

# TRADE ACT MANUAL



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Quick Reference Guide

# CHAPTER 1

# INTRODUCTION





**PURPOSE OF TRADE**

The Trade Act of 1974 provided for assistance in the form of reemployment services, training, job search and relocation allowances, and trade readjustment allowances (TRA) to individuals whose unemployment is linked to increased imports of foreign-made products. When the law was amended in 1988, emphasis was placed on retraining individuals for new jobs.

The Trade Act includes a number of services under the general umbrella “Trade Adjustment Assistance (TAA).” Being part of a certified worker group qualifies an individual to apply for any of the services under that umbrella. Each service has its own qualifications as described in later chapters of this manual. Just because a customer qualifies for one of the services does not mean s/he will qualify for all TAA services.



...Case Management Services...

**CONTACTS**

<b>Call the TRA Payment Unit at (404) 232-3030 for help with these</b>	<b>Call the TAA Unit at (404) 232-3505 for help with these</b>
TRA	Training
ATAA	Waivers
RTAA	Job Search
	Relocation
	HCTC
	Employment and Case Management
	Filing a Petition
	Handbooks
	Staff training

Since 1988, the Trade Act has been amended numerous times.

1. In the early 1990s, the NAFTA TAA was enacted to assist those individuals impacted by the NAFTA (North American Free Trade Agreement) treaties with Canada and Mexico.
2. The 2002 amendments (TAA 2002) made significant changes to the Trade Act of 1974 and abolished the NAFTA TAA, although some aspects of the NAFTA TAA legislation were incorporated into the new legislation.

Three themes were emphasized in TAA 2002:

- Rapid reemployment;
- Fiscal integrity; and
- Coordination with Workforce Investment Act services.

These guiding principles place emphasis on in-depth assessment of an individual's skills and abilities to determine the course of action most likely to return the individual to suitable employment in the quickest amount of time.

TAA 2002 also established a program for older workers, Alternative Trade Adjustment Assistance (see Chapter 8 for more information), and provided for a health insurance tax credit for eligible individuals (see Chapter 3 for more information).

3. The Trade and Globalization Adjustment Assistance Act of 2009 (TAA 2009) amended the Trade Act, overhauling TAA programs and expanding coverage to more workers and firms, including workers and firms in the service sector, and improving workers' opportunities for training, health insurance coverage, and reemployment. The law contains the sense of Congress that "the Secretaries of Labor, Commerce, and Agriculture should apply the provisions of their respective trade adjustment assistance programs with the utmost regard for the interests of workers, firms, communities and farmers petitioning for benefits."

Most of the changes enacted under TAA 2009 apply only to workers covered by petitions filed on or after May 18, 2009. Workers covered by petitions filed between November 4, 2002 and May 17, 2009, inclusively, are subject to the provisions of TAA 2002. The exception to this distinction is the Health Coverage Tax Credit (HCTC) provisions.

The 2009 amendments amended the provisions of TAA 2002 in several substantial ways:

#### Group Eligibility Extended to Include

- Workers in firms that supply services;
- Workers whose firm has shifted production to any foreign country;
- Workers in public agencies;
- Workers whose firm produces component parts based on increased imports of finished products;
- Workers in firms that supply testing, packaging, maintenance and transportation services to companies with TAA-certified workers; and
- Workers whose firm is identified in an International Trade Commission “injury” determination listed in the Act.

#### Program Administration and Service Delivery

- Provides workers with a new entitlement to employment and case management services, and designated funds for the provision of such services;
- Permits states to waive requirements as necessary to ensure the eligibility for program benefits of returning service members in the same manner and to the same extent as if the service member had not served a period of duty;
- Provides protections for workers covered under certifications delayed by judicial and administrative appeals;
- Applied State UI “good cause” waiver provisions to all TAA time limitations; and
- Provides minimum requirement for State reviews of waivers of the training requirement.

#### Training

- Raises the statutory cap on funds that may be allocated to the States for training from \$220 million to \$575 million per year, and amended how USDOL apportions those funds;
- Allows TAA-funded training prior to separation from employment;
- Allows for part-time training, but without Trade Readjustment Allowances; and
- Extends the deadline for enrolling in training in order to qualify for TRA to 26 weeks from the later of the worker’s most recent total qualifying separation, or 26 weeks from the issuance of the certification. States may grant an extension of the training deadline for up to 45 days for extenuating circumstances. Workers may also receive a waiver of the training requirement within the same 26-week plus 45-day periods.

### Income Support

- Increases the maximum amount of Additional TRA from 52 to 78 weeks for workers in long-term training;
- Permits the payment of 78 weeks of Additional TRA over a period of 91 weeks, thereby allowing breaks in training and temporary periods of employment where Additional TRA is not paid;
- Allows payment of up to 26 more consecutive weeks of Additional TRA if the worker must undertake prerequisite education or remedial education in order to complete a program of TAA training;
- Allows trade-affected workers to elect to receive TRA instead of Unemployment Insurance (UI) based upon a second UI benefit year resulting from part-time or short-term work with a lower weekly benefit amount;
- Creates a new standard for the waiver of recovery of TAA overpayments; and
- Eliminates the 210-day requirement for making an application for training as a condition for the receipt of Additional TRA.

### Wage Supplement (RTAA)

- Eliminates the requirement for a group certification specifically for RTAA;
- Eliminates the requirement under ATAA that a worker must find reemployment within 26 weeks of layoff;
- Workers who choose and are eligible to receive RTAA may also receive regular TAA benefits and services: employment and case management services, training, TRA (with limitations), relocation, HCTC, and job search allowance.
- Increases the limit on wages in eligible reemployment to \$55,000 a year;
- Increases the individual's benefit cap to \$12,000; and
- Allows a worker to qualify for RTAA when working part-time.

### Health Coverage Tax Credit

- Expands the HCTC program, which is available to “eligible TAA recipients;”
- Modifies the definition of an “eligible TAA recipient” to permit a worker to receive the HCTC even though s/he is on a break in training of a duration that renders the worker ineligible for TRA;
- Increases the HCTC tax credit from 65 percent to 80 percent of the amount a worker paid for coverage under qualifying health insurance; and

- Provides for the continuation of HCTC eligibility for family members after receipt of Medicare, death, or divorce of the principal recipient.

#### Job Search and Relocation

- Amends the percentage of job search expenses that may be paid on behalf of a qualified participant to 100 percent of the total expenses, capped at \$1,500; and
  - Amends the percentage of relocation expenses that may be paid on behalf of a qualified participant to 100 percent of the total expenses, plus a lump sum payment up to \$1,500.
4. The Trade Adjustment Assistance Extension Act of 2011 (TAAEA 2011) was passed after Congress unprecedentedly allowed TAA 2009 to sunset at the end of December 2011, causing reversion to TAA 2002 for workers filing new petitions.

TAAEA 2011 combined elements from TAA 2002 and TAA 2009 .

#### Group Eligibility

- Includes service workers
- Does not include public agency workers

#### Program Administration and Service Delivery

- Includes entitlement to employment and case management services
- Does not include separate funding for such services
- At least 5% of total funds allocated must go to employment and case management services

#### Training

- Kept most of the training provisions of TAA 2009
- Maximum training weeks reverted to 130

#### Income Support

- Reduced the maximum amount of Additional TRA to 65 weeks payable over 78 weeks.
- Added 13 weeks of Completion TRA payable over 20 weeks
- Eliminated Remedial/Prerequisite Additional TRA
- Kept most other provisions for TRA under TAA 2009

#### Wages Supplement (RTAA)

- Kept provisions under TAA 2009 intact except for caps
- \$10,000 maximum benefit
- \$50,000 maximum annual wage in new employment

Health Coverage Tax Credit

- Set the HCTC at 72.5%
- Reinstated continuation of eligibility for family members after receipt of Medicare, death, or divorce of the principal recipient

Job Search and Relocation

- Removed the entitlement for these allowances and made it a state choice
- Reverted to TAA 2002 caps
  - \$1,250 for job search allowance
  - \$1,250 for lump sum relocation allowance
  - Only 90% of eligible expenses reimbursable

Interim Solution

The TAA 2009 was allowed to sunset after a brief extension to February 13, 2011, so that workers filing petitions after that date were subject to TAA 2002. TAAEA 2011 includes a provision allowing those workers (petitions 80,000 – 80,999) who were receiving services under TAA 2002 on or before December 19, 2011 to choose between TAA 2002 and TAAEA 2011. Such workers were given 90 days to make this one time choice. If no choice was made, workers were subject to the provisions of TAA 2002.

USDOL has developed a system of numbered petitions to easily identify which workers come under each law. Petitions numbered 50,000 through 69,999 and 80,000 through 80,999 (with some exceptions) fall under TAA 2002. Petitions numbered 70,000 through 79,999 fall under TAA 2009. Petitions numbered 81,000 and above fall under TAAEA 2011.

Petitions 50,000 – 69,999	TAA 2002
Petitions 70,000 – 79,999	TAA 2009
Petitions 80,000 – 80,999	TAA 2002*
Petitions 81,000 and up	TAAEA 2011

\*see Interim Solution above

Because the 2002, 2009 and 2011 Acts are all currently available to worker groups covered by them, all three sets of rules will be detailed in this manual.

**Take note!**

Unless specifically covered in TAAEA 2011, all provisions of TAA 2009 are carried over to TAAEA 2011. Therefore, if there is no specific rule given for 2011, 2009 rules apply.

**Take note!**

All legal citations in this manual for TAA 2002 are from the Trade Act of 1974, P.L. No.93-618, as amended through the Trade Adjustment Assistance Reform Act of 2002, P.L. No. 107-210.

All legal citations in this manual for TAA 2009 are from the Trade Act of 1974, P.L. No.93-618, as amended through the Trade Adjustment Assistance Reform Act of 2002, P.L. No. 107-210 and through the Trade and Globalization Adjustment Assistance Act of 2009.

All citations in this manual for TAAEA 2011 are from TEGL 10-11, dated November 18, 2011.

CFR = Code of Federal Regulations

TEGL = Training and Employment Guidance Letter issued by USDOL

UIPL = Unemployment Insurance Program Letter issued by USDOL



# CHAPTER 2 PETITIONS and TAA REGISTRATION



**SECTION 100  
PETITIONS****Take Note!**

Because no more petitions will be accepted under TAA 2002 or TAA 2009, this chapter will only address the provisions of the Trade Adjustment Assistance Extension Act of 2011 regarding petitions, except to notate that a change has occurred.

In order to ensure that benefits go to eligible individuals, the law requires USDOL to determine whether the criteria in Section 200 of this chapter are met. USDOL makes this determination in response to petitions covering individuals who have been laid off or threatened with layoffs. If USDOL finds that the criteria are met, it certifies the affected individuals in that company or subdivision as being eligible to apply for benefits under the Trade Act.

**Take Note!**

A petition may be filed by:

- A group of three or more workers (must work at the same site); or
- An official of a certified/recognized union or other representative of the workers; or
- An official of the employer or firm; or
- One-stop operators or partners; or
- The State dislocated worker unit (Rapid Response or TAA Unit)

*Trade Act of 1974, Chapter 2, Subchapter A §221(a)*



### Take Action!

Staff in the local offices of the Georgia Department of Labor and one-stop staff are responsible for providing information to employers, employees and other interested parties pertaining to their rights and potential eligibility and benefits under the Trade Act. Additionally, staff must provide the petition form, ETA-9042, to interested parties upon request. Staff may also file petitions on behalf of the workers. The form may be downloaded from the USDOL website, [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact). A copy of the form is at the end of this chapter.

Staff must also advise all unemployment insurance applicants of their potential eligibility for TAA/TRA. In Georgia, this is done through distribution of the UI Benefit Rights pamphlet (DOL-414). Further information is provided through distribution of the Trade Act Handbook.

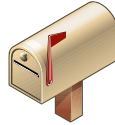
*20CFR§617.4(a)*



### Take Action!

Local staff should encourage the filing of Trade Act petitions when foreign competition or moving of jobs overseas appears to be the cause of a layoff, or when there is a significant upstream or downstream relationship with another TAA-certified firm. **When in doubt, file a petition!**

While local staff is primarily responsible for providing general information concerning the filing process plus advice and technical assistance in preparing the petitions, they may also file petitions. State Rapid Response and TAA staff will provide information and further assistance to local staff, workers, or other petitioners regarding the petition filing process. If requested, the Rapid Response Coordinator or the State TAA Coordinator will file a petition.



Completed petition forms should be sent or faxed to both of the following addresses:

U.S. Department of Labor, Division of Trade Adjustment Assistance  
200 Constitution Avenue, NW, Room N-5428  
Washington, DC 20210  
Phone – (202) 693-3560 or 1-888-DOL-OTAA (1-888-365-6822)  
Fax – (202) 693-3584, 3585

and

Georgia Department of Labor  
TAA Unit  
148 Andrew Young International Blvd., NE  
Suite 440  
Atlanta, GA 30303

Phone – (404) 232-3505

Fax – (404) 232-3508

**SECTION 200**  
**ELIGIBLE INDIVIDUALS**

*Trade Act of 1974, Chapter 2, Subchapter A §222*

Primary Worker Certification Criteria

TAA 2009 substantially expanded program coverage by expanding the groups of workers that USDOL must certify. These changes were incorporated for the most part into TAAEA 2011.

In order for USDOL to issue a certification, the petition must satisfy these three criteria:

1. A significant number or proportion of the workers in the workers' firm must have become totally or partially separated or be threatened with total or partial separation. (The term "firm" includes "the appropriate subdivision.")
2. The second criterion is satisfied if either (2)(A)(i) or (2)(B)(i) is satisfied:
  - (A)(i) Sales or production, or both, at the workers' firm must have decreased absolutely, and
  - (ii) (a) imports of articles or services like or directly competitive with articles or services produced or supplied by the workers' firm have increased, or
  - (b) imports of articles like or directly competitive with articles which are produced directly using the services supplied by the workers' firm have increased; or
  - (c) imports of articles directly incorporating component parts not produced in the U.S. that are like or directly competitive with the article into which the component part produced by the workers' firm was directly incorporated have increased.

The first part of this requirement (#2A. above) has not changed from the worker group eligibility criterion applied to TAA since its inception.



**Change!**

The second part of this requirement ((#2B. below) significantly expands TAA's coverage to include certification based on increased imports of **services** as well as increased imports of articles. It also expands coverage based on increased imports to include imports of articles that either incorporate **component articles** produced by the workers' firm or are produced directly using services supplied by the workers' firm. In addition, clause (ii) expands

coverage by allowing certification in situations where there has been an increase in imports from articles incorporating component parts produced in the U.S. to articles incorporating component parts produced outside the U.S.

2.
  - (B) (i) there has been a shift by the workers' firm to a foreign country in the production of articles or supply of services like or directly competitive with those produced/supplied by the workers' firm; or
  - (ii) there has been an acquisition from a foreign country by the workers' firm of articles/services that are like or directly competitive with those produced/supplied by the workers' firm.

The first part of this requirement now includes workers for firms that supply **services**, thus significantly expanding coverage to include shifts in the supply of services by the workers' firm. It now also includes shifts of the production of articles or the supply of services to **any** foreign country by the workers' firm. The second part of this requirement (subclause ii) was new with TAA 2009 and provides for worker group eligibility based on foreign contracting by the workers' firm; i.e., the workers' firm has acquired from a foreign source articles or services like or directly competitive with those produced/supplied by the workers' firm.

3. The increase in imports or shift/acquisition must have contributed importantly to the workers' separation or threat of separation.



**Change!**

### **Public Agency Worker Certification Criteria**

Workers of a public agency that has acquired from a foreign source services like or directly competitive with those supplied by the agency could be certified under TAA 2009, **but not under TAAEA 2011.**

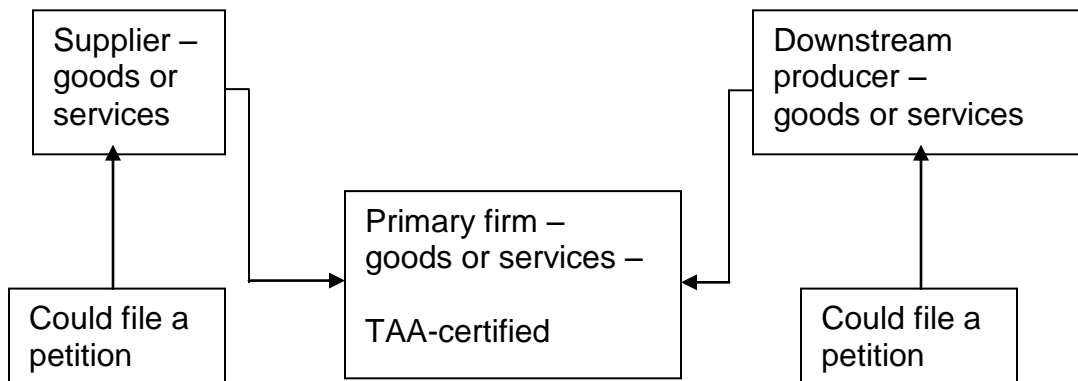


## Change!

### Secondarily-Affected Worker Certification Criteria

TAA 2002 covers workers of a firm that supplies component parts (upstream supplier) to a primary firm and workers of a firm that provides additional, value-added production processes (downstream producer) for a primary firm.

TAA 2009 covers suppliers and downstream producers where the certification of workers for the primary firm was based upon the firm's supply of services. In addition, workers for suppliers and downstream producers may now be certified on the basis of the services they supply to, or the additional, value-added services they provide for, the primary firm.



In the above example, since the primary firm is TAA-certified, the supplier could file a TAA petition and be certified, as long as the supplier directly supplies the primary firm and the parts or services that the supplier supplied to the primary firm account for at least 20 percent of the production or sales of the supplier, or the loss of business with the primary firm by the supplier must have contributed importantly to the upstream workers' separations or threat of separations.

Also in the above example, the downstream producer must perform additional, value-added production processes or services directly for the primary firm.

In order for a certification for secondary workers to be issued, the petition must satisfy these three criteria:



1. A significant number or proportion of the workers in the workers' firm must have become totally or partially separated or be threatened with total or partial separation.
2. The workers' firm (or subdivision) is a supplier or downstream producer to a primary firm and such supply or production is related to the article or service that was the basis for the primary firm's workers' certification.
3. Either A or B below is satisfied:
  - (A) The workers' firm is a supplier and the component parts it supplied to the primary firm or subdivision accounted for at least 20 percent of the production or sales of the workers' firm, or
  - (B) A loss of business by the workers' firm with the primary firm or subdivision contributed importantly to the workers' separation or threat of separation.

**Verification of Information** §222(e)(2)

USDOL is required by the law to make a determination on the petitioning workers' eligibility based on substantive evidence. USDOL may seek additional information by contacting:

- officials or employees of the workers' firm;
- officials of customers of the workers' firm;
- officials of certified or recognized unions or other duly authorized representatives of the group of workers; or
- one-stop operators or one-stop partners

USDOL has the authority to subpoena information necessary to make a determination on a petition, but it must protect confidential information.



**Change!**

§222(e)(3)(B) & (C)

TAA 2009 requires a firm or customer to verify the information it provides to USDOL during the investigation of a TAA petition. Thus, USDOL will require the firm or customer providing information through questionnaires or in other formats to certify that the information is accurate and complete, unless USDOL has a reasonable basis for determining that such certification is not required.

TAA 2009 requires USDOL to issue a subpoena if the firm or customer fails to provide the information **within 20 days** of USDOL's request, unless the firm or customer has demonstrated satisfactorily that the information sought will be provided within a reasonable period of time. The 20-day period begins once USDOL issues an information request, not at the 20<sup>th</sup> day of the investigation.

For example, if a petition is filed on June 5 and a Confidential Data Request is issued on June 11 and the firm fails to provide the information, USDOL may issue a subpoena on July 1.

TAA 2009 expressly prohibits USDOL from releasing information it gathers in the course of the investigation of a petition where USDOL considers that information to be confidential business information as defined in 29CFR, except:

1. Where the firm or customer submitting the information had notice at the time of submission that the information would be released by USDOL. If USDOL determines that a firm or customer submitted any information in confidence that is not entitled to confidentiality, USDOL will notify the firm or customer of this finding and permit it to withdraw the information.
2. Where USDOL must provide confidential business information to a court in camera or to another party under a protective order issued by a court.



**Change!**  
§222(f)

### **Firms Identified by the International Trade Commission**

TAA 2009 provides, for the first time, for certification of a petition without a USDOL investigation upon certain findings by the International Trade Commission (ITC).

