complete)

   **Name and Address of Firm**

2. Is this your first request for relocation allowances under the Trade Act of 1974, as amended?  
   Yes: [ ]  No: [X]  

3. Have you obtained suitable employment, or do you have a bona fide offer of employment?  
   Yes: [ ]  No: [X]

4. Name, title, and complete telephone number of person who hired you:

   **Name**
   [ ]
   **Title**
   [ ]
   **Complete Telephone Number**
   [ ]

---

### Job Search Allowance and Relocation Allowance (cont.)

Relocation Allowance Application LB-0430 (pg 1 of 2)
D. Worker Request for Lump Sum Payment

Weekly Wage $ [MULTIPLIED BY THREE (3)] $  

E. Worker Record of Expenses

<table>
<thead>
<tr>
<th>MEALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAKFAST</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

"Logging"

Name of Motel

F. Worker Certification

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELLOCATION ALLOWANCES 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. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USED FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

G. State Agency Determination

□ Relocation Allowances are approved for payment of the following cost:

JEFTRJUER 1-ED aT

CHIRIER OR AER/"LDR

□ Lump Sum of

COMPUTED AT 3 X $ 

AVERAGE WEEKLY WAGE: NOT TO EXCEED $1,250.00

TOTAL AMOUNT PAID $ 

DATE OF PAYMENT (MO., DAY, YR) 

H. 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.
Documentation Required for Relocation:

- Signed Application

- Back up documentations
  
  *Bona Fide* Job Offer
  Gas receipts
  Lodging receipt
  Meal receipts
  Travel documentation
  Truck rental receipts and estimates
  Trailer rental receipts and estimates
  Moving Company receipts and estimates

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).
Trade Adjustment Assistance Job Search Allowances Application

I. General Information

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>JS Application Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State ID</th>
<th>JS Application End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Petition Number</th>
<th>JS Remaining Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2002, 2011, or 2015 Max. Allowance $1250
2009 Max Allowance $1500
JS App Deadline per Qualifying Separation
JS App Deadline per Petition Certification
JS App Deadline per Training End Date

II. Eligibility Criteria

1. You must be covered by a certified TAA Petition.
2. You must apply and be approved for Job Search Allowances prior to commencing a job search activity and before incurring any expenses.
3. The job search activity must be 10 miles or more away from your residence (as defined by Google Maps, Rand McNally, Yahoo Maps).
4. Suitable employment must not be available within a 10 mile radius from your home.
5. You must be totally separated from employment with your trade-affected company.
6. You must complete a Job Search Allowances application within
   a. 365 days of petition certification;
   b. 365 days of most recent qualifying separation; or
   c. 182 days after conclusion of training.

III. Payment Criteria

1. Job Search Allowances include payments for travel costs, lodging, and meals.
2. Approvable Job Search Allowance amounts are as follows:
   a. 2002, 2011, & 2015 Amendments – 90% of all reasonable and necessary expenses, up to $1,250
   b. 2009 Amendments – 100% of all reasonable and necessary expenses, up to $1,500
3. Travel must be the least expensive method, for the shortest duration of time.
4. Lodging and meals will be paid up to either 50% of the federal allowable daily rate for the travel destination (http://www.gsa.gov/oral/category/21287) or the actual cost, whichever is less. (only applicable if travel is over 50 miles one way)
5. Only allowable job search activities (as described in section IV) will be reimbursed.
6. Job search activities must conclude 30 days after beginning.
7. You must provide all applicable and acceptable documentation (as described in section V), in order to receive payment.

IV. Job Search Activity Definition

In reference to TAA Job Search Allowances, approved job search activities are:
1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AID, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a résumé;
5. Going to a local AIC, public library, community center, or similar entity to use online job
   matching systems, including Jobs4TN, to search for job matches, request referrals, submit
   applications/resumés, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AIC (Example interview
   preparation meeting with a headhunter or private placement agency);
7. Attending a job fair or professional association meeting (for networking purposes);
8. Going to a local AIC to use resources that may lead directly to obtaining employment, such as:
   • obtaining and using local labor market information;
   • participating in skills assessments for occupation matching;
   • attending job fairs;
   • participating in pre-vocational workshops, incl. soft skills, résumé writing, interviewing skills, etc.; or
   • obtaining and following up on job referrals from AIC staff.

