Participant's Name: ___________________________ SID #: __________________
Petition#: __________ Date: ________________

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 wish to attend and present them to __________________________ , TAA Representative, at the __________________________ American Job Center, as soon as possible. If you need assistance you may contact your representative by phone at __________________________, or email 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

☐ Cost Sheet (indicating entire cost of training, i.e. tuition, total book cost, total tool cost, etc.) broken down by term

☐ Signature of Authority (training facility official(s) authorized to sign Trade Readjustment Allowance (TRA) weekly claims request and invoices)

☐ Letter of acceptance from training facility (if applicable)

☐ Letter indicating a waiting list (if applicable)

☐ Comparison from TCAT or state school if choosing a private training facility

NOTE: If any required items are to be purchased from an outside vendor, please note and provide vendor information, along with item list and estimated cost.
## Signature of Authority for Training Facility Officials

**Trade Act of 1974, Amended 2002 & 2015**

<table>
<thead>
<tr>
<th>Trainee State ID</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Enrollment Date</th>
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<tbody>
<tr>
<td>Petition Number</td>
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</table>

Name of Training Facility: 
Address of Training Facility: Street 
City State Zip Code 

**TA FUND**

**Weekly Request for Allowances by Worker in Training, LB-0429**
Individual authorized to sign claimant’s weekly claim

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Phone Number</th>
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<tbody>
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<td>Email</td>
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**Invoice TA-2**
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Phone Number</th>
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<tbody>
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<td>Email</td>
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**OTHER SOURCE OF FUNDING**
Name of Entity Funding Training: 
Address of Entity Funding Training: Street 
City State Zip 
Contact Name Phone Number 
Email 

**Weekly Request for Allowances by Worker in Training, LB-0429**
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

<table>
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Agency Representative Name: 
Agency Representative Signature: Date: 

**LB-0898 (Rev 09-2017)**

RDA 1586
WEEKLY REQUEST FOR ALLOWANCE BY WORKER IN TRAINING
TRADE ACT OF 1974 AMENDED 2015

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

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

1. HAVE YOU FILED FOR ANY OTHER TRAINING ALLOWANCE FOR THE WEEK SHOWN (OR FOR A PERIOD WHICH INCLUDES THE WEEK)?
   - YES
   - NO

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

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

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

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

B. WORKER CERTIFICATION

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

SIGNATURE OF WORKER

DATE

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

1. AS OF THE WEEK SHOWN, WAS THIS WORKER ATTENDING TRAINING?
   - YES
   - NO
   CURRENT TERM BEGAN:
   CURRENT TERM ENDED:

   IF NO, PLEASE EXPLAIN
   IF STUDENT IS OUT ON BREAK:
   DATE BREAK BEGAN:
   DATE STUDENT WILL RETURN

D. TRAINING FACILITY CERTIFICATION

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

NAME OF TRAINING FACILITY:

TELEPHONE NUMBER:

FAX NUMBER:

SIGNATURE OF TRAINING OFFICIAL

DATE
TRADE ACT OF 1974
AUTHORIZATION AND INVOICE

(1) Vendor: ____________________________

Address:

Street ____________________________

City ____________________________ State ____________________________

Zip Code ____________________________

Invoice # ____________________________

Petition No: ____________________________

Participant Name: ____________________________

SID #: ____________________________

Acceptance of this authorization signifies full compliance with Title VI of the Civil Rights Act of 1964, that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity. The Department of Labor and Workforce Development is in compliance with this Act. All applicants for service have a right to file complaints and to appeal according to regulations governing this principle. All complaints shall be addressed to the State Department of Labor and Workforce Development, Nashville, Tennessee.

The Department cannot be responsible for services rendered without authorization.

<table>
<thead>
<tr>
<th>ITEMS PROVIDED BY VENDOR</th>
<th>AMOUNT BILLED</th>
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TOTAL $ 0.00

These services are for the period: ____________________________ 
(dates training/instruction start and end)

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

__________________________ ____________________________ ____________________________
Signature of Vendor or Agent Title Date

ATTENTION: Please attach an itemized invoice with cost breakdown and totals. One unique invoice number must be assigned for all attached.

LB-1121 (Rev. 08-16)
TN Department of Labor & Workforce Development

TRADE ADJUSTMENT ASSISTANCE PROGRAM
TRAINING FACILITY TAA FOLLOW-UP NOTICE

NAME OF TAA TRAINING PARTICIPANT (First, Middle Initial, Last):

PETITION NO: ____________

SID: ____________

DATE OF ENROLLMENT: ____________

ANTICIPATED COMPLETION DATE: ____________

NAME OF TRAINING FACILITY: _______________________________________

ADDRESS STREET: _______________________________________

CITY: _______________________________________

STATE/ZIP CODE: ____________

PARTICIPANT STATUS

☐ 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.

☐ NEEDS AMENDED - 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 extra time to complete. Student should be directed to their local American Job Center to speak with their TRA Representative.

☐ 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.

☐ 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 on another sheet of paper if necessary.)

☐ 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 of paper.)

☐ ENTRY DATE DELAYED UNTIL (Date) ____________
This means the student was notable to begin training as of the Date of Enrollment listed above, because the training was delayed. This is the exact date the student can begin approved training. Student should be directed to visit their local Career Center to have the TRA Representative request an Amended/Supplemental.
Reason student’s enrollment was delayed - (Explain on another sheet of paper if necessary.)

SIGNATURE OF TRAINING FACILITY REPRESENTATIVE: ____________________________

DATE: ____________

TITIE: ____________________________

PLEASE RETURN TO:

TAAR REPRESENTATIVE
AMERICAN JOB CENTER
ADDRESS
CITY, STATE, ZIP
PHONE
EMAIL

LB-0785 (Rev. 09/17)

RDA 1586