In order for a certification to be issued, the petition must satisfy these three criteria:

1. The workers' firm must be publicly identified by name by the ITC as a member of a domestic industry in an investigation resulting in a finding of injury or market disruption under the Tariff Act of 1930.
2. The petition is filed within one year after the date on which a summary of the ITC's report to the President, or the ITC's affirmative finding, is published in the *Federal Register*.
3. The workers of the firm identified in criterion 1 were totally or partially separated no more than one year before the publication date of the *Federal Register* notice described in criterion 2 and no later than one year after that date.

If the petition is filed more than one year after the date in criterion 3, USDOL will investigate whether the petition meets the other certification criteria.

**Rapid Response Requirements** §221(a)(2)

Upon receipt of a petition, rapid response activities and appropriate core and intensive services (as described in §134 of the Workforce Investment Act of 1998) authorized under other federal laws must be made available to the workers covered by the petition. Additionally, the state must assist USDOL by verifying information and providing other assistance as requested.

**SECTION 300**  
**CERTIFIED PETITIONS**

*Trade Act of 1974, Chapter 2, Subchapter A §223*

Once a petition has been filed, USDOL has 40 days to determine if a certification should be issued. To make this determination, USDOL gathers information from the company and other sources.

If a petition is certified, USDOL establishes an **impact date** that identifies when layoffs or reduced work schedules began or threatened to begin because of increased competition from imports or because jobs were moved overseas. The life of the certification is generally two years from the date of issuance unless otherwise specified, and the individuals who are separated between the impact date and the expiration date of the petition and who are covered by the certification are eligible to apply for TAA/TRA.



**Take Note!**

TAAEA 2011 provides that all certifications of petitions filed within 90 days of the date of enactment of the 2011 amendments, up to January 19, 2012, include workers separated on or after February 13, 2010, instead of the one-year impact date that applies to certifications of all other petitions.

*§231(a)(3) of TAAEA*



### New Terms!

**Impact Date:** The date USDOL establishes that layoffs or reduced work schedules began or threatened to begin because of increased competition from imports or because jobs were moved overseas. (NOTE: The Impact Date is generally about one year prior to the filing date of the petition.)

**Certification Date:** The date USDOL certifies a Trade Act petition.

**Expiration Date:** The date USDOL establishes as the end of the Trade Act certification; usually two years from the Certification Date. Individuals laid off after this date are not eligible for benefits under the TAA certification.



### Take Note!

An eligible individual may be laid off **any time** between the Impact Date (inclusive) and the Expiration Date (inclusive) due to lack of work. TAA services **DO NOT CEASE** at the Expiration Date. The Expiration Date is simply the last day an individual may be laid off to be covered under the certification. A new petition may be filed for workers laid off after the Expiration Date.



### Take Note!

Workers must have been laid off due to lack of work from the Trade-affected company. If the worker is transferred, not laid off, s/he is not covered by the petition. Exception: Individuals who worked at the Trade-affected company but were employed through a temp agency are not technically laid off for UI purposes, but are eligible to apply for Trade benefits when there is no longer work for them at the Trade-affected company.

USDOL notifies the TAA Unit of the GDOL when the petition is approved (certified). TAA staff notifies the Rapid Response Coordinator who initiates discussions between the career center manager, the WIA director, and other partners to determine whether a group orientation will be necessary to take TRA claims and provide information concerning Trade Act services or whether claimants will go individually to the career center.



### Take Action!

Generally, a group orientation may be necessary for layoffs of 100 or more individuals. However, the **career center manager** and the **district director** are in the best position to make this decision.

Keep in mind that timely provision of Trade Act information is crucial. Individuals must meet certain deadlines and need as much time as possible before the deadlines to make life-changing decisions concerning training and career paths. It is desirable that a decision on whether or not to have a group orientation be made within **10 days** of the date of notification by the TAA Unit so that individuals may be informed of the services and requirements in a timely manner. The **career center manager** should request, through the district director, any additional staff necessary to assist in TRA claims-taking and provision of Trade Act information. It should be noted that **neither Rapid Response nor TAA Unit staff are TRA claims-takers**. If workload permits, however, Rapid Response or TAA staff may assist with Trade information sessions.

*ES Division Memorandum No.04-82*

The Rapid Response Coordinator will inform the state TAA staff of the method of claims-taking so that letters can be prepared by TAA staff to be sent to each affected worker, informing the worker of the certification of the petition, and how and when s/he may file a TRA claim or apply for other Trade services. A copy of the **Trade Act Handbook** is included with the letter. Sample letters are found in the Appendix of this manual.

The Rapid Response Coordinator must ensure that a list of affected individuals' names, social security numbers, addresses and layoff dates is obtained from the employer so that notification letters may be sent out. The list will be entered into the automated system so that local and state staff will have access to the list of eligible individuals. *20 CFR §617.4(d)(1)(ii)*



### TAA 2009 & TAAEA 2011

Additionally, the Rapid Response Coordinator must work with local staff to secure a list of workers who are not currently laid off but have received notice from the employer that they will be laid off in the future. These “threatened” workers must be notified that they are eligible for employment and case management services as well as training while they are still employed. See Chapter 7, Section 800 for more information about threatened workers.

§247(19)



### TAA System Update!

The TAA Affected Employee Listing may be accessed by all staff. On the **Staff Resources Main Menu**, click on the **Trade** tab, then **TAA Petition Search**. Enter either the petition number or the name of the Trade-certified company and click **Submit**. Click on View by the applicable petition number, and then click on TAA Affected Employee Listing.



## Very Important Point!

Because TAA must certify to USDOL that workers have been notified, it is **critical** that ALL staff in a career center are aware of Trade benefits and of the companies in Georgia, and especially in their district, that are Trade-certified. Any time a customer comes in who has been laid off from a Trade-certified company, staff must make sure that the customer speaks with someone who is knowledgeable about Trade. If the individual's information (name, SSN, address) was not supplied to TAA by the company, staff must contact the TAA Unit with this information so official notification can take place and be documented.

Remember: Any individual who is laid off due to lack of work between the Impact Date and the Expiration Date of the certification is eligible to apply for Trade Act benefits. If an individual is transferred and not laid off, s/he is not covered by the certification.

**Additionally, anyone covered by a TAA 2009 or TAAEA 2011 certification is eligible for employment and case management services as well as training prior to actually being laid off.**

Companies often supply us with a list of individuals who are laid off at the time of the certification, but don't give us anything for individuals laid off prior to the certification or after the initial group. The TAA Unit sends each Trade-certified company a follow-up letter asking them to do so, but we rely on career center staff to notify us of subsequent layoffs, even if it is just one person!



### Take Note!

Each Monday, an updated Trade Act petition log is emailed to Career Center managers, district directors, WIA directors and any other staff who has requested to receive the log. It is distributed in three different formats; i.e, chronological, by district and by WIA area. The log lists information about all petitions that have been approved, are pending, or have been withdrawn or denied.



**SECTION 400  
DENIED PETITIONS****Deadlines!**

Workers whose petitions have been denied or terminated by USDOL may request administrative reconsideration by USDOL's Office of Trade Adjustment Assistance **within 30 days** after publication in the *Federal Register* of the denial or termination. Such requests must be in writing and provide specific information or reasons why workers consider USDOL's decision to be in error, such as due to facts not being considered or the interpretation of the facts or of the law.

*20 CFR § 90.18(9)*



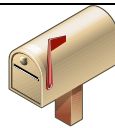
U.S. Department of Labor  
Division of Trade Adjustment Assistance  
200 Constitution Avenue, NW, Room N-5428  
Washington, DC 20210

**Deadlines!**

If the denial or termination is upheld, an appeal for a judicial review may be filed **within 60 days** of notice of the reconsideration decision.

Workers may also file for a direct judicial review of USDOL's denial or termination **within 60 days** of publication in the *Federal Register* of the denial or termination. All appeals for judicial review must be filed with the U.S. Court of International Trade.

*20 CFR § 90.17(a)*



U.S. Court of International Trade  
Office of the Clerk  
1 Federal Plaza  
New York, NY 10007

**SECTION 500  
TRADE ACT HANDBOOK**

Covered workers are issued a Trade Act Handbook with the notification letter. (See Section 300 of this chapter.) The handbook provides workers with all pertinent information concerning training and other reemployment services. The Career Center staff should review the main points of the handbook with the customer when the TRA claim is filed. If the customer does not have a Trade Act Handbook, provide him/her with one.

**Take Note!**

Trade Act Handbooks may be requested from the TAA Unit at (404) 232-3505.

**Very Important Point!**

There are separate handbooks for TAA 2002, TAA 2009, and TAAEA 2011. Staff must make sure to give the correct handbook to the customer so that the customer will have the correct information concerning benefits and deadlines. For those customers with petition numbers from 80,000 through 80,999, staff should contact the TAA Unit to determine which handbook applies, although these customers should have already been issued the appropriate handbook.

It is important that the customer understand from the beginning all of his/her rights and responsibilities and the eligibility requirements s/he must meet to draw TRA benefits. The following training provisions are of primary importance:

- A. Deadline for enrollment in training or waiver. (See Chapter 10, Section 100 for deadline information.)
- B. For TAA 2002 customers, the 210-day deadline for application for training. (See Chapter 10, Section 700 for more information.)

- C. Under TAA 2002 and TAA 2009, the customer may receive more Additional TRA benefits during the 26-week period following the end of the regular Additional TRA if s/he was enrolled in remedial\* training. The additional weeks for remedial\* training are limited to a maximum of 26 weeks and may only be received if the individual is still in training, either remedial\* or occupational. If the customer was in remedial\* training for 10 weeks, s/he may receive up to 10 additional weeks of TRA at the end of the regular Additional TRA to complete training. (If s/he completed training during the regular Additional TRA period, s/he will not receive any Remedial (or Prerequisite) Additional TRA.) If s/he was in remedial\* training for 30 weeks, s/he may only receive an additional 26 weeks after the regular additional weeks, if still in training.

\*or prerequisite training for TAA 2009 customers



### Take Note!

Customers covered under TAAEA 2011 are not eligible for remedial/prerequisite Additional TRA. Instead, they may be eligible for Completion TRA. See Chapter 10 for more information.

Other points to be covered during the interview include:

- A. A description of the Health Coverage Tax Credit (HCTC). (See Chapter 3 of this manual for information on this credit.)
- B. Information concerning Alternative Trade Adjustment Assistance (ATAA), if appropriate (TAA 2002 only). (See Chapter 8 of this manual for information on this program.)
- C. Information concerning Reemployment Trade Adjustment Assistance (RTAA), if appropriate (TAA 2009 and TAAEA 2011 only). (See Chapter 9 of this manual for information on this benefit.)
- D. Monetary entitlement to TRA (duration and weekly amount). (See Chapter 10 of this manual for information on TRA.)
- E. Potential reduction of TRA weekly amount by wages earned, deductible pension income, etc.

**SECTION 600  
TAA REGISTRATION**

In order to capture all required reporting elements, a TAA Registration form (DOL-2443) must be completed before the provision of any TAA services.

**When to Complete**

If group information and claims sessions are held, the TAA Registration form should be completed at that time.

If group sessions are not held, the TAA Registration form should be completed the first time the customer reports to a Career Center, One-Stop or other office for TAA services.



On GW24 (Customer Services Entry page), check Service Coordination/Case Management for each TAA customer.



On GR11 (TAA Registration Entry/Update page), complete the TAA Registration Information section. The Registration Date will be the date the group sessions were held or the customer comes in for services, whichever occurs first.

**Pre-Registration Requirements**

Before entering the TAA Registration on GR11, a TAA-eligible customer must be registered for employment services and must be on the TAA Affected Employee Listing. See Chapter 12, p. 245 for information on adding an individual to the TAA Affected Employee Listing.

# CHAPTER 3

# HEALTH COVERAGE

# TAX CREDIT

# (HCTC)



**SECTION 100**  
**GENERAL INFORMATION***Trade Act of 1974, Title II, §201; IRS Code of 1986, §35*

The Health Coverage Tax Credit (HCTC) is a federal tax credit to help pay for private health coverage for displaced workers certified to receive certain TAA benefits and for individuals receiving benefits from the Pension Benefit Guaranty Corporation (PBGC). The IRS works with USDOL to make payments or give tax credits to eligible individuals.

**New Term!**

**PBGC:** The Pension Benefit Guaranty Corporation (PBGC) is a federal agency that takes over pension payments for certain insolvent companies. The PBGC has nothing to do with the Trade Act in the ordinary way; however, retirees covered by PBGC were added to TAA 2002 and continued under TAA 2009 and TAAEA 2011 as eligible for the HCTC only.  
*IRS Code of 1986, Chapter 1(A)(iv)(C) §35(c)*

TAAEA 2011 set the amount of the credit to 72.5% of the monthly premium amount paid by eligible individuals for qualified health coverage. *IRS Code of 1986 §7527(e)*

Qualified health insurance plans include the following:

- COBRA continuation coverage plans (see p. 41 of this chapter);
- Spousal coverage plans (if the employer pays less than 50% of the total cost of coverage for the spouse, the eligible recipient, and any dependents);
- Individual (non-group) insurance: a plan that is bought by an individual and not purchased through a group such as through an employer. The individual must have been enrolled in the plan at least 30 days before being laid off.
- State qualified plan - Blue Cross/Blue Shield (BC/BS) of Georgia Blue Value Select (HCTC). For more information about this coverage, call 1-800-718-8831.

**Take Note!**

This is a state-qualified plan for State of Georgia HCTC participants only. Blue Cross/Blue Shield of Georgia established the plan specifically for HCTC purposes.

**Eligible individuals include those who:**

1. (a) Are covered under a Trade Act certification; and,  
(b) Have either a TRA, ATAA or RTAA claim on file; and  
(c) Are receiving benefits under UI, EUC, TRA, ATAA or RTAA; or  
(d) Did not receive a TRA check because they were on an approved break in training;

and

2. are covered by qualified health insurance.

*IRS Code of 1986, §34(c)(2) & (c)(3)*

**Disqualifying Circumstances**

If any of the following apply, the individual is not eligible for HCTC:

- The customer is enrolled in a health plan maintained by an employer or former employer that pays at least 50% of the coverage.
- The customer is entitled to Medicare Part A or enrolled in Medicare Part B.
- The customer is enrolled in the Federal Employees Health Benefit Program (FEHBP).
- The customer is enrolled in a Medicaid Insurance Program.
- The customer is entitled to health coverage through the U.S. Military Health System (TRICARE/CHAMPUS).



## SECTION 200 PROCESS TO RECEIVE HCTC

The Georgia Department of Labor sends a list of potentially eligible individuals on a daily basis to the HCTC contact center to handle requests for the advance tax credit. The list is transmitted electronically through the UC Interstate Connection (ICON) network and includes individuals determined eligible for the current month based on the following:

There must be either a TRA claim, an ATAA claim, or an RTAA claim.

- If there is a TRA claim on file, the individual must receive either a UI, EUC, SEB or TRA benefit payment during the month.

**Exception: If an otherwise eligible individual did not receive a TRA check because s/he was on an approved break in training, this requirement does not apply.**

- If there is an ATAA claim, the individual must receive an ATAA benefit payment during the month.
- If there is an RTAA claim, the individual must receive an RTAA benefit payment during the month.



### Take Note!

If the individual has not received a payment as described above for a particular month, potential eligibility for HCTC will not be transmitted for that month.

Exception: If the individual did not receive a TRA payment because s/he was on an approved break in training, this requirement does not apply.

If the individual is receiving severance pay, the only way s/he will be transmitted is if s/he is receiving ATAA or RTAA.



Staff may check CICS transaction BT14 to see if a customer’s eligibility has been transmitted for the month.

Session A - [24 x 80]

File Edit Transfer Appearance Communication Assist Window Help

PTScrn Copy Paste Send Recv Display Color Map Record Stop Play Quit Clipbrd Support Index

```

BT14          HEALTH COVERAGE TAX CREDIT INQUIRY/UPDATE          07/24/09
                                     13:51:51
SSN          █          CALENDAR YEAR 2009 (OPTIONAL)

EC   MONTH   PT   CREATE DATE   LAST CHANGE DATE   EMPLOYEE ID
JANUARY
FEBRUARY
00   MARCH    TAA  03 20 09          AUTO
00   APRIL    TAA  04 13 09          AUTO
00   MAY      TAA  05 01 09          AUTO
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER

PF: 1-HELP  3-PREVMENU  4-MN00  11-NA  13-PREVTRAN
NA:

MA a                                     03/017
    
```

Connected to remote server/host gadol1 using port 5023

Start | S... | T... | 8 | 2 | 3 | W... | 2 | M... | 1:51 PM

In the above example, the individual’s eligibility was transmitted in March, April, and May of 2009 because s/he was receiving a TRA check.

Customers are transmitted the day after their first qualifying benefit payment for the month has been made, and they are transmitted each month such payments are received. An individual remains eligible for HCTC as long as s/he is eligible for TRA, ATAA or RTAA, plus one month following.

**Take Note!**

If a review of BT14 indicates that eligibility has not been transmitted and local staff believe that it should have, staff should contact the TAA Unit at (404) 232-3505 for assistance.

TAA customers whose TRA, ATAA or RTAA claims are in another state will not be eligible for the HCTC through Georgia. They should contact their state's HCTC coordinator.

Once the IRS receives the transmission, the HCTC Center will send an HCTC Program Kit containing a registration form and information booklet to the individual. The booklet contains information on determining eligibility, information on determining whether a health plan is qualified, instructions on how to claim the credit, a description of the individual's payment responsibilities and answers to frequently asked questions. The form will guide the user through the registration process and indicate what documentation the individual must submit to the HCTC Center.

**Take Note!**

If the customer does not wish to receive monthly credits, s/he does not need to complete the HCTC application form. Instead, s/he should complete IRS Form 8885 and file with his/her federal income tax return at the end of the year.

The customer should complete the registration form and send it, plus any documentation required, to the HCTC Center. The HCTC Center will verify eligibility, confirm the individual's health coverage and complete the HCTC registration process, then set up a new account for the customer.

Creation of a new account in the HCTC Center will trigger the generation of an invoice to the eligible individual. The invoice will identify the amount due, which will equate to 27.5% of the individual's monthly health insurance premium plus any costs not covered by HCTC, such as dental or vision insurance.

**Take Note!**

HCTC covers major medical insurance premiums only!

The customer must pay the amount due by the due date on the HCTC invoice. This due date allows time for HCTC to process the payment, add the 72.5%, and pay the health plan administrator on time.

*UIPL No. 24-3*

**Take Note!**

Customers receiving ATAA or RTAA benefits should send their monthly ATAA or RTAA documentation to GDOL early in the month so the eligibility transmission to the HCTC Center will allow time for processing!

Customers can make payments to the HCTC Program using a personal check, business check, certified check, cashier's check, money order, credit card (Visa, MasterCard, American Express, Discover and Diners) or debit card. Customers may not make payments by credit card over the phone or fax.

**IRS Form 1099-H**

The HCTC Program sends IRS Form 1099-H to individuals who received one or more monthly HCTC payments during the year. IRS Form 1099-H reflects the amount the HCTC Program paid on behalf of an individual directly to their health plan.

If a customer received monthly HCTC payments but made additional payments directly to the health plan during the tax year while eligible for HCTC, s/he can claim the yearly HCTC for those payments using IRS Form 8885 or request reimbursement from the IRS (see Section 300).

**Take Note!**

If the individual received an HCTC Bridge Program (See Section 400 of this chapter) payment, s/he may **NOT** claim the yearly HCTC for the month that payment was made.

The IRS has developed a brochure describing the HCTC process. This brochure is mailed to each Trade-affected individual along with the notification letter and Trade Act Handbook. Career Center and WIA staff may also provide a copy upon request.



**Take Action!**

To obtain a supply of the IRS brochures, contact the TAA Unit at (404) 232-3505.