V. Required Documentation for Reimbursement
1. A copy of the approved Job Search Allowances Benefit Rights, Obligations, and Application.
2. A Job Search Activity Verification form, fully completed and signed by an authorized representative at the
   institution where a meeting takes place or services are sought (Example: library attendant, AIC staff,
   employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare,
   etc.);
5. Meal receipts; (only applicable if travel is over 50 miles one way), and
6. Lodging receipts; (only applicable if travel is over 50 miles one way).

VI. Participant Attestation
By signing below, I affirm the following:
1. I have read and understand the above terms.
2. I was afforded the opportunity to ask questions regarding Job Search Allowances and all of my questions were
   answered satisfactorily.
3. I understand that giving any false information or withholding information in order to obtain or increase
   benefits is FRAUD and can subject me to liability to repay overpayments, program disqualification, and
   criminal prosecution with penalties ranging from fines to up to 10 years imprisonment.
4. I understand that this job search application will expire on ____________ and that any job search
   activities conducted before that date will not be covered.
5. I understand that upon expiration of this application, I can reapply for further allowances if my balance is not
   exhausted.
6. I will be responsible for submitting a completed and signed Trade Adjustment Assistance Job Search Activity
   Verification form, including all applicable and acceptable backup documentation (as described in section V),
   in order to receive payment.

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.

Participant Signature Date

TAA AIC Representative Signature Date
JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

Job Search Allowance Application LB-1117 (pg 3 of 3)

VII. Eligibility Determination (FOR C.O. USE ONLY)

1. Is the applicant eligible for TAA? □ Yes □ No
2. Is suitable employment available within the commuting area? □ Yes □ No
3. Is the customer totally separated from employment with the Trade-affected company? □ Yes □ No
4. Is the Date of Request within: □ Yes □ No
   365 days of most recent qualifying separation?
   355 days of petition certification?
   182 days after conclusion of training?

VIII. AGENCY VERIFICATION OF JOB INTERVIEW

□ A completed Trade Adjustment Assistance Job Search Activity Verification Form
□ A Letter from the Company Official verifying interview
□ Phone conversation with the Company Official verifying interview
□ Email from Company Official verifying interview

Per the Trade Act of 1974, as amended, the above-named applicant is □ eligible □ not eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed $ ____________________________

TAA Coordinator/Merit Staff ____________________________ Date ____________________________

APPEAL Rights - You have the right to appeal this determination within 15 days from the date the notice is mailed. You may file an appeal by letter to the Appeals Tribunal, TN Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, Tennessee 37243-1001, by Fax 615-741-8993, or you may file through the office that filed your request. Your Social Security Number must appear on all correspondence.
Guidance for Trade Adjustment Assistance Job Search Allowances Application.

This form must be filled out by the worker if applying for job search reimbursement funds. It must be completed before the job search begins.

5. General information to be completed by a representative.

1. Input name, State ID Number, Petition Number.
2. Check box corresponding to which amendment the worker falls under.
3. Enter the application start date (the day they apply for the job search).
4. Enter the day the job search application will end (30 days from the application start date).
5. Enter the job search Allowance Remaining Balance, this will be $125018500, depending on the petition, minus what was spent on previous job searches. (Amount spent on previous job searches can be outlined in the 'O' in the 'O' in the TM Budget section or previous activity.)
6. Enter application deadline, application deadline per petition certification, and application deadline per training end date. (All can be rounded on training application in the O under TM calculations.)

