

## 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)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE PROGRAM TITLE: _____
2. ARE YOU FILING A CLAIM FOR UNEMPLOYMENT INSURANCE IN ANY STATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PAYING STATE _____
3. DURING THE CLAIM WEEK DID YOU WORK OR EARN ANY WAGES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, AMOUNT( <i>before taxes</i> ) \$ _____
a. WERE YOU:	QUIT	LAID OFF	DISCHARGED
4. IF YOU HAVE RETURNED TO WORK, PROVIDE:	EMPLOYER NAME _____ JOB TITLE/DUTIES _____		
MAILING ADDRESS _____	_____		
CITY, STATE, ZIP _____	_____		
PHONE NUMBER _____	_____		
WAGE PER HOUR \$ _____	HOURS PER WEEK _____	DATE BEGAN WORK _____	
HAVE YOU WORKED FOR THIS EMPLOYER BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS JOB SPONSORED BY A STATE OR FEDERAL PROGRAM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, NAME OF PROGRAM _____
5. ARE YOU CURRENTLY ENROLLED IN TRADE ADJUSTMENT ASSISTANCE TRAINING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
a. IF YES, PROVIDE:	TRAINING TITLE _____		
b. TRAINING IS:	ON-LINE (DISTANCE LEARNING) # of Days _____	CLASSROOM (ON CAMPUS) # of Days _____	
c. DAYS YOU ATTENDED THIS WEEK	SUN	MON	TUE
	WED	THU	FRI
	SAT		
d. ( <i>Complete if applicable</i> ) 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 ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CURRENT TERM BEGAN: _____	CURRENT TERM ENDED: _____		
IF NO, PLEASE EXPLAIN _____			
IF STUDENT IS OUT ON BREAK: DATE BREAK BEGAN: _____ DATE STUDENT WILL RETURN _____			

**D. TRAINING FACILITY CERTIFICATION**

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

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

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