<b>SECTION 300 ADDITIONAL HCTC INFORMATION</b>
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**Reimbursement**

Monthly HCTC participants, or individuals who are enrolling in the program, may request reimbursement for payments made directly to a qualified health plan during the enrollment process. There are two ways in which a reimbursement request can be submitted:

1. By completing Section VII of the monthly HCTC Registration form; or
2. By completing the Reimbursement Request form.

Important considerations when requesting reimbursement:

- Customers may request reimbursement for premiums they paid for qualified coverage while they were eligible and enrolling in the monthly HCTC Program. For each month reimbursement is requested, the customer must confirm that 1) s/he met all eligibility requirements for the HCTC and 2) s/he made payments of 100% of the premiums directly to a qualified plan.
  - PBGC recipients may request reimbursement beginning with the month following the date printed on their HCTC Eligibility Certificate (sent with the original Program Kit)
  - TAA, ATAA and RTAA recipients may request reimbursement beginning with the month of the date printed on their HCTC Eligibility Certification (sent with the original Program Kit) up to when they received their first invoice from the HCTC Program.
- Customers who were eligible for the HCTC and paid 100% of the premiums for qualified coverage prior to the date on their HCTC Eligibility Certificate may be able to receive the HCTC when they file their federal tax returns, using IRS Form 8885.
- Reimbursement requests can only be made for the current tax year. Claims for the prior year must be made when filing the federal tax return, using IRS Form 8885.
- For each month reimbursement is requested, customers must:
  - Verify that they were eligible for the HCTC and made payments for 100% of the premium to a qualified health plan;
  - Provide supporting documents showing proof of the payments made;
  - Provide additional supporting documents if the health plan for which they are requesting reimbursement differs from the qualified health plan listed in the Monthly HCTC Registration form.
- In order for a reimbursement request to be considered, the customer must be a Monthly HCTC participant or have an HCTC registration in process.

- If the reimbursement request is approved, reimbursement will be posted as a credit on the customer's monthly HCTC account and HCTC invoice. If the request is not approved, the HCTC Program will send a letter of explanation.

A copy of the HCTC Reimbursement Request form is located in the Appendix to this manual.

### **COBRA Extension**

COBRA benefits have been extended for HCTC-eligible individuals through the timeframes listed below (but not beyond January 1, 2014). Employers are responsible for extending COBRA benefits for these individuals and should check with their counsel if they have questions about the new law.

- Eligible TAA, RTAA and ATAA recipients can receive COBRA for as long as they continue to receive TAA benefits.
- PBGC benefit recipients are eligible for COBRA extensions until January 1, 2014, and in the event of the benefit recipient's death, their surviving spouse and dependents can receive COBRA for an additional 24 months, but not beyond January 1, 2014.

### **Extended HCTC Eligibility for Family Members**

Beginning in January 2012, qualified family members may continue receiving the HCTC for up to 24 months (but not beyond January 1, 2014) after the primary eligible individual experiences the following life events:

- Enrollment in Medicare;
- Divorce;
- Death

**SECTION 400**  
**HCTC BRIDGE PROGRAM**  
*TEGL 20-02*

Because it may take up to 10 weeks for the HCTC Center to set up the monthly payment process, GDOL applied for and received a National Emergency Grant (NEG) to make payments to “bridge the gap” between the time an individual becomes potentially eligible for HCTC and the time the monthly payment process is set up by the HCTC Center. HCTC Bridge payments are available to TAA-eligible individuals as well as PBGC-eligible individuals. However, **TAA-eligible individuals whose claims are in a state other than Georgia must apply for their state’s HCTC Bridge (sometimes called Gap-Filler) Program.** (This is because our HCTC Bridge system requires a Georgia TRA, ATAA or RTAA claim to accept a payment request.

At the time of eligibility transmission via ICON (see Section 200), address labels are printed for each individual being transmitted for the first time so that an HCTC Bridge Program brochure may be mailed to him/her by the TAA Unit. Additionally, copies of the brochure are included with the mailing of the notification letter and Trade Act Handbook to each individual on the Affected Employee Listing of a petition.



**Take Note!**

PBGC customers’ eligibility is not transmitted by GDOL. They must bring the career center a letter from the IRS, HCTC Division, stating that they are potentially eligible for the HCTC.

### **Applying for an HCTC Bridge Payment**

HCTC Bridge payments must be applied for each month. The customer must meet all eligibility requirements for HCTC to be eligible for the HCTC Bridge payment. Individuals whose qualifying health plan is through their spouse’s employer are not eligible to apply for the HCTC Bridge payment, although they may be eligible for the yearly tax credit.

1. Before completing an application for a Bridge payment, if the customer is not a PBGC recipient, staff should check CICS transaction BT14 to ensure that the customer’s eligibility has been transmitted for the month. (See note above.)
  - If yes, continue with Steps 2 through 6.



- If not, check to see that the customer has a TRA (or ATAA or RTAA) claim on file and has received a payment from UI, EUC, SEB, TRA, ATAA, or RTAA during the month.

**Take Note!**

The customer may apply for the Bridge payment even if s/he has not received one of the benefit payments above, but no HCTC Bridge payment will be made until a benefit payment is made. Exception: If the customer would have received a TRA payment had s/he not been on a break in training, HCTC eligibility will be transmitted.

- If the customer has not filed a claim for TRA or ATAA or RTAA, s/he must do so (unless s/he is eligible under PBGC) in order to qualify for the HCTC Bridge.
- If the customer is receiving severance and is not receiving ATAA or RTAA benefits, s/he is not eligible for the HCTC Bridge payments.

**DOL-2439**

2. Complete the DOL-2439 HCTC Bridge Payment Request form.



3. Enter the information on GWS transaction BTB9. You should receive a confirmation that the payment has been entered, the amount of the payment (72.5% of the premium you entered), and the date payment should be made. If payment is pending, review #1 again. If no UI or other benefit payment has been made for the month, the system will check each night for a benefit payment. Once the benefit payment has been made, the HCTC Bridge payment will be released.
4. Print the Confirmation Page and give a copy to the customer.
5. Have the customer read and sign the DOL-2441 HCTC Bridge Payment Information form. Give a copy to the customer and keep the original.

6. Send copies of the DOL-2439, DOL-2441, HCTC Bridge Payment Confirmation page, COBRA election letter (if applicable), and insurance invoice or coupon to the TAA Unit. For PBGC customers, also send the proof of age documentation and the eligibility letter from HCTC.



### **DOL-2439 & DOL-2441**

Requests for HCTC Bridge payments are made via the DOL-2439 form. The DOL-2441 Health Coverage Tax Credit (HCTC) Bridge Payment Information form is also required.

### **Denial of HCTC Bridge Payments**

The only reasons to deny HCTC Bridge payments to a customer would be:

1. The individual was not covered under a Trade certification for a Georgia company.
2. The individual was not eligible for TRA, ATAA or RTAA and/or did not receive a benefits payment for the month in question.
3. The individual was not enrolled in a qualifying health plan.
4. The individual did not produce documentation of any of the following:
  - PBGC eligibility
  - Age (if PBGC)
  - Qualifying health insurance
  - Premium amount
  - Coupon/invoice for the month

If payment is denied because documentation was not submitted in a timely manner (i.e., in time to enter the payment, mail it to the customer, and for the customer to mail it with his/her 27.5% to the insurance company by the due date), but the customer is later determined eligible by HCTC, s/he may claim the year-end tax credit for the month(s) s/he was denied a Bridge payment(s). Certain individuals may also qualify for a reimbursement of these payments by the IRS. See Section 300 of this chapter for more information.



### **Take Action!**

If you are denying an HCTC Bridge payment, notify the TAA Unit. TAA staff will mail the customer a letter explaining the denial.



### Tips!

- ✓ Checks are made to the insurance company, NOT the customer. The customer must NOT deposit the checks.
- ✓ Customers must receive a benefit check (UI, EUC, TRA, ATAA or RTAA) from Georgia to receive an HCTC Bridge payment from Georgia.
- ✓ HCTC Bridge payments are not automatic. They must be requested each month (up to three months maximum).
- ✓ Checks issued in error (wrong amount, wrong payee, etc.) may be voided the same day they are requested. Call the TAA Unit for assistance. Once voided, they may be re-entered. If checks are not voided the same day, they will have to be cancelled by the TAA Unit before they can be re-entered. Call the TAA Unit for assistance.
- ✓ Generally, only one payment should be processed at a time. However, COBRA allows a customer 45 days to make the first payment, so they might need to apply for the previous month as well as the current month.
- ✓ Only payments for the current month and one prior month (if eligible) may be made. TAA does not reimburse a customer for payments already made to the insurance provider. The customer may claim the tax credit for that month at the end of the year or may request reimbursement as described in Section 300 of this chapter.
- ✓ A maximum of three HCTC Bridge payments may be made to one person.

**HCTC BRIDGE PAYMENT PROGRAM DESK AID****First Payment**

1. If TRA, ATAA, or RTAA, check BT14 to see if transmittal has taken place. If PBGC, letter from HCTC/IRS plus proof of age (55 or over) required.
2. Invoice from qualified health plan required. If COBRA, COBRA election letter required.
3. Complete **DOL-2439** form.  
**Section A** - One must be checked.  
**Section B** - If any of these are checked, the individual is not qualified and no payment can be entered.  
**Section C** - Make sure the individual reads the statement carefully, then signs and dates.  
**Section D** - Staff should complete this section from the invoice presented, then sign and date.
4. If everything is accurate, enter payment information on HCTC Bridge Payment Entry/Update page (BTB9).
5. Print copy of HCTC Bridge Payment Confirmation page and give to customer.
6. Fax DOL-2439, invoice, COBRA election letter (if COBRA chosen), PBGC letter and proof of age (if PBGC) to TAA Unit (404) 232-3508. Keep originals in file.

**Second Payment**

1. Has customer received application kit from HCTC?  
NO – Call HCTC Customer Center (Customer) 1-866-628-4782  
YES – Help complete if necessary
2. Proceed from #1 above (First Payment).

**Third Payment**

1. Has customer received application kit from HCTC?  
NO – Call HCTC Customer Center (Customer) 1-866-628-4782  
YES – Has application kit been completed?  
NO – No payment can be made  
YES – Call IRS to resolve any issues
2. If all issues resolved, proceed from #1 above (First Payment).



**CHAPTER 4**  
**EMPLOYMENT**  
**and**  
**CASE MANAGEMENT**  
**SERVICES**





**SECTION 100**  
**EMPLOYMENT AND CASE MANAGEMENT SERVICES**  
*Trade Act of 1974, Part II §235*



**TAA 2009 & TAAEA 2011**

TAA 2009 and TAAEA 2011 entitle Trade-affected workers covered under those Acts to employment and case management services. Employment and Case Management (ECM) services include the following:

- (1) Comprehensive and specialized assessment of skill levels and service needs, including –
  - (A) diagnostic testing and use of other assessment tools; and
  - (B) in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.
- (2) Development of an individual employment plan to identify employment goals and objectives, and appropriate training to achieve those goals and objectives.
- (3) Information on training available in local and regional areas, information on individual counseling to determine which training is suitable training, and information on how to apply for such training.
- (4) Information on how to apply for financial aid, including referring workers to educational opportunity centers described in section 402F of the Higher Education Act of 1965, where applicable, and notifying workers that they may ask financial aid administrators at institutions of higher education to use the administrators' discretion under section 479A of the Higher Education Act of 1965 to use current year income data, rather than preceding year income data, for determining the amount of need of the workers for Federal financial assistance under title IV of the Higher Education Act.
- (5) Short-term prevocational services, including development of learning skills, communications skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for employment or training.
- (6) Individual career counseling, including job search and placement counseling, during the period in which the individual is receiving TRA or training, and after receiving training.
- (7) Provision of employment statistics information, including the provision of accurate information relating to local, regional and national labor market areas, including –
  - (A) job vacancy listings in such labor market areas;

- (B) information on job skills necessary to obtain jobs identified in job vacancy listings;
  - (C) information relating to local occupations that are in demand and earnings potential of such occupations; and
  - (D) skills requirements for local occupations described above.
- (8) Information relating to the availability of supportive services, including services relating to child care, transportation, dependent care, housing assistance, and need-related payments that are necessary to enable an individual to participate in training.



### Take Note!

Even though ECM services are not an entitlement under TAA 2002, Georgia policy requires that ALL TAA customers be offered ECM services.



### Take Action!

TAA customers must be offered all of the above services. When registering a TAA customer for TAA, staff should also provide the customer with the GWS-11 How May I Help You? form to complete, which will document that the customer was offered the services. Staff must document what services have been requested on the Job Search/Career Assistance Page (WI13) and which services have been provided or offered. This can be done either in a paper file or electronically. Career Center staff will use the GWS Customer Service Plan Entry/Update Page (WI21) and the Customer Services Entry/Update page (GW24), supplemented by counseling notes entered on the Follow-up/Counseling Notes page (WI24) as needed, to document provision of ECM services. WIA staff should document services on the Customer Services Entry/Update page (GW24), but may choose to keep more in-depth documentation and notes in paper form, which must be available for State or Federal monitors of the TAA program.

Assessments to determine training and reemployment needs must be completed in a timely manner.

**Take Note!**

The purpose of ECM services is to provide customers the necessary information and support for them to achieve sustainable reemployment. Therefore, these services must be made available to workers over the course of their participation in TAA in an integrated manner that suits their individual needs at a particular time. For example, skills assessments must be geared towards evaluating whether the customer meets TAA training criteria or matches up to specific career opportunities in the community. The individual employment plan must use and be guided by the results of the skill assessments.

**Very Important Point!**

Staff need to evaluate the needs described in the individual service plan (e.g., Customer Steps to Employment on the Customer Service Plan Entry/Update page or paper document) to determine which services are needed to attain the customer's goal.

TAAEA 2011 provides that training benchmarks be established and reviewed at least every 60 days. Benchmarks must be substantially met for each week of Completion TRA claimed (see Chapter 10 for information on Completion TRA). State TAA policy is that benchmarks for all new TAA participants be established and reviewed by the participant and the career advisor together at least every 60 days. An automated system to record benchmarks and review results is currently being developed. Also, the DOL-2417 form has been revised to allow for establishment of benchmarks, and the DOL-2456 form has been created to record benchmark reviews. The forms should be faxed to the TAA Unit and kept in the local participant record.

In reviewing the employment and case management services above, some "division of labor" is indicated. (Numbers refer to the list of services above.)

(1)(A) – Diagnostic testing and use of other assessment tools – is generally a function of WIA staff who are trying to determine the best training program for the

customer, although Career Center staff may make use of assessment tools such as O\*Net offers to help customers determine whether they qualify for certain types of jobs, etc.

(1)(B) – In-depth interviewing – may be appropriate for either WIA or Career Center staff.

(2) – Development of an individual employment plan (IEP) – will generally start with Career Center staff as they are generally first to speak with TAA customers. WIA and Career Center staff should coordinate development of the IEP. For example, Career Center staff may start by entering job choices on the Customer Service Plan (WI21), indicating whether training is required for the job choices, then entering the Customer Steps to Employment that will support that goal. That may be referral to WIA for training, then job search assistance after completion of training. WIA would then pick up the development of the IEP either on the Customer Service Plan or in a paper file until such time as the TAA Training Benchmark automation is completed. Once the customer has completed training or if the customer drops out of training, WIA and Career Center staff should work together to find suitable employment for the customer.

(3) – Information on training – may start with Career Center staff referring the customer to O\*Net self-assessment tools, to the Eligible Provider List (EPL) on the GDOL website, or to WIA. WIA would continue (or may initiate) the provision of more specific information on available training.

(4) – Information on how to apply for financial aid – WIA staff are generally in the best position to know this information, but TEGL No. 21-08, dated May 8, 2009, encouraged states to notify UI beneficiaries of their potential eligibility for Pell Grants and other student aid and to help individuals apply for Pell Grants through One-Stop Career Centers. The U.S. Department of Education is urging student financial aid administrators to use the discretion available to them in determining if UI beneficiaries are eligible for Pell Grants. A Web site, [www.opportunity.gov](http://www.opportunity.gov), has been established and contains Pell Grant and other useful information. Additional information on how to counsel individuals seeking federal financial aid is available at [www.fsa4counselors.ed.gov](http://www.fsa4counselors.ed.gov).

(5) – Short-term prevocational services - Career Centers routinely offer job search workshops touching on interviewing skills and other topics included in this item. WIA-funded staff may also provide these services.

(6) – Individual career counseling – Career Center staff should place heavy emphasis on this service with those TAA customers who have been waived from training or who have completed TAA-approved training. Customers receiving TRA payments while looking for work are required to meet the Extended Benefits (EB) work test. The EB work test requires a systematic and sustained work

search and requires claimants to accept any work offered that pays at least minimum wage and greater than the weekly benefit amount of the claim.

(7) – Provision of employment statistics information – Both Career Center staff and WIA staff have this information available online and should provide it as necessary to help the customer establish an employment goal in the individual employment plan. Training in demand occupation fields with good potential earnings is basic to TAA approval.

(8) – Information relating to the availability of supportive services – Both Career Center staff and WIA staff should know where and how supportive services may be obtained. USDOL encourages co-enrollment in WIA and TAA to allow trade-affected workers to receive supportive services that may assist in a quicker transition to work.

### WIA Staff



While WIA staff should follow case management procedures set up in their local areas, it is critical that they document on the Customer Services Entry/Update page in GWS all services provided, for Federal reporting purposes. Additionally, the DOL-2417 (revised) and DOL-2456 forms should be completed to document the benchmarks and reviews until the automated system has been implemented.

**SECTION 200  
TRAINING BENCHMARKS**

TAAEA 2011 requires the establishment of training benchmarks for all TAA-eligible workers covered by TAAEA who are enrolled in approved training under the Act, except for those in short-term training.

**New Term!  
Short-Term Training**

This is training that is less than 60 days in length.

Students who do not meet established benchmarks are not eligible for Completion TRA (see Chapter 10). Georgia policy requires that training benchmarks be established for ALL new TAA-approved students, not just those covered under TAAEA 2011.

Benchmarks are necessary to ensure that students stay on task and on track to complete training in the shortest amount of time possible. When left to themselves, many students drop classes or do not take a full schedule, or change training programs without notifying their career advisors or the TAA Unit. Consequently, these students frequently find themselves with no UI/EUC/TRA to support themselves in the last semesters of their training, often causing them to drop out of school. Establishing benchmarks and reviewing them on a regularly scheduled basis helps keep such actions to a minimum. The DOL-2417 has been revised to allow for the establishment of benchmarks. The DOL-2456 form is used to review benchmarks.

Benchmarks should be established through dialog between the career advisor and the student. The student should know exactly what is expected of him/her in order to maintain TAA approval of training.

**Benchmarks for Students in GED Training**

Benchmarks should be fairly simple for those enrolled in GED training. GED students must make significant progress by increasing their reading and/or math scores by at least a combined three grade levels by the end of the first six months. For example, reading might increase two grade levels and math one. Students are only given one year to complete their GED studies and pass the

GED exam. Those who have passed four of the five components of the GED exam by the end of one year may be granted an extension of no more than three months to pass the final part.

Here are some sample benchmarks for GED students:

- Increase reading and/or math by three grade levels by a certain date.
- Pass four of the five components of the GED exam by a certain date.
- Pass all components of the GED exam by a certain date.
- Attend class at least 16 hours per week. (attendance record required)

### **Benchmarks for Students in ESL Training**

ESL students must show significant improvement by the end of the first six months for their training to be extended. There is no standardized test currently being used by all ESL instructors, so these students will need to provide documentation from their instructor that they have made such improvement.

Here are some sample benchmarks for students in ESL training:

- Attend classes at least 16 hours per week. (attendance record required)
- Significant improvement demonstrated.
- Attain skill level to communicate effectively in the work environment.

### **Benchmarks for Students in Occupational Programs**

Here are some sample benchmarks for students in occupational programs:

- Pass all learning support (developmental) classes by a certain date.
- Attend class as required by instructor.
- Take a full load of classes each semester.
- Maintain at least a 2.0 GPA.
- Maintain at least a \_\_\_ GPA as required for entrance into \_\_\_\_\_.  
(This might be special qualifications for a nursing program, for example.)

### **Benchmark Reviews**

Each benchmark should have an Expected Completion Date. Benchmarks must be reviewed by the career advisor with the student at least every 60 days to determine if the student is on track to meet the benchmark by the Expected Completion Date. Students receiving Completion TRA must have their benchmarks reviewed **every week** during the Completion TRA eligibility period. (See Chapter 10 for information concerning Completion TRA.) The status of the student's progress in meeting the benchmarks must be recorded each time.

### **Status**

There are five possible statuses to consider:

- a. On track – the student is on track to meet the benchmark by the Expected Completion Date
- b. Not on track – the student is not on track to meet the benchmark by the Expected Completion Date. The career advisor should discuss with the student whether changing the date is feasible, or what steps should be taken by the student to get back on track.
- c. Met – the student has met the benchmark.
- d. Did not meet – the student did not meet the benchmark and there is not enough time remaining in his/her training weeks to attempt to meet it.
- e. No longer applies – this might have been a benchmark that applied to a program of study that was changed through mutual agreement between career advisor, student and the TAA Unit.