Section II: Eligibility

1. Discuss with the worker the eligibility.

Section III: Payment

1. Make sure the worker understands the payment criteria listed in this section.

Section IV: Job search Activity

1. Discuss with the worker the activity required to ensure they understand what can be covered.

Section V: Required Documentation for Reimbursement

1. Review with the worker the necessary documents for submission for reimbursement after the job search has completed.

Section VI: Participant Attestation

1. The expiration date on line 1 should be completed for you. (30 Day completion date) If not please indicate the 30 day deadline date here.
2. Have the worker read this section and ask if they have any questions.
3. Have the worker sign and date it.
4. You sign and date it.

Section VII: Eligibility Determination

1. This section is to be completed and filled out by the central office (C.O.)
Trade Adjustment Assistance Job Search Act 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 Obligated Workers Program. We greatly appreciate your efforts of returning Tennessans to suitable employment.

By signing the statement below, you will 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,

Th.. &TN TAA Te..a..t..i

PLEASE PRINT CLEARLY

Title/Plant Name: ___________________________ State: __________

Employer/Service Provider: ___________________________ Contact Person: ___________________________

Complete Address: ___________________________ Contact E-mail: ___________________________

Phone: ___________________________ Job Search: __________

Job Search Activity Type: ___________________________ 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: __________

You may use this form to provide a job search activity that will be reimbursed by the State. Please provide the following information

- Employer/Service Provider Name and Address
- Contact Person Name and Title
- Job Search Activity Type (e.g., direct job offer, service provider)
- Job Search Activity Time

You must sign the form to certify that the information provided is correct to the best of your knowledge.

For more information, please contact the Tennessee Department of Labor & Workforce Development.
TRAPAYMENTS VIEW

Create ATAA

TRA Payment View

Create Closure

Create Outcome

Click on TRA Payment View Link

<table>
<thead>
<tr>
<th>ID</th>
<th>Payment Type</th>
<th>Payment Date</th>
<th>Payment Amount</th>
<th>Check #</th>
<th>Login Name</th>
<th>Internal User Name</th>
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<tbody>
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<td>10/31/2014</td>
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<td>View</td>
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</table>

[Delete View]

Return
1. Click on Documents (staff) under “Staff’s Profile”
Document Upload (cont.)

Once you have scanned and saved your *properly named* document to your computer, you will need to upload the document(s) in to Jobs4TN (VOS).

**Note:** The document name structure must be LastName, FirstName (DocumentType) Date of Upload.

**Example:** Smith, Sally (Training Packet) 06-16-2016.

1. Click on “Add A Document”
Creating a Closure (TAA Specialist use only)

1. Click on the “Program” tab
2. Expand the “Trade Adjustment Assistance (TAA) Program” tab
3. Beneath the activities you will find the “Create Closure” option.

Create ATAA

TRA Payment View

Create Closure

Create Outcome
Closure

**General Information**
- User ID: 2643640
- Last 4 of SSN: ***.**-7434
- Name: Linda Wise
- Date of Last Service: 10/31/2014
- Exit Date:
- Exit Reason:
- Local Workforce Investment LW09-Nashville Career Advancement C Area:
- *Office Location:* None Selected

**Closure Date:** 10/31/2014

**Exit Wizard**

1. Select the appropriate “Office Location”

Click “Next”

If “Next” is not selected the information will not be saved.
Creating a Closure (TAA Specialist use only) (cont.)

1. Select the appropriate answer for “Received Credential”
2. If the answer is yes, select the “Credential Attainment” and the “Date Credential Attained”.

Click “Next”

If **Next** is not selected the information will not be saved.
1. Select the appropriate answer for “Entered Employment”

Click “Next”

If “Next” is not selected the information will not be saved.
Creating a Closure (TAA Specialist use only) (cont.)

Staff Information

Case Note:

[ Add a new Case Note | Show Filter Criteria ]

<table>
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<tr>
<th>ID</th>
<th>Create Date</th>
<th>Subject</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No data found.