If the student is not on track or did not meet a benchmark during the Completion TRA eligibility period, s/he is not eligible for Completion TRA. The Completion TRA eligibility period is the twenty weeks immediately following the end of Additional TRA. The student must be on track to complete his/her training during those 20 weeks as well as meet all benchmarks. Failure to meet benchmarks within any of the 20 weeks of Completion TRA will result in disqualification for Completion TRA.



**SECTION 300  
CAREER CENTER RESPONSIBILITIES**

Trade staff located in the career centers and providing services to Trade customers covered under TAA 2009 or TAAEA 2011, should charge time to TAA Case Management, Project/Function 1722/600.

Customers who are on the Affected Employee Listing for any certified Trade petition are identified on CI02 as shown:



**GWS-11**

All Trade customers should be given the GWS-11 How May I Help You? form at the beginning of any interview. The services listed correspond with the employment and case management services listed in this chapter and are a simple and effective way to offer the services and determine the needs of customers.

In addition to these services, Career Center staff are responsible for advising all Trade-affected individuals of all the benefits that may be available to them, including:

- Health Coverage Tax Credit (HCTC) – See Chapter 3
- Job Search Allowance – See Chapter 6
- Relocation Allowance – See Chapter 6
- Training – See Chapter 7
- Trade Readjustment Allowances (TRA) – See Chapter 10
- Alternative Trade Adjustment Assistance (ATAA - 2002) – See Chapter 8
- Reemployment Trade Adjustment Assistance (RTAA – 2009) – See Chapter 9



Staff may ensure that this information has been provided by giving the customer a *Trade Act Handbook* and documenting that it has been given on the TAA Affected Employee Update page (GR08). If the TAA Affected Employee Inquiry page (GR07) indicates that a handbook has already been given, there is no need for further documentation.



### **Very Important Point!**

Staff must register all trade-affected individuals applying for any services with the Employment Service. At the same time, make sure the customer's work history on GW32 is up-to-date, including dates, wages and duties at the trade-affected company. (This also includes any TAA customers with out-of-state claims.)

After registration with Employment Services and TAA, a Customer Service Plan must be created for each TAA customer. At a minimum, the following items must be addressed and documented:

- First Job Choice/Training Needed
- Customer Steps to Employment

Career Center staff should review the GWS-11 form with the customer, determining which services will be most helpful at this point in the customer's work search.

If desirable, groups of individuals may be scheduled to come at a specific time and date, just as for Reemployment Services.

If issuing a training waiver, specific information must be documented. (See Chapter 5.) ECM services must be documented each time the waiver is reviewed. Continuance of a waiver depends on the customer's participation.

### **TRA, ATAA and RTAA Services**

While filing TRA, ATAA and RTAA claims is not an Employment and Case Management service, staff should always check BT77 (TRA Claims Inquiry in CICS) and BTA3 (ATAA Claims Inquiry in GWS) and RTAA transactions (yet to be developed) to see if a TRA, ATAA, or RTAA claim has been taken when a Trade-eligible individual applies for services. If none has been taken, staff should take the claim at this point, unless the customer indicates that s/he does not wish to file.

At the same time, staff should attempt to resolve any benefit issues the customer is experiencing. If issues are not easily resolved, staff may wish to contact the TAA Unit or the TRA Unit for assistance. Such services would be considered to fall under ECM and staff time may be charged accordingly.

### **HCTC Services**

HCTC and the HCTC Bridge may be considered as supportive services and, therefore, may be reported under ECM and staff time may be charged accordingly. (See Chapter 3 for information about HCTC and the HCTC Bridge.)

### **Job Search and Relocation Allowances**

Job search and relocation allowances are also supportive services and staff assisting customers to apply for these services may report their time under Employment and Case Management. On the Customer Services Entry/Update page (GW24) of the GWS, check TAA Job Search Allowance or TAA Relocation Allowance when preparing the paperwork for these benefits. (See Chapter 6 for more information on job search and relocation allowances.)

### **Alien Verification**



#### **TAA 2009**

*Trade Act of 1974, Chapter 2, Subchapter C, §239(k)*

TAA 2009 requires that alien registration be verified before provision of any TAA services. **If the alien registration is set to expire during training or other TAA services, those services may not be approved.** Alien registration must be verified each term for those registered aliens in training. This will generally be done by TAA Unit staff. Verification is considered to be an ECM service. NOTE: This is true for all TAA participants, not just those covered under TAA 2009.

## **DESK AID FOR EMPLOYMENT AND CASE MANAGEMENT SERVICES**

- Have customer complete the following forms:
  - TAA Registration Form (DOL-2443)
  - GWS-11 How May We Help You?

(Be sure the customer signs each form.)
- Interview the customer concerning employment goal.
- Enter Customer Service Plan in GWS.
- Complete Job Search/Career Assistance page in GWS, checking all that apply.
- Enter all services provided on the Services Entry page in GWS.
- Update the Customer Service Plan, Job Search/Career Assistance page, and the Services Entry page as needed.



# Chapter 5

# Waivers





**SECTION 100  
WAIVER DEADLINES**

In order to qualify for Trade Readjustment Allowances (TRA), a Trade-eligible individual must be enrolled in training or waived from the training requirement by the following deadlines.

**TAA 2002  
(Petitions 50,000 – 69,999 and [some] 80,000 – 80,999)  
8/16 Deadline**

The deadline for enrolling in training or being waived is the end of the 8<sup>th</sup> week after the Trade petition certification date or the end of the 16<sup>th</sup> week after the customer's most recent qualifying separation date (MRQS), whichever is later. If there were extenuating circumstances that caused an individual to miss the 8/16 deadline, a 45-day extension may be allowed. Otherwise, there is no recourse for a customer who is not enrolled in training or waived from the training requirement to receive TRA. Once the 45-day extension is past, a waiver may not be issued for any reason.

See NOTE below.

§231(A)(5)(A)

**TAA 2009 & TAAEA 2011  
(Petitions 70,000 – 79,999 and 80,000 and up [w/exceptions])  
26 Week Deadline**

The deadline for enrolling in training or being waived is the end of the 26<sup>th</sup> week after the certification date or the end of the 26<sup>th</sup> week after the MRQS (most recent qualifying separation date), whichever is later. The 45-day extension for extenuating circumstances is also allowed.

In addition, if the individual can demonstrate that s/he was not made aware of the deadline and his/her eligibility to apply for TAA benefits, the deadline may be extended. In such cases, the individual must be enrolled in training or receive a waiver by the Monday of the first week occurring 60 days after the date on which the individual was properly notified. The State cannot waive the enrollment in

training requirement after the deadlines have passed. Staff should enter the date of notification (which might be the date a handbook was given to the customer) on GR08.

NOTE: There were 22 individuals with petitions in the 80,000 – 80,999 range who elected to remain covered under TAA 2002. These individuals would be subject to the 8/16 deadline, not the 26-week deadline.

§1821



### **New Term!**

#### **Extenuating Circumstances**

These are circumstances beyond the control of the individual. Examples include:

- The training program was abruptly cancelled;
- The individual suffered injury or illness, preventing participation in training;
- The individual moved to another state and is attempting to enroll in training there;
- The individual was not notified by the State TAA Unit in time to meet the deadline.

Extenuating Circumstances allows a 45-day extension of the enrollment in training deadlines under the Trade Acts of 2002, 2009, and 2011.

§231(a)(5)(A)(ii)(III)

**SECTION 200  
REASONS TO ISSUE WAIVERS**

The Individual Service Plan should indicate whether the customer is in need of retraining or simply needs assistance in getting a job with the skills s/he has. Reasons to issue a waiver of the training requirement under TAA 2002 and TAA 2009 include [§231(c)]:

1. The firm plans to recall the individual in the reasonably foreseeable future.



**Take Note!**

To issue a waiver for this reason, there must be a definite recall date verified by the employer.

**This reason is not valid under TAAEA 2011.**

2. The individual possesses skills for suitable employment and there is a reasonable expectation of employment at equivalent wages in the foreseeable future.



**Take Note!**

**This reason is not valid under TAAEA 2011.**



**New Term!**  
**Suitable employment**

Work that pays wages of at least 80% of the individual's former average weekly wages at the adversely affected employment and is at a substantially equal or higher skill level.

Consideration should be given to other factors such as working conditions, benefits, likelihood of another dislocation, etc., in an effort to determine the overall picture.



**TAA 2009**

An individual who possesses a post graduate degree (Master's or higher) may be waived for this reason.

*§Sec.231(c)(1)(B)(ii)*

Staff must give careful consideration to the customer's skills as well as jobs in demand in the local labor market before issuing a waiver for this reason. If an individual has been looking for work unsuccessfully for six months or more, staff should evaluate the quality of the individual's work search and offer additional reemployment services to enhance the work search. If it appears that the individual is in need of training, s/he should be encouraged to enroll in training as soon as possible. In such cases, the waiver should be revoked as soon as the individual has had a reasonable amount of time to enroll in training.



All services provided should be documented on the Customer Service Entry/Update page in the GWS. If the customer is not interested in services, this should be noted in the Customer Steps to Employment on the Customer Service Plan in the GWS.

3. The individual is within two years of meeting all requirements for entitlement to either:
  - a. Social Security benefits; or
  - b. A private pension sponsored by an employer or labor organization.



**Take Note!**

**This reason is not valid under TAAEA 2011.**



**TAA 2009**

This waiver never has to be reviewed under TAA 2009. However, appropriate services should continue to be offered and documented in the GWS.

4. The individual is unable to participate in training due to his/her health.



**Take Note!**

This does not exempt the individual from work search requirements!

This could be a temporary condition such as pregnancy where the individual is still able to look for and accept work but upon birth, would have to drop out of training before the end of a quarter/semester. In such cases, careful review of the individual's circumstances must be made each time the waiver is reviewed. When the temporary condition is no longer applicable or when the customer is no longer able to look for and accept full-time employment, the waiver should be revoked.

It could also be a permanent health issue that allows the individual to work but not to attend school. For example, if the customer has a learning

disability that prevents him/her from being successful in the classroom, s/he may still be able to work.



**Idea!**

In such cases, OJT may be a good training choice.

5. Training is not reasonably available.
- No suitable training is available within the customer's commuting area;
    - The customer does not read at fifth grade level;
    - The customer does not score high enough on aptitude and/or other assessment instruments to indicate that training is suitable for him/her based on his/her abilities.
  - No training that is suitable for the worker is available at a reasonable cost, or no training funds are available.
  - The only training available to the customer is not at a reasonable cost (see Chapter 7, Section 100 for definition of Reasonable Cost); or
  - No training funds are available.

NOTE: Georgia has never run out of TAA training funds and it is not anticipated that this will happen.



**Take Note!**

**This may not be used for customers who are waiting for training to start (use Reason #6) or for customers who haven't decided on training. It may only be used for customers for whom it has been formally decided that no training is available.**

**Idea!**

In such cases, OJT may be a good training choice.

6. The first available enrollment date for the approved training of the individual is within 60 days or, if later, there are extenuating circumstances for the delay in enrollment.

**Take Note!**

A waiver should only be issued for this reason if training has already been approved by the State TAA Unit.

**VIP****Very Important Point!**

Any time a waiver is issued, the Customer Service Plan in GWS must be updated.

**SECTION 300**  
**ISSUING, DENYING, REVIEWING AND REVOKING A WAIVER**



**DOL-2424 and DOL-2446**

Use the DOL-2424 Waiver of Training Requirement form to issue, deny or revoke a waiver for individuals covered under TAA 2002 or TAA 2009. Use the DOL-2446 for individuals covered under TAAEA 2011.



Enter the waiver on the Waiver Entry Page (GR12) of the GWS. Be sure that the Customer Service Plan is updated.

If the customer's TRA claim is in another state, send a copy of the waiver to the other state. For contact information for all states, go to [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact)





### **Very Important Point!**

If the customer moved here from another state (UI and TRA claims in the other state, petition from the other state), Georgia is the agent state. The other state must approve issuance or denial of a waiver, but the information must be entered into the GWS just as for a Georgia claimant. The waiver should be entered into the system and reviewed as normal procedure calls for (with documentation of case management) and a copy of the waiver should be faxed to the liable state (where the TRA claim is). If the waiver is denied or revoked, the claimant must appeal to the liable state, not GDOL. TAA and TRA contact information for all the states is located at [www.doleta.gov/tradeact/contacts](http://www.doleta.gov/tradeact/contacts).

### **Revoking a Waiver**

A waiver may be revoked at any time after issuance if the customer's circumstances have changed so that the waiver is no longer appropriate.

§231(c)(2)(B)

For example:

- The customer is in need of training and has had sufficient time to enroll in approved training but has not done so. (Not applicable for TAAEA 2011)
- The customer's health is no longer a barrier to training.
- The customer no longer expects to be recalled. (Not applicable for TAAEA 2011)
- Although the customer seemed to have the skills needed to secure suitable employment, a systematic and sustained work search has not produced any job offers. Training is indicated, but the customer does not want to go to school. (Not applicable for TAAEA 2011)



#### **Take Note!**

There are no hard and fast guidelines for revoking a waiver; i.e., there is no magic number of months a customer can search for work before the waiver is revoked. Staff must use their judgment and review the results of each waiver review as a whole, plus any counseling notes available to determine whether or not to continue the waiver or revoke it. Either way, it is critical that counseling notes be entered and/or the Customer Service Plan updated to validate staff's decision.



#### **Take Note!**

If the customer moved here from another state and the other state is the liable state, send a copy of the form to the other state. If the customer wishes to appeal the revocation, s/he must appeal to the liable state, not Georgia.

**Take Note!**

When training begins, if the customer was previously issued a waiver, the waiver will be revoked by TAA Unit staff.

**Once a customer has enrolled in TAA-approved training, no waivers may be issued.**



# Chapter 6

## Job Search and Relocation Allowances



**SECTION 100  
JOB SEARCH ALLOWANCE**

Job search allowances are available to totally separated adversely affected individuals when it has been determined that no suitable work is available in his/her commuting area.

§238(a)

**Reminder!  
Suitable employment**

Work that pays wages of at least 80% of the individual's former average weekly wages at the adversely affected employment and is at a substantially equal or higher skill level. This does not in any case include self-employment or employment as an independent contractor. 20 CFR §617.3(kk)

Consideration should be given to other factors such as working conditions, benefits, likelihood of another dislocation, etc., in an effort to determine the overall picture.

Eligible individuals may be reimbursed for all or part of their necessary job search expenses.

**TAA 2002**

Reimbursement is **90%** of approved expenses, up to a maximum of **\$1,250**.  
§237(b)(1) & (2)

**TAA 2009**

Reimbursement is **100%** of approved expenses, up to a maximum of **\$1,500**.  
*§237(b)(2) as amended by §1833 of the TGAAA*

**TAAEA 2011**

Reimbursement is 90% of approved expenses, up to a maximum of \$1,250.  
States are given an option as to whether or not to provide job search allowances.  
(Georgia has opted to do so.)  
*§237(b) of the Trade Act of 1974 as amended by §214(d)(2) of TAAEA*  
*§237(a) of the Trade Act of 1974 as amended by §214(d)(1) of TAAEA*

A job search allowance may be granted to an eligible individual to assist him/her in securing a job outside his/her regular commuting area within the U.S. The commuting area in Georgia is 50 miles, one way, from home to the place of the interview.

**Deadline!**

An Application for Job Search Allowance (DOL-2428) must be filed with Career Center staff within **365 days after the individual's last qualifying separation or within 365 days after the certification date, whichever is later; or within 182 days after the conclusion of approved training.**

*§237(a)(2)(C)(i)*

**The DOL-2428 must be filed and approved prior to the job search being conducted. The customer must have a job interview scheduled to be eligible for the allowance.**



Requests for job search allowances are initiated at the GDOL Career Center. Staff should assist the customer in completing the request and ensuring that all criteria are met.



**Take Note!**

Receipt of a job search allowance will not void an individual's right to receive ATAA.

*TEGL 2-03, Change 1, #42*

**Qualifications to Receive Job Search Allowance**

The individual must:

1. Be totally separated from the adversely affected employment;  
*20 CFR §617.32(a)*
2. Be registered with the Employment Service;  
*20 CFR §617.32(a)(3)*
3. Have no reasonable expectation of securing suitable employment within the commuting area;  
*20 CFR §617.32(a)(4)*
4. Have a reasonable expectation of obtaining suitable employment outside the commuting area and in the area where the job search will be conducted;  
*20 CFR §617.32(a)(4)*
5. Apply for the job search allowance before going on the interview; and,
6. Complete the job search within a reasonable period of time not to exceed 30 days after the day on which the job search began.  
*20 CFR §617.32(a)(5)*

## Certification of Suitable Employment



The Career Center staff must, as part of the application process, certify that the applicant has no reasonable expectation of securing suitable employment in his/her commuting area. See page 81 for the definition of **suitable employment**.

Making this determination requires that an attempt has been made to place the participant in suitable employment within the commuting area. This does not, however, require that an actual job referral be made. A review of job orders and other employment services provided and documented on the Customer Services Entry/Update page of the GWS may well satisfy this requirement.

As a general rule, the job search allowance request should not be approved for occupations that are readily available in the commuting area. However, salary must be taken into consideration when making a determination. For example, if an assembler job is available in the commuting area at minimum wage, but an assembler job is available outside the area at a significantly higher wage that is commensurate with the participant's wage at dislocation, a job search allowance would be reasonable and appropriate.

### Allowable Expenditures for Job Search

- Travel 20 CFR §617.34(a)(1)
  - The allowable cost of travel will be the lesser of:
    - The cost per mile at the prevailing rate authorized under the federal travel regulation; or
    - The actual cost of round trip travel by the most economical and reasonable means of public transportation to take from the individual's residence to the area of the job interview.
    - If the customer chooses to travel at a higher rate, s/he will be reimbursed for the lower cost.
  - Reasonable cost of public transportation (i.e., bus, taxi, etc.) from airports to lodging or job interview locations may be allowable with proper receipts.
  - Cost of an automobile rental from a licensed car rental agency may be allowed, but must be approved by the TAA Unit in advance.

- Lodging and Meals 20 CFR §617.34(a)(2)

Allowable cost for lodging and meals may not exceed the lesser of:

- The actual cost to the individual of lodging and meals while engaged in the work search; or
- 50% of the prevailing per diem rate authorized under the federal travel regulations for the locality in which the job search is conducted. Information on federal per diem rates is available at [www.gsa.gov/mie](http://www.gsa.gov/mie). Click on the **per diem rate** link, then on the state to which the customer is traveling.

- Limitations

The customer may go on as many job searches as s/he wants. However, the total job search allowances paid to an individual under one certification may not exceed the limits displayed at the beginning of this section; i.e., \$1,250 for customers certified under TAA 2002 and TAAEA 2011; and \$1,500 for customers certified under TAA 2009. The amounts otherwise payable under this section shall be reduced by any amounts the individual is entitled to be paid or reimbursed for from any other source.

- Advances 20 CFR §617.35(c)

Advances are possible, but not encouraged. When an advance is absolutely necessary (i.e., the customer cannot go to the interview if s/he doesn't receive an advance), discuss with the TAA Unit. An advance may be granted to an individual for no more than 60%, but not to exceed \$500, of the estimated amount of the job search. An adjustment will be made if the amount of an advance is more or less than the amount to which the individual is entitled. Overpayments to the individual may be recovered through the UI overpayment process.

### Verification of Interview



Prior to forwarding the job search allowance request to the TAA Unit, Career Center staff must contact the employer(s) to verify that the job interview(s) occurred and document the contact in Section E of the DOL-2428 form.

20 CFR §617.32(c)

**Payment/Documentation**

Upon completion of the job search, the following should be forwarded to the TAA Unit:

1. Request for Job Search Allowance form (DOL-2428).
2. Original receipts for all lodging, meals purchased and transportation used by the individual pursuant to the job search. The receipts must show the date, name of the motel, restaurant or business, the city, and the amount. The customer should write his/her name and the last four digits of his/her social security number on each receipt.  
*20 CFR §617.25(d)*

**Interstate Activity**

If the individual is requesting job search allowances and is certified under a petition originating in a state other than Georgia, the procedure is the same as above (including registering the individual for Employment Services in Georgia) except the TAA Unit must be contacted immediately upon application to ensure the individual is eligible for the allowance. When contacting the TAA Unit, furnish the name, social security number and the date of termination from the certified company as well as the name, location and petition number of the company from which the individual was laid off. The TAA Unit will ensure eligibility and confirm this with the Career Center staff.



Assisting a customer to apply for a job search allowance is a type of employment and case management service and should be entered on the Customer Service Plan. Staff time may be charged to Project 1722, Function 600.

**SECTION 200  
RELOCATION ALLOWANCE**

Relocation allowances are available to totally separated Trade-eligible individuals to assist them in moving to another area when:

1. There is no reasonable expectation that the applicant can obtain **suitable employment** (see page 81 for definition) in the commuting area in which s/he resides; and,
2. The applicant has obtained suitable employment, or a bona fide offer of such work, in the area of relocation.

An individual is not required to be eligible for TRA during the week in which the application is filed. Although an individual does not have to be totally separated before FILING an application for relocation allowance, s/he **MUST** be totally separated at the time relocation begins.

**TAA 2002 and TAAEA 2011  
(Petitions 50,000 – 69,999 and above 79,999)**

An individual may be reimbursed for **90%** of necessary expenses incurred in transporting the individual, his/her family, and household effects, plus s/he may be paid a lump sum equal to three times his/her average weekly salary with the trade-affected company, not to exceed **\$1250**, for incidental expenses.

§238(b)

Also, under TAAEA 2011, relocation allowances are no longer an entitlement under the Trade Act. States may elect to pay them or not. (Georgia has elected to pay relocation allowances.)

§238(a) of the Trade Act of 1974 as amended by §214(e)(1)



**TAA 2009**  
**(Petitions 70,000 – 79,999)**

An individual may be reimbursed for **100%** of necessary expenses incurred in transporting the individual, his/her family, and household effects, plus s/he may be paid a lump sum equal to three times his/her average weekly salary with the trade-affected company, not to exceed **\$1500**, for incidental expenses.

*§238(b) as amended by §1833*



**Take Note!**

A relocation allowance may be granted an individual only **once** under a certification. If applications for a relocation allowance are made by more than one family member for the same relocation, the allowance shall be paid to the head of the family.

*20 CFR §617.40*



**Deadline!**

An Application for Relocation Allowance (DOL-2413) must be submitted to the Career Center by the **425<sup>th</sup> day** (14 months) **after the date of the certification** under which the customer is covered, or the **425<sup>th</sup> day** after the **most recent qualifying separation**, whichever is later; or by the **182<sup>nd</sup> day after the ending of training** approved under TAA.

*20 CFR §617.41(c)*

**Qualifications to Receive Relocation Allowance***20 CFR §617.42*

The individual must:

1. Be totally separated from trade-affected employment;
2. Be registered with the Employment Service;
3. Have no reasonable expectation of securing suitable employment within the commuting area;
4. Have secured suitable employment affording a reasonable expectation of employment of long-term duration, or a bona fide offer of such suitable employment outside the commuting area and in the area of intended relocation.
5. Apply for the relocation allowance before s/he moves.

**Take Note!**

Commuting area in Georgia is 50 miles one way.  
*E.S. Division Memorandum No. 31-03*



Relocation must take place within the United States.  
*20 CFR §617.40*

**Deadline!**

The relocation must occur within 182 days after the filing of the relocation allowance application, or within 182 days after the completion of TAA approved training. Application for the allowance must be made prior to the actual relocation.

*§238(c) as amended by §1833 of the TGAAA*



The Career Center staff must, as part of the application process, certify that the applicant has no reasonable expectation of securing suitable employment in his/her commuting area. See page 81 for the definition of **suitable employment**.

Making this determination requires that an attempt has been made to place the participant in suitable employment within the commuting area. This does not, however, require that an actual job referral be made. A review of job orders and other employment services provided and documented on the Customer Services Entry/Update page of the GWS may well satisfy this requirement.

As a general rule, the relocation allowance request should not be approved for occupations that are readily available within the commuting area. However, salary must be taken into consideration when making a determination. For example, if an assembler job is available in the commuting area at minimum wage, but the customer has obtained an assembler job outside the area at a significantly higher wage that is commensurate with his/her wage at dislocation, a relocation allowance might be reasonable and appropriate.

### **Allowable Expenditures for Relocation**

*20 CFR §617.46 and 41CFR §300 through §304*

- Travel reimbursement is available to pay travel expenses of the customer and family from their old place of residence to the area of relocation.
  - Transportation – The allowable cost is the lesser of:
    - The actual cost of transportation by the most nominal and reasonable means of public transportation to be taken by the individual and family; or,
    - The cost per mile at the prevailing mileage rate authorized by the federal travel regulation. No additional mileage shall be paid to family members traveling in the same vehicle.
  - Lodging and Meals – The allowable cost for each member of the individual's family will not exceed the lesser of:
    - The actual cost to the individual for lodging and meals while in travel status; or,



- 50% of the prevailing daily allowance rate authorized under the federal travel regulations for the locality to which the relocation is made.
  - Separate travel – If, for good cause, a member or members of an individual's family must travel separately, including at a later date, reimbursement will be computed in the same manner as stated above, and will be included in the total amount the individual is entitled to receive. Good cause may include, but is not limited to, health, schooling or economic conditions. Documentation to justify separate travel for dependents will be required prior to approval by the TAA Unit. Documentation may include certification from a physician, educational institution or other appropriate source.
- Moving allowance 20 CFR §617.47:
  - Commercial carrier – The allowable weight of household goods and personal effects of the family to be moved shall not exceed 18,000 pounds, regardless of the size of the family. Any weight in excess of 18,000 pounds shall be the sole expense of the individual.  
*41 CFR §302.7.2*
    - Before undertaking such a move, the individual must submit to the Career Center at least two estimates of the charges from the most economical commercial carriers the individual reasonably can be expected to use.
  - Trailer or rental truck
    - Allowable costs for moving household goods and personal effects by trailer include:
      - Cost per mile for the use of a private vehicle at the prevailing mileage rate authorized under the federal travel regulations for the usually traveled route.
      - Cost of daily rental for each day reasonably required to complete the move.
    - Allowable costs for moving household goods and personal effects by rental truck include:
      - The rental fee for each day reasonably required to complete the move; and
      - The necessary fuel for such rental truck paid by the individual. A receipt is required for cost of fuel.
  - Mobile home – Allowable costs for moving a mobile home used as an individual's place of residence are:
    - The commercial carrier's charges for moving the house trailer or mobile home.
    - Charges for unblocking and reblocking;
    - Ferry charges, bridge, road and tunnel tolls, taxes, fees fixed by a state or local authority for permits to transport the unit in or through the jurisdiction and retention of necessary flagmen; and

- Insurance – Insurance of goods for actual value or \$10,000, whichever is less, must be approved before the relocation.
- Temporary storage – If temporary storage of household goods and personal effects is necessary, the cost of such temporary storage for a period not to exceed 60 days will be allowed.
- Lump sum – A one-time lump sum payment will be paid to the individual.

**TAA of 2002 and TAAEA 2011**  
§238(b)(2) as amended by §214(e)(1)

The lump sum payment will be the **lesser** of:

**3 times the worker's average weekly salary** at the trade-affected employment; or

**\$1,250.**



**TAA 2009**  
§238(c)(2) as amended by TGAAA §1833

The lump sum payment will be the **lesser** of:

**3 times the worker's average weekly salary** at the trade-affected employment; or

**\$1,500.**



**Take Note!**

The individual should submit the last three pay stubs as evidence of the average weekly wage.

- **Advances** – An advance payment may be made upon request for no more than 60% of an approved estimate for travel/moving expenses at the time of departure to begin relocation or within 10 days prior to the relocation.

An adjustment will be made if the amount of the advance is more or less than the amount to which the individual is entitled.



DOL-2413

Complete Sections A, B, and C of the DOL-2413. Give the applicant a copy of the DOL-2413 to take with him/her. When the move is completed, s/he should attach all original receipts and submit to the TAA Unit.

**Payment/Documentation**

On completion of the relocation, the individual should forward the following documents to the TAA Unit:

1. Completed Request for Relocation Allowance (DOL-2413).
2. Original receipts for all expenses for which reimbursement is requested, which may include any of the following:
  - Lodging
  - Transportation (taxi, bus, etc.)
  - Original bill of lading by the carrier plus a receipt as evidence of payment of moving costs
  - Original bill itemizing and evidencing payment of rental charges for truck or trailers.
3. Last three pay stubs from adversely affected employment as verification of the average weekly wage.



Mail to

Georgia Department of Labor  
TAA Unit, Suite 440  
148 Andrew Young International Blvd., NE  
Atlanta, GA 30303

**Interstate Activity**

If the individual is requesting a relocation allowance and is certified under a petition originating in a state other than Georgia, the procedure is the same as above except Career Center staff must contact the TAA Unit immediately upon the request to ensure the individual is eligible for the allowance. Career Center staff should furnish the name, social security number and the date of termination from the certified company as well as the name, location and petition number of that company. TAA Unit staff will ensure eligibility and confirm same to the Career Center staff.



Assisting a customer to apply for a relocation allowance is a type of employment and case management service and should be entered on the Customer Service Plan and the Customer Service Entry Page. Staff time should be charged to Project 1722, Function 600 (for customers covered under TAA 2009 and TAAEA 2011 only).

# CHAPTER 7

# TRAINING



**SECTION 100**  
**CRITERIA FOR APPROVAL OF TRAINING**

The criteria used by the WIA staff and the TAA Unit for approval of TAA training are below. These are common sense criteria that staff likely consider for any customer requesting training, no matter what the funding source. However, for TAA customers, the law requires that these criteria be met.

§236(a)(1)

**A. THERE IS NO SUITABLE EMPLOYMENT AVAILABLE FOR THE INDIVIDUAL.**



**Suitable employment**

Work that pays wages of at least 80% of the individual's former average weekly wages at the adversely affected employment and is at a substantially equal or higher skill level. Consideration should be given to other factors such as working conditions, benefits, likelihood of another dislocation, etc., in an effort to determine the overall picture.  
*20 CFR §617.22(a)(1)(i)*

This means that, for the individual for whom approval of training is being considered, there is at that time no suitable employment available for that individual, either in the commuting area or outside the commuting area in an area in which the individual desires to relocate, and there is no reasonable prospect of such suitable employment becoming available for the individual in the foreseeable future.

**B. THE INDIVIDUAL WOULD BENEFIT FROM APPROPRIATE TRAINING.**

There should be a direct correlation between the skills the individual will gain from the training and the needs of the local labor market. Training for hobbies that might provide supplemental income, but not a "living" income, cannot be approved.

Continuing education classes will not be approved unless the individual reemployment plan clearly shows that the continuing education courses are necessary to reach the overall reemployment goal.

**Take Note!**

In such cases, the reemployment plan must be submitted with the DOL-2417 form.

**C. THERE IS A REASONABLE EXPECTATION OF EMPLOYMENT FOLLOWING COMPLETION OF TRAINING.**

This means that, for that individual, given the job market conditions expected to exist at the time of the completion of the training program, there is, fairly and objectively considered, a reasonable expectation that the individual will find a job using the skills acquired while in training. It does not require that employment opportunities for the individual be available or offered immediately upon the completion of training. It does require that the individual be job ready upon completion of the training. For this reason, stand alone remedial training such as GED or ESL cannot be approved unless the individual already has occupational skills for jobs in demand in the labor market.

**Take Note!**

If the Alien Registration Expiration Date for a non-U.S. citizen falls on or before the projected ending date of training, the training may not be approved because the individual would not have a reasonable expectation of employment following completion of training due to not being work-eligible in the U.S.

*§239(k) as amended by §1853 of the TGAAA*

**D. TRAINING IS REASONABLY AVAILABLE TO THE INDIVIDUAL.**

This means that training is reasonably accessible to the individual at a governmental or private institution or facility, including on-the-job training with an employer.

In determining whether or not training is reasonably available, first consideration shall be given to training opportunities available within the individual's normal commuting area. Training at facilities outside the



individual's normal commuting area should be approved only if the training is not available in the area or the training to be provided outside the area is provided at a more reasonable cost.

**E. THE WORKER IS QUALIFIED TO UNDERTAKE AND COMPLETE SUCH TRAINING.**

This means that the individual has the mental and physical capabilities and the financial resources to undertake, make satisfactory progress and complete the training.

Reading Level

Georgia policy requires that individuals must be able to read at fifth grade level before undertaking TAA-approved training because we have found that those who cannot read at the fifth grade level are not successful in training. However, individuals who do not read at the fifth grade level should be encouraged to enroll in Adult Literacy classes and work toward raising their reading level to at least fifth grade, at which time they could again apply for approval of other training. (Waivers may be issued for these individuals while they are in Adult Literacy classes, based on training not being reasonably available.)

*E.S. Division Memorandum No. 04-81*



**Take Note!**

The reading requirement may be waived for non-classroom training, such as OJT.

Physical Ability

The student must be physically able to complete the training. Certain types of training/work are more physical and/or stressful than others. For instance, an individual who wants to be a nurse must be able to lift patients and work long hours; linemen must be able to climb poles, etc.

Financial Ability

The student must have the financial ability to complete the training. If it is projected that the student's UI/TRA benefits will exhaust before the completion of the training, the student must submit a household budget showing all living expenses and the income (such as spousal income, Pell Grant or savings) to cover those expenses. Staff may use the DOL-2445 TAA Budget Form or an in-house budget form. **The student does not have to show verification of income or savings.** If the student does not

have the income to support himself/herself to complete the training, the training may not be approved. Planning to get a job when benefits exhaust is not acceptable documentation that the student has the financial ability to complete training.

§236(a)(9)(B)(i)



**Take Note!**

If benefits are not expected to exhaust before the training ends, no budget is necessary.

Training may not extend beyond 104/130 weeks (TAA 2002), 156 weeks (TAA 2009), or 130 weeks (TAAEA 2011).

**F. SUCH TRAINING IS SUITABLE FOR THE WORKER AND AVAILABLE AT A REASONABLE COST.**

“Suitable for the worker” means that the training is appropriate for the individual given his/her capabilities, background and experience. For example, if a student previously was enrolled in computer programming training and could not complete the program due to low or failing grades, computer programming would not be suitable for the individual now, given his/her experience. If the student does not score well on skills or aptitude tests for a certain program, then that program would generally not be suitable.

**New Term!****Reasonable Cost**

When determining if training is available at a reasonable cost, first consideration must be given to the lowest cost training (including books, tools, academic fees, tuition, travel and subsistence) which is available within the commuting area. When training, substantially similar in quality, content and results, is offered at more than one training provider, only the lowest cost training may be approved. Training at facilities outside the worker's normal commuting area that involves transportation or subsistence costs which add substantially to the total costs may not be approved if other appropriate training is available. More expensive training that is of demonstrably higher quality or that may be expected to produce better results for the worker in quickly returning to suitable employment may be approved.

If the individual has other public or private funds available to assist with training costs, training costs that might otherwise be considered as unreasonable may be considered. Public funds may include WIA or other governmental training programs. Private funds may include grants (with the exception of certain student financial assistance\*), scholarships, employer funding, or other sources available to the individual not requiring the use of funds personal to the worker, relatives or friends.

*§236(a)(9)(B)(ii) as amended by TGAAA §1828*

\*Certain types of student financial assistance (Pell Grants, benefits under Supplemental Educational Opportunity Grants, Federal educational loan programs, Presidential Access Scholarships, Federal student work-study programs, and Bureau of Indian Affairs Student Assistance) cannot be taken into account in determining need or eligibility for benefits or assistance. This allows the individual to use student financial assistance for living expenses instead of tuition and thus provides the individual income support during long-term training. However, the individual may voluntarily choose to apply student financial assistance to the costs of training, if the training would not be approved because the costs would otherwise be found to be unreasonable.

**DOL-2442**

Staff should complete the DOL-2442 Cost Commitment Sheet detailing all costs of the training and submit it with the appropriate DOL-2417 form to the TAA Unit. However, if a cost commitment has been entered into the WIA/TAA Tracking and Reporting System for this customer, no DOL-2442 is required.

**SECTION 200**  
**OTHER CONSIDERATIONS FOR APPROVAL OF TRAINING**

**A. FULL-TIME AND PART-TIME TRAINING**

Full-time training is defined by the training institution. In most public colleges and technical schools, full-time enrollment means the student is enrolled in at least 12 credit hours. If the student is in his/her **final semester** and has fewer than 12 credit hours remaining to graduate, s/he may be considered full-time for the purpose of receiving TRA payments. **In any other semester (i.e., NOT the final semester), if training is part-time, the student is not eligible for TRA benefits, even if the school does not offer the courses needed for the student to take a full load.**

For GED and ESL programs, Georgia policy requires students to attend GED and/or ESL classes a minimum of 16 hours per week to be considered full-time.



**TAA 2002**

**(Petitions 50,000 – 69,999 and [some] 80,000 – 80,999)**

Training must be full time. However, if the student is in his/her final semester and has fewer than 12 credit hours remaining to graduate, approval may be given for the student to attend less than full-time.

NOTE: Those individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011 are not required to attend training full-time. See below.



**TAA 2009 and TAAEA 2011**

**(Petitions 70,000 – 79,999 and 81,000 and up)**

Training may be full-time or part-time.



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 80,000 and up [with exceptions])**

Eligible individuals may work part-time (at least 20 hours per week) while attending school full-time and receive RTAA payments to supplement the part-time work. See Chapter 9 for more information on RTAA eligibility.

NOTE: Those individuals with petitions between 80,000 and 80,999 who elected to be covered under TAA 2002 must attend school full-time.

*§246(a)(3)(B)(iii)(II) as amended by TGAAA §1841*



**DOL-2410**

The DOL-2410 TAA Modification form should be used to report any change in full-time or part-time status.

**B. ELIGIBLE PROVIDER LIST**



**TAA 2009  
(Petitions 70,000 – 79,999 and above 80,999)**

TAA 2009 specifically prohibits limiting approved training to providers and programs on the WIA Eligible Provider List (EPL). Since this issue was not addressed in TAAEA 2011, it applies to those covered under the 2011 Act as well.

*§236(a)(5) as amended by TGAAA §1829*

While we expect that the vast majority of training requests will still be for training programs on the EPL, students are not limited to those programs. Priority is given to public institutions, such as those included in the Technical College System of Georgia and the University System of Georgia. However, private training providers may be approved if no public facility is within the commuting area and the overall cost of the training at the private provider meets the reasonable cost definition. Providers not on the EPL should provide placement rates, accreditation and other information for use in determining if training at that provider is appropriate.

**C. ONE TRAINING PROGRAM ALLOWED**

Only one training program is allowed a worker under a Trade certification.  
*20 CFR §617.22(f)(2)*

Discussions with USDOL staff have indicated that a change **within the first two terms** of an individual's training would be acceptable, but not after that time. This allows students enough time to determine if they can be successful in that program, and to change if they don't feel comfortable in that program.

One exception to this rule is for students enrolled in certain medical programs. Often students must complete a year or more of medical "core" courses before being accepted in a specific program such as radiology or nursing, which accept students only on a competitive basis. If a student does not get accepted into the upper tier program, s/he may change his/her program of study to a lower level medical program such as medical assisting that could be completed during the time frame provided by the law and regulations. These students cannot change to a non-medical program at this time.

**D. USE OF PELL GRANTS**

TAA 2009 specifically prohibits states from requiring students to use Pell Grants for training expenses, as they may need the Pell Grants for living expenses while in training. However, students may voluntarily use Pell Grants to help pay for training that would otherwise be denied due to unreasonably high costs. This also applies to individuals covered under TAAEA 2011.

*§236(a)(9)(B)(ii) as amended by TGAAA §1828*

**Take Note!**

If a student has indicated that s/he will need the Pell Grant as living expenses to complete training after UI/TRA benefits exhaust, s/he may not use the same funds to pay for training, unless the Pell Grant is sufficient for both.

**E. TRAINING OUTSIDE THE UNITED STATES**

Training that is conducted totally or partially at a location outside the United States cannot be approved.

*20 CFR §617.22(i)*

**F. INTERSTATE TRAINING****New Terms!****Liable state**

This is the state in which the individual is entitled to UI immediately following the individual's first qualifying separation, or, if not entitled to UI, the state in which the first qualifying separation occurred. This state remains the liable state until such time as the individual becomes entitled to UI in another state.

**Agent state**

This is any state other than the liable state. When a customer applies for benefits in a state other than the liable state, that state is responsible for completing paperwork for any Trade benefits the customer seeks and forwarding it to the liable state. The agent state generally pays for training approved by the liable state. *20 CFR §617.26*



In general, the state where the TRA claim is located is the **liable** state. If an individual wishes to attend school in a state other than the liable state, the other state is the **agent** state. **The liable state must approve (or deny) the training. If approved, the agent state pays for the training.** However, everyday operations make some clarification of this statement necessary.