Current Case Manager: Case currently Not Assigned to a Case Manager

Assign Case Manager
Assign Me
Remove Case Manager Assignment

Previous Case Manager:

Position: Staff

Staff Created: 234339

Last Edited By:

Exit Wizard

<< Back Finish Delete

Click “Finish”

If “Finish” is not selected the information will not be saved.
Outcome (TAA Specialist use only)

Create ATAA

TRA Payment View

Create Closure

Create Outcome

1. Select “Create Outcome”
1. Select “LWIA/Region”
2. Select “Office Location”
3. Select “Staff Position”
4. Key “Exit Date”
5. Select “Other Exit Reason”

Click “Save”

If “Save” is not selected the information keyed will not be saved.
- Click on Appointment Calendar
- This is a screen shot of setting up an appointment for a particular person.
- You can indicate if you want an appointment to show on your calendar and others.
- Subject is mandatory
- Location – Region and Location are mandatory
- Schedule date are mandatory
- You can select yourself or other staff to attend the appointment
- Select the Individual you want to meet with.
- Indicate how you want the appointment to be forwarded to the participant
- Click Save
- Appointment will print to both your calendar and the participant’s calendar.
General Q & A's

1. What is required if the participant does not pass his/her TABE' test?
   TABE scores should be scanned into Jobs4TN (VOS) to document whether the participant has passed the assessment portion. Case notes should be updated to show whether the participant needs to retake the assessment. It should also indicate when and where the test will be given.

2. Who, what, and how will the training decision be distributed?
   All decisions will be emailed to the following with the Determination, Voucher (if approved) and a copy of the enrollment.
   - The career center TAA Representative
   - The training provider
   - The vendor (if any)
   - The TRA Unit
   - The LWIA Representative

3. What does the Career Center TAA Representative do upon receipt of the information
   CC Rep must contact the participant and request he/she return to the office to sign the determination and receive the voucher along with the cost list for the current term.

4. How is the information on the Jobs4TN site saved?
   Once you click on "Next", "Save", or "Finished" at the bottom of the screen the information you keyed on that screen will be saved.

5. What activities should be shown for TAA?
   Orientation (TRA Staff) / Initial Assessment (TAA Staff) (closed)
   Rapid Response (closed)
   IEP (open)
   LMI (closed)
   Job Search (closed)
   Referral to WIA for Assessment (open for up to 2 weeks, depending on your WIA)
   Training (open)
   Mileage – TAA Specialist (if Applicable) (Open)
   Job Search Allowance (Open for 30 days)
   Relocation Allowance

6. Once an IEP (our EDP) is keyed into Jobs4TN (VOS), when should it be closed?
   The IEP will be a common one used by all partners. Therefore it should stay open until the last service has been completed. If TAA is developing the IEP, the projected end date should be at least the last date of training. The projected end date can be edited if needed.

7. What do I do if the IEP has already been established by another partner?
You may update the IEP with TAA information. A goal can be added, objectives can be added. This is a living document so information can be added when necessary.

8. How do I know if the training provider and course of study is an eligible provider?
   Prior to selecting the training service code “300” look at the eligible provider’s list located on TDLWD’s website to see if the name of the training provider and course are showing on the list. If so you can proceed with using service code “300.” If not you must call your TAA Specialist.

9. How should the documents be scanned in the system, individually or as a group?
   Prior to submitting the training request information for determination, please scan all documents as a group and upload it into Jobs4TN (VOS) and name it “worker’ lastname, first name Training Request for Review – Date (xx-xx-xxxx) uploaded.”

10. What documents do I need to include in the scan?
    - Signed Training application
    - Signed EDP
    - Total Cost sheet broken down by term
    - Books & Supplies, including tools, broken down with cost of each per term
    - Academic plan/course outline per term
    - Signature of authority for the attendance forms and billing
    - School Calendar showing breaks in training
    - Mileage information (1 source if less than 45 miles one way, 3 sources if the participant is traveling more than 45 miles one way.)
    - Demand Documentation
    - Worker Training Agreement & Responsibilities LB-1092
    - TAA Training Financial Support Statement LB-1090
    - Willing to Commute LB-1089 (if traveling outside area for employment)

11. What happens to the originals once they are scanned into Jobs4TN (VOS)?
    All original signed documents must be maintained in a file at the Career Center

12. What needs to be included in the cost and cost breakdowns, and how do they need to be documented?
    All items including tuition/fees and all required books/supplies/tools, etc. must be broken down by term on both the total cost sheet and the item lists. No percentage mark up will be needed.