1. An individual who lives in Georgia, has a Georgia UI and/or TRA claim, and wants to go to school in another state must go through the assessment and intake process required by Georgia policies and must meet all the six criteria for approval of training. (The assessment and intake process should be completed by career advisors/case managers in Georgia for the convenience of the customer.) If it is found that the out-of-state training meets the six criteria, including reasonable cost, the training may be approved and Georgia will pay for the training.



### Take Note!

In this case, Georgia pays for the training, even though it occurs in another state because the individual is still living in Georgia.

2. An individual who lives in another state, has a Georgia UI and/or TRA claim (Georgia is the liable state), and wants to go to school in the other state must go through the assessment and intake process required by Georgia policies (done by staff in the other state). The paperwork will be sent to the TAA Unit in Georgia for approval. If approved, the other state (agent state) will pay for the training, and the customer will receive TRA benefits (if eligible) from Georgia.
3. An individual who lives in another state, has a claim in the other state, and wants to go to school in Georgia must go through the other state's intake and assessment process (done by staff in the other state). The other state will approve and pay for the training.
4. For an individual who lives in State A, has a claim in State B, and wants to go to school in State C, State A is the agent state and State B is the liable state.

**Example:**

The individual lives in Georgia, has a claim in Alabama, and wants to go to school in Tennessee. Georgia is the agent state and would pay for the training if Alabama approves it.

5. For an individual who lives in another state, has a claim in that state, and wants to go to school in that state, but comes to a Georgia Career Center for assistance because it is the most convenient one to him/her, Career Center staff should assist the customer to the degree possible. However, if local WIA policies prohibit WIA enrollment for individuals who do not live or work in the WIA area, the customer will need to be assessed by someone in the other state, so it may be better to refer the customer to the other state for training assistance. If, however, local WIA policy allows WIA staff to assess such a customer, the customer should be referred to WIA staff that will assess him/her and forward paperwork to the other state.

**Take Note!**

TAA is a national program. Rather than arguing with another state over who does what, staff should do what is best for the customer!

**G. TRAINING OF REEMPLOYED INDIVIDUALS 20 CFR §617.22(g)**

Trade-affected individuals who obtain new employment that is **not suitable** employment as described in Section 100 of this chapter, and have been approved for full-time training may elect to:

1. Quit their jobs, or
2. Continue in full- or part-time employment while undertaking such full-time training,

and will not be held ineligible or disqualified for UI or TRA for quitting the job or working part-time.

## H. TIME LIMITS FOR APPLICATION

There are no time limits for individuals to apply for training to get the training paid for by TAA. However, individuals may not receive TRA benefits if not enrolled in full-time training in a timely manner. Additionally, such individuals must have the financial resources to support themselves while in school for such training to be approved.



### New Term! Enrolled in training

An individual is considered to be enrolled in training when:

1. The application for training has been approved by the TAA Unit; and,
2. The training institution has furnished written notice to the state agency that the individual has been accepted in the approved training program; and,
3. **The training will begin within 30 calendar days.**

*20 CFR §617.11(a)(2)(vii)(D)*



### **TAA 2002 (Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

The date of request for training is extremely important to the individual, as it can affect his/her eligibility for up to 52 additional weeks of TRA benefits as well as up to 26 additional remedial weeks. In order to qualify for Additional TRA benefits, the individual must have applied for training (signed the DOL-2417-02) by the 210<sup>th</sup> day following the later of the petition certification date or the most recent qualifying separation date.

If the individual is covered by one of the petitions shown above and does not enroll in training by the end of the 16<sup>th</sup> week after layoff or the 8<sup>th</sup> week after the petition was certified and was not waived from the training requirement, s/he will not qualify for Basic TRA unless s/he received an extra 45 days due to extenuating circumstances.

The individual must be **enrolled in training** by the Monday following the expiration date of a waiver to be eligible for Additional TRA benefits.

\*Individuals with petitions between 80,000 and 80,999 choosing to be covered under the TAAEA 2011 are not subject to the 8/16 deadline or the 210-day deadline.

*20 CFR §617.15(b)*



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 80,000 and up\*)**

An individual must be enrolled in training or be waived from the training requirement by the end of the 26<sup>th</sup> week after the later of the most recent qualifying separation date or the certification date to receive TRA benefits unless s/he received an extra 45 days due to extenuating circumstances or was not notified about the deadline. (See Chapter 5, Section 100.) The individual must be **enrolled in training** by the first Monday 30 days after the waiver expiration date to receive Additional TRA benefits.

\*Individuals with petitions between 80,000 and 80,999 who chose to be covered under TAA 2002 are subject to the 8/16 and 210-day deadlines described above.

*§231(a)(5)(A) as amended by TGAAA §1821*

**SECTION 300**  
**LENGTH OF TRAINING AND HOURS OF ATTENDANCE**



**TAA 2002**

**(Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

1. The training must be of suitable duration to achieve the desired skill level in the shortest possible time.
2. Training must be completed within 104 weeks.
3. If remedial training was required, one week of training may be added to the 104-week maximum for each week of remedial training required, up to an additional 26 weeks, for a maximum of 130 weeks training.
4. Individuals must attend training on a full-time basis as defined by the training facility.

\*Individuals with petitions between 80,000 and 80,000 who chose to be covered under TAAEA 2011 are not limited to 104 weeks of training.

*20 CFR §617.22(f)(2)*



**TAA 2009**

1. The training must be of suitable duration to achieve the desired skill level in the shortest possible time.
2. Training must be completed in a maximum of 156 weeks. The number of weeks of training is based on the maximum number of weeks of UI and TRA benefits available. Therefore, while the maximum allowable weeks of training is 156, if the individual's UI and TRA benefits will exhaust before 156 weeks, the training weeks allowed will be less, unless the individual presents a budget demonstrating that s/he has sufficient personal resources to be able to support him/herself after the exhaustion of benefits to complete the training. (See Section 100 of this chapter.)
3. Training may be full- or part-time. However, if attending training part-time, the individual is not eligible to receive TRA benefits.

*TEGL 22-08; §236(a)(9)(B)(i) as amended by TGAAA §1828*



**TAAEA 2011**  
**(Petitions 81,000\* and above)**

1. The training must be of suitable duration to achieve the desired skill level in the shortest possible time.
2. Training must be completed within a maximum of 130 weeks. The number of weeks of training is based on the maximum number of weeks of UI and TRA benefits available. Therefore, while the maximum allowable weeks of training is 130, if the individual's UI and TRA benefits will exhaust before 130 weeks, the training weeks allowed will be less, unless the individual presents a budget demonstrating that s/he has sufficient personal resources to be able to support him/herself after the exhaustion of benefits to complete the training. NOTE: In order to receive Completion TRA, the individual must meet all established training benchmarks each week during the eligibility period for Completion TRA (see Chapters 4 and 10 for more information on Completion TRA).
3. Training may be either full-time or part-time. However, if the individual is attending part-time, s/he is not eligible for TRA benefits.

\*Individuals with petitions between 80,000 and 80,999 who chose to be covered under TAA 2002 are subject to provisions of TAA 2002 as described elsewhere.

*§233 of the Trade Act of 1974 as amended by §213 of TAAEA*

A sample TAA Budget Form (DOL-2445) is provided in Chapter 13. Staff may choose to use either this form or one similar that is already in use by WIA staff.



**DOL-2410**

The DOL-2410 TAA Modification form should be used to report changes in beginning or ending dates, changes in part-time or full-time status, and breaks in training. See Section 900 of this chapter for more information.



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and above 80,999\*)**

Eligible individuals may work part-time (at least 20 hours per week) while attending school full-time and receive RTAA payments to supplement the part-time work. See Chapter 9 for more information on RTAA eligibility.

\* Individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011 are also included in this group.

*§246(a)(3)(B)(iii)(II) as amended by TGAAA §1841*

**SECTION 400  
COMPUTING TRAINING WEEKS**

To compute the number of training weeks available to customers **who do not have other income for support**:

For customers covered under TAA 2002:

Start with 104 weeks. Add the number of remedial training weeks required, if any, up to 26 weeks. Using the Begin Date of the training being applied for, subtract the number of weeks of UI, EUC, and TRA benefits the customer has received (or will receive) since the most recent qualifying separation (MRQS) date, if known. If not known, subtract the number of weeks from the MRQS date to the Begin Date of the training.

Ex. 1:

The student has received 26 weeks of UI benefits already and the Begin Date of training is 30 days (four weeks) away. The student has no remedial training.

**104** (possible weeks for training) – **26** (weeks already used) – **4** (weeks until training starts) = **74** (weeks benefits remaining); **104 - 26 - 4 = 74**

The student will have 74 calendar weeks to complete training.\*

Ex. 2:

The student has received 10 weeks of UI benefits. The training begins this week and 15 weeks of remedial training will be required.

**104** (possible weeks for training) + **15** (remedial weeks added) – **10** (weeks benefits already used) = **109** (weeks benefits remaining) **104 + 15 - 10 = 109**

The student will have 109 calendar weeks to complete training.\*

Ex. 3:

The student doesn't know how many weeks of benefits s/he has received. She was laid off October 31, 2009. Training is to begin April 1, 2010. No remedial classes are required.

**104** (possible weeks for training) – **21** (estimated weeks benefits 10/31/09 – 4/1/10) = **83** (weeks benefits remaining) **104 - 21 = 83**

The student will have 83 calendar weeks to complete training.\*

\*If training cannot be completed in this time and the customer has no other source of support, the training cannot be approved.



For customers covered under TAA 2009:

Start with 130 weeks. Add the number of remedial training weeks required, if any, up to 26 weeks. Using the Begin Date of the training being applied for, subtract the number of weeks of UI, EUC, and TRA benefits the customer has received since the most recent qualifying separation (MRQS) date, if known. If not known, subtract the number of weeks from the MRQS date to the Begin Date of the training.

Ex. 1:

The student has received 26 weeks of UI benefits already and the Begin Date of training is 30 days (four weeks) away. The student has no remedial training.

**130** (possible weeks for training) – **26** (weeks already used) – **4** (weeks until training starts) = **100** (weeks benefits remaining) **130 – 26 – 4 = 100**

The student will have 100 calendar weeks to complete training.\*

Ex. 2:

The student has received 10 weeks of UI benefits. The training begins this week and 15 weeks of remedial training will be required.

**130** (possible weeks for training) + **15** (remedial weeks added) - **10** (weeks already used) = **135** (weeks benefits remaining) **130 + 15 - 10 = 135**

The student will have 135 calendar weeks to complete training.\*

Ex. 3:

The student doesn't know how many weeks of benefits s/he has received. She was laid off October 31, 2009. Training is to begin April 1, 2010. No remedial classes are required.

**130** (possible weeks for training) – **21** (estimated weeks benefits 10/31/09 – 4/1/10) = **109** (weeks benefits remaining) **130 - 21 = 109**

The student will have 109 calendar weeks to complete training.\*

\*If training cannot be completed in this time and the customer has no other source of support, the training cannot be approved.

**Take Note!**

If the customer has financial support other than UI, TRA, etc., a maximum of 156 training weeks is allowed and no further computation is required.

For customers covered under TAAEA 2011:

Start with 130 weeks. Using the Begin Date of the training being applied for, subtract the number of weeks of UI, EUC, and TRA benefits the customer has received since the most recent qualifying separation (MRQS) date, if known. If not known, subtract the number of weeks from the MRQS date to the Begin Date of the training.

Ex. 1:

The student has received 26 weeks of UI benefits already and the Begin Date of training is 30 days (four weeks) away.

**130** (possible weeks for training) – **26** (weeks already used) – **4** (weeks until training starts) = **100** (weeks benefits remaining) **130 – 26 – 4 = 100**

The student will have 100 calendar weeks to complete training.\*

Ex. 2:

The student has received 10 weeks of UI benefits. The training begins this week.

**130** (possible weeks for training) - **10** (weeks already used) = **120** (weeks benefits remaining) **130 - 10 = 120**

The student will have 120 calendar weeks to complete training.\*

Ex. 3:

The student doesn't know how many weeks of benefits s/he has received. She was laid off October 31, 2011. Training is to begin April 1, 2012.

**130** (possible weeks for training) – **21** (estimated weeks benefits 10/31/11 – 4/1/12) = **109** (weeks benefits remaining) **130 - 21 = 109**

The student will have 109 calendar weeks to complete training.\*

\*If training cannot be completed in this time and the customer has no other source of support, the training cannot be approved.

**Take Note!**

If the customer has financial support other than UI, TRA, etc., a maximum of 130 training weeks is allowed and no further computation is required.

**SECTION 500  
ONLINE LEARNING**

TAA may approve online learning when the following conditions are met and the customer appears to have a likely chance of successfully completing the training:

*TEGL 9-05*

1. The degree or certificate received is equivalent to what would have been received if the training had been conducted on campus.
2. The training facility is accredited by a recognized agency.  
The following are the most identifiable accrediting agencies recognized by the U. S. Department of Education:
  - New England Association of Schools and Colleges Commission on Institutions of Higher Education (NEASC) – Accredits institutions within: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Europe, Africa, Asia and the Middle East
  - New England Association of Schools and Colleges Commission on Technical and Career Institutions
  - North Central Association Commission on Accreditation and School Improvement (NCA) – Accredits institutions within: Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, Wyoming, and the Navajo nation
  - Middle States Association of Schools and Colleges (MSA) – Accredits institutions within: Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, U.S. Virgin Islands, Central America, Europe and the Middle East
  - Southern Association of Schools and Colleges (SACS) – Accredits institutions within: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Latin America
  - Western Association of Schools and Colleges Commission for Senior Colleges and Universities (WASC) – Accredits institutions within: California, Hawaii, Guam, American Samoa, Palau, Micronesia, Northern Marianas, Marshall Islands, and other Australasian locations
  - West Association of Schools and Colleges Commission for Community and Junior Colleges
  - Northwest Association of Schools and Colleges (NWCCU) – Accredits institutions within: Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington
  - Distance Education and Training Council Accrediting Commission (DETC) – Specializing in distance learning education
  - See <http://ope.ed.gov/accreditation> for additional sources of accreditation.

Although students were formerly required to submit a DOL-2444 Application for

Online Training Approval to the TAA Unit prior to taking any online classes, online training has become so prevalent that this is no longer necessary. However, students are still subject to other requirements in this chapter.

### **TRA Considerations**

Students must be in full-time training in order to receive TRA benefits.

#### §236(h)(2)

- If the student is taking online courses less than full-time, s/he will be required to make up the rest of a full-time load on campus in order to receive TRA.
- If the student's total training program is online, the customer must make arrangements with the training facility or instructor to get the DOL-2403 training attendance form signed on the last week of each month while receiving TRA.
- If the student is attending school only part-time, s/he is not eligible for TRA.

### **Other Considerations**

- Students may not receive TAA travel allowances for any day they are not required by the instructor to report to the campus. Limited exceptions may be allowed if on-campus research is required for course work. If the student is also taking on-campus courses, travel allowances may apply.
- **TAA will not pay for courses taken online to be repeated online.**
- TAA may require signed statements from the school concerning the student's participation if any questions arise.
- The training must meet the six criteria for approval of TAA training.

**SECTION 600  
ON-THE-JOB TRAINING****Approval**

On-the-job Training (OJT) may be approved for any adversely affected worker if:

1. The six criteria for approval of training are met; and,
2. The OJT:
  - Can reasonably be expected to lead to suitable employment with the employer offering the OJT;
  - Is compatible with the skills of the worker;
  - Includes a curriculum through which a worker will gain the knowledge or skills to become proficient in the job for which s/he is being trained; and,
  - Can be measured by benchmarks that indicate that the worker is gaining such knowledge or skills.

OJT payments to employers must be made monthly.

§236(c)(1)-(4)

**Contracts**

§236(c)(3)

1. Contracts with employers must consider:
  - skill requirements of the job
  - academic and occupational skill level of worker
  - work experience of the worker
2. Term – Training under an OJT contract shall be limited to the period of time required for the worker receiving OJT to become proficient in the job.

**Take Note!**

Length of training may not exceed 104 weeks, even under TAA 2009 and TAAEA 2011.

§236(c)(3)(B)

See the Appendix for a sample OJT contract.

**Exclusion of Certain Employers****§236(c)(4)**

- Contracts may not be entered into with an employer that exhibits a pattern of failing to provide workers receiving OJT with:
  - Continued, long-term employment as regular employees; and
  - Wages, benefits and working conditions that are equivalent to the wages, benefits and working conditions provided to regular employees who have worked a similar period of time and are doing the same type of work as workers receiving OJT.

**Take Note!**

Under TAA 2009, an individual who leaves OJT not later than 30 days after the beginning of the OJT because it has been determined that the employer does not expect to hire the individual at the end of the OJT may not be disqualified from receiving UI or TRA.

*§236(d)(1)(C) as amended by TGAAA §1832*

**SECTION 700**  
**REGISTERED APPRENTICESHIP PROGRAMS**  
**TAA 2009 and TAAEA 2011**  
**(Petitions 70,000 – 79,999 and 81,000 and up\*)**

\*This section also applies to Individuals with petitions between 80,000 and 80,999 who chose to be covered under TAAEA 2011.

Registered apprenticeship programs offer workers employment and a combination of on-the-job learning and related instructions. Since the employer pays all of the apprentice's wages, the on-the-job learning portion of apprenticeship training is not considered to be OJT.

Apprentices are employed at the start of their apprenticeship and work through a series of defined curricula until the completion of their apprenticeship programs. The length of registered apprenticeship programs varies depending on the specific occupation.

Adversely affected workers can access registered apprenticeship programs by contacting their state's Registered Apprenticeship Office.  
*§236(a)(5)(iii) as amended by TGAAA §1829*



Contact information is available online at  
<http://www.doleta.gov/oa/sainformation.cfm>.

TAA funds can be used to pay for the expenses associated with related instruction, including:

- Classroom and distance learning
- Tools
- Uniforms
- Equipment
- Books

TAA funds can be used until the worker obtains suitable employment or 130 weeks (TAAEA2011) or 156 weeks (TAA 2009), whichever comes first, while participating in the registered apprenticeship program. *TEGL 22-08, p. A-40*

**Take Note!**

Because registered apprenticeship combines classroom instruction with employment, TAA-eligible workers enrolled in a registered apprenticeship program may not be able to receive TRA due to their income earned through wages. However, qualified workers may be able to receive RTAA while being trained and employed through a registered apprenticeship program.

If the individual is not eligible for either TRA or RTAA, s/he will not be eligible for HCTC.

*TEGL 22-08, p. A-40*



**SECTION 800**  
**PRE-SEPARATION TRAINING**  
**(TAA 2009 and TAAEA 2011)**  
**(Petitions 70,000 – 79,999 and 81,000 and up\*)**

TAA 2009 for the first time entitles adversely affected incumbent workers to employment and case management services and to retraining. \*This section also applies to individuals covered under petitions 80,000 through 80,999 who elected to be covered under TAAEA 2011.

*§247(19) as amended by TGAAA §1830*



**New Term!**

**Adversely Affected Incumbent Workers**

Workers covered under a certified Trade Act petition who are threatened with separation (received notice of layoff) but are not yet separated.

These “threatened workers” are entitled to receive the same training benefits provided to adversely affected workers. Pre-layoff training is not the same as incumbent worker training programs allowable under WIA, whose purpose is to prevent layoffs from an employer. TAA pre-separation training is intended to allow earlier intervention where layoffs are planned in advance and **the employer can specifically identify which workers will be affected.**

*§236(a) as amended by TGAAA §1830*

The criteria and limitations for approval of pre-separation training are the same as for already separated adversely affected workers with these exceptions:

- On-the-job training may not be approved; and
- Customized training may not be approved unless it is for a position other than the worker’s adversely affected employment.

*§236(a)(10) as amended by TGAAA §1830*

**Take Note!**

Staff must verify with the employer before each new term of training that the threat of separation still exists. If the threat of separation is removed during a training program, funding of the training must cease. The worker can complete any portion of the training where TAA funds have already been expended but would not be eligible for further TAA funding in the absence of threatened or actual separation from the adversely affected employment. The worker may resume the approved training program upon the resumption of the threat or in the event of a total qualifying separation, if the six criteria for approval of training are still met.