13. How is the voucher affected if the student registers for a class and the class is cancelled?
    Nothing, the school should only bill for the items purchase. However, if the participant is under Revision 2014, and the student can’t get full-time for the term, it could affect his TRA eligibility and eligibility for training. Each case must be evaluated individually before a decision can be made.
14. When a participant is approved for training, since there is not contract will the participant be approved for the entire training or just approved each term?
   The participant should be approved for the full training, however, the participant’s progress will be evaluated. The participant’s eligibility could be affected if he/she is not maintaining satisfactory status at the training facility.

15. What happens to the previously approved training contracts once we go live in Jobs4TN (VOS)?
   Contracts already in place at the time of Go-Live will remain intact through the end of the participant’s schedule training date. However, we will convert to vouchers for payment. This will be handled primarily by the TAA Unit.

16. Are all participant’s required to submit grades and registrations for next term at the end of each term?
   Yes, in fact the participant cannot obtain a voucher for the next term without presenting these things at the completion of each term. These items must be uploaded into VOS and named “worker’s lastname, firstname Grades for term (summer 2015) – DATE (xx-xx-xxxx) uploaded”

17. Jobs4TN (VOS) allows the participant to not input his/her social security number when they are registering? For TAA purposes, how will the program work without SSN’s?
   To receive assistance under TAA, the participant must provide documented proof of his/her social security when staff completes the TAA application. The system requires verification of social security number.

18. Can the information keyed by the participant incorrectly when registering in the system be corrected when staff assists the individual with TAA services?
   Yes

19. Is there a waiver form that must be signed by the participant?
   Yes, when you completed the waiver in the system, you should be able to print a copy.

20. When closing an activity do you wait until all invoices have been received and processed?
   Yes

21. How often should case notes be completed on a TAA participant?
   A case note should be completed in the Jobs4TN (VOS) system, every time you interact with the participant, whether it is in Wagner Peyser, TAA, or WIA.

22. Is the Application Date the date of Request?
   No, the date of request is still the date the participant provides sufficient information to indicate his/her desire to enroll in training. The definition of the Request Date will still have to be met. Definition can be found in the 2014 TAA Manual.

23. With Jobs4TN (VOS) system will forms on TNUI.net still be required.
   Yes
IEP Questions

1. **Goal Types: What is the difference between Schooling and Training?**
   A schooling goal should be used if a person needs to go back for their GED, while training should be used if the client needs to pursue a new career.

2. **Is the default for review dates always six weeks?**
   Yes

3. **If an IEP is left open, will it keep the system from exiting the participant?**
   No, the participant will still exit.

4. **Can the IEP remain open indefinitely?**
   Yes.

5. **Can you change an existing goal, or add a new goal if a person’s goals change?**
   You can add a new goal if a person’s situation changes.

6. **Are there any reports associated with the IEP?**
   Unfortunately no, there are currently no reports that document IEP information.

7. **Can a list of objectives be printed?**
   Yes, either use a Print icon available on the main Plan Tab, or click the ride side of your mouse and print that way.

8. **If you set alerts for the IEP and the client doesn’t complete the goal, do you keep getting alerts until the task is completed?**
   No, it will only alert you based on the estimated completion date of the goal.

9. **If the client is enrolled in WIA will the IEP services create an activity into WIA?**
   Yes.

10. **Is there a requirement to complete an objective assessment prior to creating a plan?**
    No, unless local policy dictates.

11. **What is the difference between a goal and an objective?**
    A goal is the primary reason why a person needs your help (get re-employed, go back to school). Objectives are the “baby steps” taken to achieve that goal.

12. **How do you determine whether a goal is short term or long term?**
    There is no set time frame for short, intermediate, or long. This may be something local policy will define.

13. **Only an assigned case manager will get the alerts?**
    Yes.
14. Do staff privileges calculate into the selection of the WIA or WP goals?
   No.

15. Are there different objectives for both WP and WIA?
   There can be different predefined objectives based on the goal type. While WP may always
   deal with re-employment, WIA may be training or schooling related objectives.

16. If staff was to use an IEP in WP, and a core service has been provided in WIA, will the WP intensive
   service populate over to WIA?
   Only if the IEP is set up with the WIA and WP boxes both checked.

17. If you accidentally click the Delete button, will the system ask for confirmation before deleting?
   Yes.

18. If the plan requires closure prior to exiting a participant, is it possible to have a post exit IEP goal or
   objective for 12 month follow-up purposes?
   Yes. The plan can also stay open and you can still prepare the client for exit.

19. When selecting a predefined objective, is there an option to add comments?
   Yes.

20. Can we create our own predefined goal and objective templates?
   From a template perspective, not at this time.

21. When checking the program affiliation, do you have to check the WP option if you’re a WIA case
    manager?
   No, you can check only WIA if you wish.

22. Does the activity code 205 connect to the WIA participation and, if so, is there activity codes for youth tied to the IEP?
   For youth, the code is 413.

23. Can the system be set up to automatically close out the goals and/or plan when a case closure is
    created?
   Not at this time.

24. Why can’t other staff close out goals who are not assigned to manage the record?
   The administrative side of the system can be set up so that other staff members have the
   privileges to close out IEP goals.

25. Do you have to close the objectives in order to close the goal?
   Yes.

26. After you have closed a goal or objective, can you re-open it?
   You would have to edit more than that in many situations, such as Completion and Review
   dates. But you could re-open it.
27. Is there a time when you can no longer delete a goal or objective?
   This is only limited through the administrative side of the system.

28. If a WIA client does not complete a goal or objective successfully, is that considered a negative with our WIA measures?
   For reporting purposes, the outcome of activities in a client’s service plan is more important. What appears in the Plan Tab is limited in regard to where the information will appear.

29. Will the 205 activity in the enrollment table of the program tab shown as staff created or system created?
   It is staff created. However, the comments text box can display “system created from creation of an IEP Plan.”
# TAA Program Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Needel, Director</td>
<td>Business Services</td>
<td>615-253-6355</td>
<td><a href="mailto:Michael.needel@tn.gov">Michael.needel@tn.gov</a></td>
</tr>
<tr>
<td>Robin V. Wright</td>
<td>TAA Coordinator</td>
<td>615-253-6668</td>
<td><a href="mailto:Robin.v.wright@tn.gov">Robin.v.wright@tn.gov</a></td>
</tr>
<tr>
<td>Karen P. Carter</td>
<td>TAA Assistant Coordinator, LWDA 9</td>
<td>615-253-6404</td>
<td><a href="mailto:Karen.p.carter@tn.gov">Karen.p.carter@tn.gov</a></td>
</tr>
<tr>
<td>Tracy Bunch</td>
<td>TAA Specialist, LWDA 1, 2, 3, 4</td>
<td>615-253-4168</td>
<td><a href="mailto:Tracy.bunch@tn.gov">Tracy.bunch@tn.gov</a></td>
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<tr>
<td>Nakeisha N. Ricks</td>
<td>TAA Specialist, LWDA 5, 6, 7, 8</td>
<td>615-253-0623</td>
<td><a href="mailto:Nakeisha.n.ricks@tn.gov">Nakeisha.n.ricks@tn.gov</a></td>
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<tr>
<td>Jamie Franklin</td>
<td>TAA Specialist, LWDA 10, 11, 12, 13</td>
<td>615-253-6357</td>
<td><a href="mailto:Jamie.franklin@tn.gov">Jamie.franklin@tn.gov</a></td>
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