*§236(a)(11) as amended by the TGAAA §1830*

**Very Important Point!**

Only one training program may be approved per certification. A TAA-approved training program begun prior to separation counts as that one training program, and the training plan should be designed to meet the long-term needs of the worker based on the expectation that s/he will be laid off. The training program should also take into account the availability of up to 156 (130 for TAAEA 2011 participants) weeks of training. Thus, while a pre-separation training program may be resumed, a worker who has participated in pre-separation training will not be eligible for a new and different training program.

*20 CFR §617.22(f)(2)*

**SECTION 900  
MODIFICATIONS****DOL-2410**

The DOL-2410 TAA Modification form should be used to report changes in beginning or ending dates, changes in part-time or full-time status, and breaks in training.

**1. Changes in Beginning Dates**

If a student is scheduled to begin training on a certain date and is unable to do so, but still plans to go to school, and if all other information concerning the approved training remains the same (except for the end date) a modification form should be completed. Staff should enter the currently approved beginning date as well as the new beginning date. Staff should also enter the current ending date and the new ending date unless the training is still scheduled to end on the previously established ending date. Be sure to update the benchmarks!

**2. Changes in Ending Dates**

If a student is unable to complete his/her training by the approved ending date, a modification form should be completed. Staff should enter the currently approved ending date as well as the new ending date. Staff should be sure to check the appropriate reason for the new ending date. Acceptable reasons might include:

- The student was unable to enroll in certain courses because of schedule conflicts and needs more time to complete the training.
- The school added additional requirements to the program of study, so the student must take additional courses.
- The student had to re-take a class(es).

**Take Note!**

Students may re-take a class only one time. Continued failure to successfully complete classes may result in termination of approval of training.

- The ending date originally submitted was incorrect.



### Take Note!

Even if the student has a valid reason for not completing by the approved ending date, it may not be possible to extend the ending date if the student cannot complete the training within the number of weeks allowed. In such cases, the extension of training will be denied and the training approval will end on the previously established ending date.



### Take Note!

The student must have the financial ability to complete the training. If the new ending date would extend past the individual's exhaustion of UI/EUC/TRA, the student must submit a household budget showing all living expenses and the income to cover those expenses. If the student does not have the income to support himself/herself to complete the training, the extension may not be approved.

*§236(a)(9)(B)(i)*

### 3. Changes in Full- or Part-Time Status

The student was attending training part-time and is now attending full-time, or vice versa. Part-time training is not allowed under TAA 2002. Part-time training is allowed under the 2009 and 2011 Acts; however, students attending training part-time are not eligible for TRA benefits. Staff should indicate on the modification form the date the new status began.

### 4. Breaks in Training

If the student is unable or unwilling to attend school for a period greater than 30 days (not counting federal holidays and weekends), the modification form should be completed. Staff should indicate the beginning date and the expected ending date of the break in training. When the student returns to school, a new modification form should be submitted, indicating the actual date of return.

## SECTION 1000 SATISFACTORY PROGRESS

Students are required to make satisfactory progress in their training to remain eligible under the Trade Act. Benchmarks established at the beginning of the training should be met consistently, or the students' progress toward those benchmarks should stay on track. See Chapter 4, Section 200 for more information on training benchmarks.

### Remedial Training

Georgia policy requires that individuals enrolled in GED classes increase their reading and/or math scores by three grade levels, combined, after six months of GED classes. If such progress is not made, GED training is not approved beyond the six months. If the individual makes satisfactory progress, the GED training may be extended for another six months. GED training is only approved for 12 months total, as educators have found that those who do not complete within one year generally do not ever complete. **An exception may be granted to those individuals who, after 12 months in approved GED classes, have passed four of the five GED areas. Those individuals may be extended up to 90 days beyond the 12 months.**

*E.S. Division Memorandum Nos. 09-19 and 09-23*

### Occupational Training

Satisfactory progress also applies to occupational and academic courses. Students must make satisfactory progress to continue in approved training. Students who fail a course one time will be given another chance if recommended by the career advisor based on discussion with the student, observation, etc. If a student fails a course twice, s/he will be considered unqualified to undertake and complete the training, and training approval will be revoked. If this occurs early in the training program, it may be possible for the student, with guidance from the career advisor, to change training programs. Students generally may not change training courses after the second term of the training program. However, if all courses taken previously could be transferred to a new program, exceptions will be considered. For example, if the student was in the Licensed Practical Nursing program and could not pass certain coursework, but the coursework s/he had passed would transfer to Medical Assisting (and the program could be completed in the time allowed), consideration could be given to approval of the new program.

Under this same criterion, students in programs requiring a certification exam at the end (such as CDL) will be given two chances to pass the exam. After that, the student will be considered unqualified to undertake and complete the training, and training approval will be revoked. Students should get extra help before

attempting such exams for the second time to increase the probabilities of success the second time.



**Take Note!**

This does not apply to GED students who may take the GED exam multiple times within the time allotted for the GED training.

Students should maintain at least a 2.0 grade point average (GPA) to continue in training. If the school or program requires a higher GPA, then the higher GPA will be the standard. Students falling below the standard will be considered unqualified to undertake and complete the training, and training approval will be revoked.

**SECTION 1100  
COVERED EXPENSES**

TAA funds may be used to pay for all training-related expenses required to complete the training. *20 CFR §617.22(a)(6)(iii)(A)*

Eligible expenses include:

1. Tuition
2. Fees
3. Books
4. Supplies  
Each TAA-funded student is eligible for up to \$25 per term for necessary supplies such as pens, pencils, notebooks, etc.
  - This does not include such items as sweatshirts, mugs, etc.
  - Items must be reasonably priced; e.g., no \$200 pens!
5. Special equipment or other items required for **all students** in the training program, such as:
  - Tools
  - Uniforms
  - Stethoscopes
  - Scientific calculators
  - Watches with second hand for nursing students (reasonably priced!)
  - Health exams for students in medical programs
6. Travel allowances
  - If the student is required to travel 10 miles or more one way from home to the training facility, a travel allowance is paid to him/her.
  - The reimbursement rate per mile is the current federal travel rate, which can be found at [www.gsa.gov](http://www.gsa.gov). Click on POV Mileage Reimbursement on the left side of the page.
  - Mileage, if allowed, is paid for the complete round trip from home to school and back home.
  - Staff completing the DOL-2417 must be careful to ask the question concerning mileage for each individual. If one-way mileage is 10 miles or more, staff should complete the DOL-2429 Application for Mileage Allowance form and submit it with the DOL-2417.
  - The DOL-2430 form should be given to the customer to complete and fax to the TAA Unit each week s/he requests travel reimbursement.
7. Subsistence
  - If the student is required to live away from home to complete training, subsistence may be paid.

- A student may not receive both travel and subsistence. However, one round trip will be paid to get the student to the school at the beginning of training and return him/her home at the end of the training.
- The student will be reimbursed for the lower of:
  - The actual cost of food and lodging; or
  - 50% of the federal per diem for the area in which the training takes place.
    - Federal per diem can be found at [www.gsa.gov/mie](http://www.gsa.gov/mie).
- Subsistence should not be paid for training that is less than two hours from home unless paying subsistence would be more cost effective than paying a travel allowance.

**Take Note!**

Both travel and subsistence are included in the overall cost of training and must be considered when determining the reasonableness of the training cost.

TAA-eligible individuals may elect to use Pell Grants or other similar type funds to offset the cost of travel or subsistence. They may not pay for travel or subsistence from private funds (personal, family or friends).

**Take Note!**

TAA funds may not be used to pay for items paid for by other sources, including other federal programs.

*20 CFR §617.25(b)(3)(ii)(B)*



**SECTION 1200  
METHOD OF PAYMENT****Training Provider**

When training is approved, an approval letter goes to the student and to the training provider (see sample letters in the Appendix). The letter to the training provider serves as documentation that the provider may invoice the Georgia Department of Labor for tuition, books and supplies required for the training program. A detailed invoice, including the student's name and exact charges, is required. Invoices are paid as received.

**Bookstore**

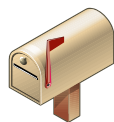
If the student buys books separately from a school-owned bookstore, the bookstore can contact the TAA Unit for a letter assuring payment for the purchase of necessary books and supplies. A detailed invoice, including the student's name and exact charges, is required. Invoices are paid as received.

**Travel or Subsistence**

Students approved for travel or subsistence must submit the DOL-2430 form each month. If requesting subsistence, original receipts must be included with the form. The student should include name and last four digits of the social security number on each receipt. Travel and subsistence are paid monthly.

**Other Items**

If the student was required to purchase other items for class, such as uniforms, tools, stethoscopes, etc. or to pay for supplies, test fees or similar items, s/he should submit the original receipts to the TAA Unit along with a brief explanation of the charges. The student should include name and last four digits of the social security number on each receipt.



Georgia Department of Labor  
TAA Unit  
Suite 440  
148 Andrew Young International Blvd., NE  
Atlanta, GA 30303



404-232-3508

<b>TRAINING FORMS REQUIRED</b>					
	<b>2417</b>	<b>2442</b>	<b>2429 &amp; 2430</b>	<b>2445</b>	<b>2410</b>
All participants	X	X			
Travel 10 miles or more one way	X	X	X		
If training will outlast benefits	X	X		X	
To change beginning/ending dates, report break in training, add update part-time training					X
To change schools or programs of study	X	X			

CHAPTER 8  
ALTERNATIVE  
TRADE  
ADJUSTMENT ASSISTANCE  
(ATAA)



**SECTION 100  
OVERVIEW****TAA 2002****(Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

Alternative Trade Adjustment Assistance (ATAA) was provided for by TAA 2002 and is effective only for the petitions identified above.

\*Those individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011 are not eligible for ATAA. See Chapter 9, RTAA.

*TEGL 2-03; §124*

ATAA is designed to allow TAA-eligible individuals for whom retraining may not be appropriate to receive a wage subsidy to help bridge the salary gap between their old job and new employment. To receive the ATAA benefits, individuals must be both TAA and ATAA certified.

Under ATAA, individuals in an eligible worker group who are at least 50 years of age and who obtain different, full-time employment within 26 weeks of separation from adversely-affected employment, at wages less than those earned in the adversely-affected employment, may receive up to half of the difference between the individual's old wage and the new wage. The wage subsidy may be paid up to a maximum of \$10,000 during a two-year eligibility period. To be eligible for ATAA, individuals may not be projected to earn more than \$50,000 per year in the new employment. In addition, the worker group must be certified as eligible to apply for both TAA and ATAA benefits and meet other ATAA eligibility criteria described in this chapter.

Individuals who begin receiving payment under ATAA cannot receive other TAA benefits and services except for relocation allowances and the Health Coverage Tax Credit (HCTC).



### Take Note!

The Applicant Status Affidavit form (DOL-1054A) is required for ATAA claims filed on or after December 27, 2011. Career Center staff should verify that the Applicant Status Affidavit form has been completed. If it has not, staff should ensure it is executed as part of filing the ATAA claim.

*UI Memorandum 2011-19*

**SECTION 200  
PETITIONS AND INVESTIGATIONS**

Workers seeking benefits and services under ATAA were required to file a regular TAA petition which included a request that the worker group be considered for eligibility to apply for ATAA. In order to establish that petitioning workers were eligible to apply for ATAA, USDOL had to first determine that all the criteria for a regular TAA certification were met. In addition, USDOL had to find that three additional criteria were met for ATAA certification. These additional criteria were:

1. A significant number of adversely affected workers in the petitioning workers' firm were 50 years of age or older;
2. The adversely affected workers in the petitioning workers' firm possessed job skills that were not easily transferable to other employment; and,
3. The competitive conditions within the affected workers' industry were adverse.

For criterion 1, information was obtained by telephone with the appropriate company official. For this purpose, the term "significant number" means five percent of the adversely affected workers or 50 workers, whichever is less, or at least three workers in a firm with less than 50 adversely affected workers.

For criterion 2, the necessary information was also obtained by telephone with the appropriate company official, who was asked to confirm that the worker group possessed skills not easily transferable to other employment. If the company official could not confirm this, Rapid Response or another appropriate agency was asked to do so.

For criterion 3, information was collected from government and industry association sources.

When the TAA petition includes a request for ATAA, the determination document issued by USDOL clearly states whether or not the workers are eligible to apply for ATAA. This statement appears directly after the statement of eligibility to apply for regular TAA and is noted on the Trade Act Petitions Log distributed weekly by the TAA Unit.

Trade Act Petition Log  
 Certified Petitions  
 Active as of 10/09/08



Company	Petition	ATAA	Number Affected	City	WIA Area	Date Filed	Certification Date	Impact Date	Expiration Date	Orientation Date
** HONEYWELL INTERNATIONAL	TAW63966	Y	INA	ELBERTON	09	09/03/2008	09/29/08	08/27/2007	09/29/2010	
** BOWNE	TAW63787	Y	0050	ATLANTA	03	08/01/2008	08/21/08	07/29/2007	08/21/2010	RCC
SOUTHERN INDUSTRIAL FABRI	TAW63483	Y	0012	ROSSVILLE	01	06/09/2008	07/17/08	06/05/2007	07/17/2010	2008/08/19
HAYES LEMMERZ INTL GA	TAW63637	Y	0073	GAINESVILLE	02	07/01/2008	07/16/08	07/01/2007	07/16/2010	2008/08/07
CIMA PLASTICS II CORP	TAW63513	Y	INA	ELBERTON	09	06/10/2008	07/08/08	06/02/2007	07/08/2010	2008/08/20



**SECTION 300  
CUSTOMER CHOICE**

An individual covered under an ATAA-certified petition must be fully informed of his/her options for services. S/he may choose to receive ATAA payments if s/he obtains qualifying employment within 26 weeks of separation from the covered employer, or to receive other TAA benefits such as training and job search allowance. S/he cannot receive both. However, if s/he receives ATAA benefits, s/he remains eligible for the HCTC and the relocation allowance.

**DOL-2432**

Eligible individuals covered under an ATAA certified petition must sign the TAA/ATAA Option Statement (DOL-2432) when applying for training, job search allowance or ATAA to ensure that they understand the consequences of choosing one or the other.

During the 26 week period after the most recent qualifying separation, an individual should be encouraged to take advantage of reemployment services and assistance available to him/her with the goal of returning to work within 26 weeks of the qualifying separation in order to be eligible for ATAA.

While such an individual is seeking employment to qualify for ATAA, actions must be taken to ensure regular TAA deadlines are met and options are preserved, in case s/he is unable to obtain employment qualifying him/her to receive ATAA. Generally, a waiver should be issued by the 8/16 deadline (See Chapter 10, Section 100 for definition) for anyone who might be eligible for ATAA.

All individuals should be informed that, if they anticipate not being able to obtain a job within 26 weeks of their qualifying separation, they should contact the career center immediately, and consider seeking other TAA benefits, including training, to which they are entitled.

Staff must make it clear to individuals that, if they enroll in approved training or receive a job search allowance, they forfeit all rights to ATAA. Conversely, if they receive even one ATAA payment, they forfeit all rights to TAA training and job search allowance. Individuals must sign the TAA/ATAA Option Statement (DOL-2432) when applying for training, job search allowance or ATAA.

However, if an individual is waived from the training requirement and receives TRA payments while on the waiver, s/he could still be eligible for ATAA as long as s/he begins qualifying employment within 26 weeks of his/her last qualifying separation. This will be a rare occurrence since many individuals may receive 26 weeks of UI, in which case TRA would not begin until after the 26 week deadline for ATAA.

**SECTION 400  
ELIGIBILITY**

To be eligible for ATAA, an individual must meet the following conditions at the time of reemployment:

1. Be at least age 50.

**Documentation**

The individual's age must be verified with a driver's license or other appropriate documentation.

2. Obtain reemployment by the last day of the 26<sup>th</sup> week after his/her qualifying separation from the TAA/ATAA certified employment.

**Documentation**

This reemployment may be verified with a copy of the job offer letter or a check stub.

3. Must not be expected to earn more than \$50,000 annually in gross wages (excluding overtime pay) from the reemployment.

**Documentation**

If a paycheck has not been issued at the time of application, the applicant must submit a supporting statement from the employer indicating that annual wages will not exceed \$50,000.

4. Be reemployed full-time (at least 30 hours per week).



### Documentation

The number of hours should be verified with a copy of the job offer letter or a check stub.

5. Cannot return to work with the company from which separated. The individual cannot return to the same division/facility from which s/he was separated nor can s/he do the same or similar work for the employer from which s/he was separated in another division/facility of that company.
6. If using two or more part-time jobs to equal full-time employment, the part time jobs must have been obtained since the most recent qualifying separation.



### Take Note!

The Applicant Status Affidavit form (DOL-1054A) is required for ATAA claims filed on or after December 27, 2011. Career Center staff should verify that the Applicant Status Affidavit form has been completed. If it has not, staff should ensure it is executed as part of filing the ATAA claim.

*UI Memorandum 2011-19*

**SECTION 500  
ATAA PAYMENTS**

Eligible individuals are paid 50% of the difference between:

1. the wages received by the individual from reemployment; and
2. the wages received by the individual at the time of separation.

This supplement is paid for up to two years or \$10,000, whichever occurs first, in an amount equal to 50% of the difference between the wages earned from the certified employer and the new employment that is approved for ATAA payments.

**Example**

Trade affected job:	\$20.00 per hour	
- New job:	<u>- 10.00</u> per hour	
Difference:	\$10.00 per hour	$\times \frac{1}{2} = \$5.00$ per hour ATAA supplement

An individual receiving ATAA may receive TAA relocation benefits and the HCTC, but is not eligible to receive any other benefits, including training, TRA payments and job search allowances.

**Take Note!**

The ATAA supplement ends if any one of the following happens:

1. The individual is no longer working at least 30 hours per week.
2. The individual's annualized wage, excluding the ATAA wage subsidy, is projected to exceed \$50,000 a year.
3. The individual has received \$10,000 in ATAA benefits.
4. The individual has reached the end of the two-year eligibility period.

Should any of these occur, a determination will be issued.

The TRA Payment Unit will annualize the individual's wages each month to assure that the individual's annual wages do not exceed \$50,000. Annual wage calculations will include all jobs in which the individual is employed and constitute at least 30 hours a week. This may include any combination of full- and part-time work that meets or exceeds 30 hours per week.

Annualized separation wages (ASW) are defined as the annualized hourly rate at the time of the most recent qualifying separation (MRQS). The annualized wages are computed by multiplying the individual's hourly rate received during the last full week of his/her employment by the number of hours the individual worked during the last full week of employment and multiplying that number by 52. Overtime wages and hours are not included.



### Example

MRQS Wages:	\$20.00 per hour
MRQS Hrs. (last full week):	x 40
Weeks in Year:	<u>x 52</u>
<b>ASW:</b>	\$41,600

Annualized reemployment wages (ARW) are computed by multiplying the individual's hourly rate received during the first full week of reemployment by the number of hours the individual worked during the first full week of reemployment and multiplying that number by 52.



### Example

Hourly rate Reemployment	\$10.00
Hours worked	x 40
Weeks in Year	<u>x 52</u>
<b>ARW:</b>	\$20,800

The calculated monthly allotment is derived as follows:

Annualized separation wages (ASW) minus annualized reemployment wages (ARW) divided by 2 equals 50% of the difference between the two periods of wages.

50% of the difference between the two periods of wages divided by 12 equals the monthly ATAA wage subsidy.



### Example

ASW:	\$41,600
ARW:	<u>-20,800</u>
	\$20,800
50%:	<u>÷2</u>
	\$10,400
Months:	<u>÷12</u>
<b>ATAA/Mo.</b>	<b>\$866.67</b>

If, as a result of the monthly verification exercise, the participant's hourly wage and/or hours are determined to have changed in such a way as to affect the ATAA wage subsidy, the TRA Payment Unit will repeat the above calculation and adjust the ATAA payment accordingly. The ATAA subsidy will be paid monthly.

**SECTION 600  
ATAA CLAIMS****DOL-2431**

The Request for Determination of Entitlement to ATAA (DOL-2431) must be filed within two years of the first day of qualifying reemployment. In order to ensure that the employment meets all the criteria, Career Center staff must verify items 1 – 4 in Section 400 of this chapter. Verification of that information may be by a pay stub if it contains all the required information, or by a letter from the employer.

**NOTE:** If the individual has not previously satisfied the Applicant Status Affidavit requirement, it should be done in conjunction with filing the ATAA claim.

*UI Memorandum 2011-19*

At this point, the individual must indicate that a choice has been made and that s/he understands that s/he cannot subsequently switch to TAA once s/he begins receiving the ATAA supplement. Receipt of the initial ATAA payment represents the individual's decision with respect to choosing ATAA and voids the participant's rights to retraining, job search allowances and TRA.

**DOL-2432**

Use the TAA/ATAA Option Statement (DOL-2432) to document the customer's choice.





**Fax**  
(404) 232-3029

Send the following to the TRA Payment Unit:

1. DOL-2431 Request for Determination of Entitlement to ATAA form
2. Verification documentation
3. DOL-2432 TAA/ATAA Option Statement

The TRA Payment Unit will issue a determination of eligibility to receive ATAA payments. The ATAA applicant has the right to appeal a determination which denies ATAA benefits in the same manner as for TRA determinations.

## SECTION 700 CONTINUING ELIGIBILITY

Once approved for ATAA, individuals who continue to meet the eligibility criteria are paid ATAA benefits once a month until a total of \$10,000 in benefits has been received, or a period of two years has elapsed since their first qualifying reemployment, whichever occurs first. An individual may work for different employers during the two-year period, and employment does not have to be continuous or consecutive. However, **ATAA benefits are not payable during periods of unemployment or part-time work (less than 30 hours per week).**

If an individual is laid off from reemployment, ATAA benefits will stop. If the individual obtains subsequent qualifying employment within the two-year period, s/he will need to complete a new DOL-2431 Request for Determination of Entitlement for ATAA. The individual will be eligible for the remaining ATAA benefits to which s/he is entitled until the end of the original two-year period established by the date of the first qualifying reemployment.

An individual may have two or more part-time jobs that equal at least 30 hours a week to qualify for ATAA benefits. When additional jobs are obtained, the wages from all jobs will be included in the calculation to determine whether the individual is expected to reach the \$50,000 annual limit for reemployment wages.



### Documentation

Each certified individual for ATAA will need to provide information each month to Career Center staff to verify employment, wages and hours. This may be done in person or by mail or fax; however, telephone verification is not allowed.

**Take Note!**

The part-time jobs must have been obtained since the most recent qualifying separation date.

**DOL-2433**

The individual will complete the ATAA Monthly Certification (DOL-2433) form each month and attach the above documentation. Career Center staff will forward the form and documentation to the TRA Payment Unit for review and approval. Once approved, payment will be issued to the individual.

**SECTION 800  
OVERPAYMENTS**

The determination of annualized wages is made prospectively. An individual is deemed to have met the “earns not more than \$50,000 a year in wages from reemployment” requirement for a given month if the monthly determination of annualized wages is accurate and complete at the time it is made. No overpayment determinations need to be made for that month based on projections for the yearly annual wage that later changed based on information that was not available at the time that the monthly determination was made. Monthly payments derived from the annualized wage projection based on complete and accurate information at the time will be considered valid payments that the individual was entitled to and are not considered overpayments.

In instances where there are overpayments due to error or fraud, the regular overpayment provisions for TRA will be followed. See Chapter 11, Section 300.

## ATAA Desk Aid Career Center Staff

Send DOL-2431, DOL-2432 and verification documentation to the TRA Payment Unit, Room 900 Sussex.

	DOL-2432 (TAA/ATAA option statement)
	DOL-2431 (Request for determination to ATAA)
	Copy of driver's license/birth certificate, etc. to verify that worker was 50 at time of re-employment
	Letter from <u>new employer</u> verifying employment status. To be eligible, worker must be employed full-time, at least 30 hours per week. Letter from employer must verify first day worked. To be eligible, worker must have begun work prior to the last day of the 26 <sup>th</sup> week after the separation from the Trade-affected employer. New employment cannot be with the Trade-affected employer.
	Check stub or letter verifying earnings from new employer. To be eligible, worker must earn less than \$50,000 per year on new job. Weekly earnings with the new employer must be less than those earned with the Trade-affected employer.

### Processing monthly certifications (DOL-2433)

Send documentation to the TRA Payment Unit.

	Complete DOL-2433
	Check stub for time period covered



**CHAPTER 9  
REEMPLOYMENT  
TRADE ADJUSTMENT  
ASSISTANCE  
(RTAA)**

**(PETITIONS 70,000 - 79,999  
AND  
81,000 AND UP)**





**SECTION 100  
OVERVIEW****TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 81,000 and up\*)**

Reemployment Trade Adjustment Assistance (RTAA) was enacted as part of TAA 2009 and is effective for the petitions identified above only.

\*Those individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011 are also potentially eligible for RTAA.  
*§246(a)(1) as amended by TGAAA §1841*

RTAA is based on ATAA from TAA. However, it is completely different. The major difference is that RTAA is not an alternative to other TAA services. Instead, RTAA is integrated into the whole range of services provided under the Act.

RTAA is a wage subsidy for older workers (age 50 and up), that pays one-half the difference in the worker's wages at the trade-affected employment and the new employment.

**TAA 2009  
(Petitions 70,000 – 79,999)**

In general, RTAA is payable for two years or up to \$12,000, whichever occurs first; and RTAA is not payable if the individual is projected to earn more than \$55,000 annually at the reemployment.



**TAAEA 2011**  
**(Petitions 81,000 and up\*)**

RTAA under TAAEA 2011 is payable for two years or up to \$10,000, whichever occurs first. RTAA is not payable if the individual is projected to earn more than \$50,000 annually at reemployment.

\*Includes those individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

There is no separate petition process for RTAA. If the TAA petition is certified, the workers are eligible to apply for RTAA benefits. RTAA may be used in conjunction with training, job search, relocation, case management, and HCTC. There is no deadline for applying for RTAA; however, the eligibility period to receive RTAA is two years from the exhaustion of UI (including EUC and SEB) benefits or the beginning of the reemployment, whichever occurs first. An individual may receive TRA benefits before receiving RTAA, but is not eligible for TRA benefits once s/he receives RTAA benefits.

**SECTION 200  
ELIGIBILITY**

To be eligible for RTAA, an individual must meet the following conditions at the time of reemployment.

**§246(a)(3)(B)**

1. Be at least age 50.

**Documentation**

The individual's age must be verified with a driver's license or other appropriate documentation.

2. Must not be expected to earn more than \$55,000 (\$50,000 for TAAEA 2011) annually in gross wages (excluding overtime pay) from the reemployment.

**Documentation**

If a paycheck has not been issued at the time of application, the applicant must submit a supporting statement from the employer indicating that annual wages will not exceed \$55,000 (\$50,000 for TAAEA 2011).

3. Be employed full-time (at least 30 hours per week) and not enrolled in TAA-approved training;

**or**

Be employed at least 20 hours per week and enrolled in a **full-time** TAA-approved training program.



### Documentation

The number of hours should be verified with a copy of the job offer letter or a check stub.

4. Cannot be employed at the firm from which the adverse separation occurred. (If the petition covers only a subdivision of a firm, the individual may be employed by another subdivision of the firm.)

If the worker seeks to establish RTAA eligibility based upon more than one job, the employment hours will be combined in order to determine whether the worker has the number of hours needed to qualify for RTAA. If the worker obtains additional job(s), the wages from this employment will be included in the calculation to determine whether the worker is expected to reach the \$55,000 (\$50,000 for TAAEA 2011) annual limit for reemployment wages.



### Example

The worker had these jobs:

Company A:	10 hours per week @ \$40.00 per hour
Company B:	15 hours per week @ \$30.00 per hour
Company C:	10 hours per week @ \$30.00 per hour

Total hours per week = 35      Weekly wages = 1150 x 52 = **\$59,800**

**Worker is not eligible**

**Take Note!**

Qualifying employment that began prior to separation from adversely affected employment may be considered RTAA qualifying employment.

**Take Note!**

Self-employment cannot be used to establish RTAA.

**Take Note!**

Application for RTAA must be made in person to provide information and establish initial individual eligibility for RTAA. Staff must assess each RTAA claimant's continuing eligibility for RTAA at least monthly.

**Take Note!**

The Applicant Status Affidavit form (DOL-1054A) must be completed and processed for all RTAA claims filed on or after December 27, 2011. If the affidavit requirement has not been satisfied previously, Career Center staff should ensure it is executed as part of filing the RTAA claim.

*UI Memorandum 2011-19*

**SECTION 300  
ELIGIBILITY PERIOD**

1. Workers who have not received any TRA may receive RTAA benefits for up to two years beginning on the earlier of:
  - The date on which the worker exhausts all rights to UI based on the qualifying separation; or
  - The date on which the worker obtains qualifying reemployment.

§246(a)(4)

**Example 1**

The worker has not exhausted UI, but begins qualifying reemployment on Sept 30, 2009. The eligibility period to receive RTAA ends on Sept. 30, 2011.

**Example 2**

The worker's rights to UI, EUC and SEB ended on Sept. 30, 2009. The worker did not begin qualifying reemployment until Jan. 1, 2010. The RTAA eligibility period ends on Sept. 30, 2011.

**Take Note!**

If the worker has more than one qualifying separation from adversely affected employment, the RTAA eligibility period is based on the most recent qualifying separation. If the worker has no UI entitlement for the last qualifying separation, then the two-year period begins on the date on which the worker obtains reemployment.

- Workers who have received TRA may receive RTAA for up to two years (generally 104 weeks) beginning with the date of reemployment, reduced by the number of weeks the worker received TRA.



### Example

The worker received TRA for 30 weeks. Therefore, RTAA eligibility is 104 weeks - 30 weeks = 74 weeks beginning on the day of reemployment.

The individual must apply for RTAA within the applicable eligibility period. Retroactive payments may be made where appropriate; e.g., if the worker was eligible April 1 but did not apply until September 1, s/he could be paid retroactively to April 1.

**SECTION 400**  
**RTAA BENEFIT AMOUNT**

RTAA payments may not exceed \$12,000 (**\$10,000 for TAAEA 2011**). Workers who have received TRA payments may receive an amount of RTAA equal to the product of \$12,000 (**\$10,000 for TAAEA 2011**) and the ratio of the number of weeks in the eligibility period (generally 104).

§246(a)(5)



**Example**

The worker received 30 weeks of TRA and has a 104-week RTAA eligibility period.

**2009**

X	=	Weeks of TRA	30
Y	=	Eligibility Period	104
Z	=	\$12,000 Maximum	

Ratio =  $x/y$                       Formula       $(1 - (x / y) ) * z = \text{RTAA benefit}$

$$[1 - (30 \div 104)] * \$12,000 = \$8,520$$

**2011**

X	=	Weeks of TRA	30
Y	=	Eligibility Period	104
Z	=	\$10,000 Maximum	

Ratio =  $x/y$                       Formula       $(1 - (x/y)*z = \text{RTAA benefit}$

$$[1 - (30 \div 104)] * \$10,000 = \$7100$$



**SECTION 500  
RTAA PAYMENTS**

RTAA pays 50 percent of the difference between the wages the worker received from the adversely affected employer at the time of separation and the wages the worker receives in new employment for workers who are employed on a full-time basis.

For workers who meet the reemployment requirement through a combination of TAA-approved training and at least 20 hours of work per week, the RTAA benefit calculation is based on a percentage of the difference between the wages the worker received from the adversely affected employer at the time of separation and the wages the worker receives in new employment. The percentage is based on the number of hours worked in new employment as compared to the adversely affected employment.

§246(A)(2) & (6)

**Annualized Separation Wages**

Annualized separation wages (ASW) are defined as the annualized hourly rate at the time of the most recent qualifying separation (MRQS).

**Take Note!**

In the case of a worker who had a partial separation that resulted in a reduction of the worker's wage and/or hours, the calculation is based on the wages and/or hours immediately before the partial separation went into effect.

The annualized wages are computed by multiplying the individual's hourly rate received during the last full week of his/her employment by the number of hours the individual worked during the last full week of employment and multiplying that number by 52. Overtime wages and hours are not included.

**Example**

MRQS Wages:	\$20.00 per hour
MRQS Hrs. (last full week):	x 40
Weeks in Year:	<u>x 52</u>
<b>ASW:</b>	\$41,600

**Annualized Reemployment Wages**

Annualized reemployment wages (ARW) are computed by multiplying the individual's hourly rate received during the first full week of reemployment by the number of hours the individual worked during the first full week of reemployment and multiplying that number by 52.

**Example**

Hourly rate Reemployment	\$10.00
Hours worked	x 40
Weeks in Year	<u>x 52</u>
<b>ARW:</b>	\$20,800

RTAA will be paid on a monthly basis. Calculation of a monthly allotment is derived in one of the two following methods as appropriate:



### Calculation for Part-Time Reemployment

#### Factors

o	Annualized Old Wage (Hourly Rate * Hours Worked) * 52)
n	Annualized New Wage (Hourly Rate * Hours Worked) * 52)
h	Variable based on Hours Worked

#### Variable

h	(New hours per week/Old hours per week) * .50
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An individual earned \$50,000 at his old job and \$20,000 at the new job. On the old job, he worked 40 hours per week; on the new job he works 20 hours per week. Using the formula above:

$$o = \$50K$$

$$n = \$20K$$

$$h = (20 / 40) * .50 = .25$$

#### Formula

Monthly Benefit Equals	$\frac{(o - n) * h}{12}$	$\frac{(50K - 20K) * .25}{12}$
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**Monthly Benefit = \$625**



**Calculation for Full-Time Employment**

**Factors**

o	Annualized Old Wage (Hourly Rate * Hours Worked) * 52)
n	Annualized New Wage (Hourly Rate * Hours Worked) * 52)

Monthly Benefit Equals	$\frac{(o - n) * .50}{12}$
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The individual was working 40 hours per week with annualized separation wage of \$50,000 per year. The participant obtained full-time employment making \$20,000 per year.

Monthly Benefit Equals	$\frac{(\$50K - \$20K) * .50}{12}$	$\frac{\$30K * .50}{12}$	$\frac{\$15K}{12}$	\$1250
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**Take Note!**

Even though the worker may be working less than 40 hours at the new job, as long as s/he is working at least 30 hours, s/he is considered to be working full-time and no adjustment to the RTAA payment is made.

**SECTION 600  
RTAA CLAIMS****DOL-2910**

The Request for Determination of Entitlement to RTAA (DOL-2910) is used to file a claim for RTAA. In order to ensure that the employment meets all the criteria, Career Center staff must verify items 1 – 4 in Section 200 of this chapter. Verification of that information may be by a pay stub if it contains all the required information, or by a letter from the employer.

**NOTE:** If the individual has not previously satisfied the Applicant Status Affidavit requirement, it should be done in conjunction with filing the RTAA claim.

*UI Memorandum 2011-19*

**DOL-2906**

The Election of RTAA and Waiver of TRA form must be completed, indicating that the claimant is aware that election of RTAA ends his/her rights to TRA.

**Fax**

(404) 232-3029

Send the following to the TRA Payment Unit:

1. DOL-2610 Request for Determination of Entitlement to RTAA form
2. Verification documentation
3. DOL-2906 Election of RTAA and Waiver of TRA form

The TRA Payment Unit will issue a determination of eligibility to receive RTAA payments. The RTAA applicant has the right to appeal a determination which denies RTAA benefits in the same manner as for TRA determinations.

## SECTION 700 CONTINUING ELIGIBILITY

Once approved for RTAA, individuals who continue to meet the eligibility criteria are paid RTAA benefits until they reach the end of the eligibility period or the maximum total amount of payments, whichever occurs first.

A worker may change employers during the RTAA eligibility period and still receive RTAA, as long as the eligibility requirements are met (see Section 200 of this chapter). Further, employment is not required to be consecutive; however, RTAA benefits are not payable during periods of unemployment. If the worker is unemployed for a time, s/he must re-apply for RTAA upon reemployment. The worker would be eligible for the remaining RTAA benefits to which s/he is entitled.



### Take Note!

The eligibility period continues to run from the date of UI exhaustion or reemployment. If the eligibility period is 104 weeks and the worker is unemployed for 26 of those weeks, s/he will only be able to receive RTAA for 78 weeks.

RTAA payments stop in the event of any one of the following:

- The workers' annualized wages from reemployment are projected to exceed \$55,000 in a year (**\$50,000 for TAAEA 2011**).
- The worker no longer meets the reemployment requirement through either full-time work or a combination of full-time TAA-approved training and at least 20 hours of work.
- The worker has received the maximum amount of RTAA.
- The worker has reached the end of the RTAA eligibility period.
- The worker is not a citizen of the U.S. and his/her employment verification has expired.

**Take Note!**

A worker will be excused from the training requirement for any week for which s/he has justifiable cause for failing to begin or ceasing participation in training. If the worker has such justifiable cause but is working at least 20 hours per week, RTAA is payable for the week if all other eligibility criteria are met.

**DOL-2911**

The individual will complete the RTAA Monthly Certification (DOL-2911) form each month and attach the above documentation. Career Center staff will forward the form and documentation to the TRA Payment Unit for review and approval. Once approved, payment will be issued to the individual.

If the individual is participating in full-time training, s/he will complete the RTAA Monthly Certification Supplemental Training Form (DOL-2911A) each month, instead of the DOL-2911 form.



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**SECTION 800**  
**RTAA OVERPAYMENTS**

As with ATAA, the determination of annualized wages is made prospectively. An individual meets the “earns not more than \$55,000 (**\$50,000 for TAAEA 2011**) a year in wages from reemployment” requirement for a given month if the monthly determination of annualized wages is accurate and complete at the time it is made. Absent fraud, no overpayment determinations will be made for that month based on projections of the yearly annual wage that later changed based on information that was not available at the time that the monthly determination was made.

**COMPARISON OF ATAA TO RTAA**

<b>ATAA</b>	<b>RTAA 2009</b>	<b>RTAA 2011</b>
Separate petition for TAA and ATAA	One petition	One petition
Maximum amount - \$10,000	Maximum amount - \$12,000	Maximum amount - \$10,000
Maximum projected annual earnings - \$50,000	Maximum projected annual earnings - \$55,000	Maximum projected annual earnings – \$50,000
Eligibility period – two years from beginning of reemployment	Eligibility period – two years from beginning of reemployment <u>or</u> exhaustion of UI (including EUC and SEB), whichever comes first	Eligibility period – two years from beginning of reemployment <u>or</u> exhaustion of UI (including EUC and SEB), whichever comes first
Alternative to TAA/TRA	Integrated into all services provided under TAA 2009	Integrated into all services provided under TAAEA 2011
Must work full-time (at least 30 hours/week)	May receive RTAA subsidy if employed part-time (at least 20 hours per week) and attending TAA-approved training full-time	May receive RTAA subsidy if employed part-time (at least 20 hours per week) and attending TAA-approved training full-time

CHAPTER 10  
TRADE  
READJUSTMENT  
ALLOWANCES  
(TRA)



**SECTION 100**  
**QUALIFYING REQUIREMENTS FOR INDIVIDUALS**

While substantial changes were made to trade readjustment allowances (TRA) in TAA 2009 and TAAEA 2011, the qualifying requirements remain essentially the same as under TAA 2002.

*§231(a)(1) – (4) as amended by TGAAA §1801, 1821, & 1858*

TRA is the benefits payment portion of Trade Adjustment Assistance. To qualify for TRA for any week of unemployment, the following requirements must be met:

- A. CERTIFICATION** – The individual must be an adversely affected individual covered under a certified petition.



**New Term!**

**Adversely affected individual** - An individual who, because of **LACK OF WORK** in adversely affected employment, has been totally or partially separated from employment with the firm or subdivision of the firm of which such adversely affected employment exists.

- B. SEPARATION** – The individual must have been separated from adversely affected employment and the separation must be a total separation; i.e., a layoff or severance of an individual from employment with a firm in which, or in a subdivision of which, adversely affected employment exists. The total separation (first week without earnings) must occur on or after the impact date and before the expiration date of the certified petition.
- C. WAGES AND EMPLOYMENT** – In the 52-week period ending with the week of the individual's first qualifying separation, s/he must have had at least 26 weeks of employment at wages of \$30 or more a week in adversely affected employment with a single firm or subdivision of a firm. Up to seven weeks, as described in (1) and (2) below, may be counted as weeks of employment at wages of \$30 or more; up to 26 weeks as described in (3) and (4) may be used to qualify.
1. Employer-authorized leave for vacation, sickness, injury, maternity, or inactive or active duty military service for training.

2. Weeks during which the claimant served as a full-time representative of a labor organization in the firm or establishment.
  3. Weeks which were compensated under a workers' compensation law because of disability.
  4. Weeks of active duty (which qualifies as "federal service," i.e., 90 consecutive days) in a reserve status.
- D. ENTITLEMENT TO UI** – The individual must have been entitled to (or would have been entitled to if the individual had applied therefor) UI for a week within the benefit period in which the individual's first qualifying separation occurred; or which began (or would have begun if s/he had filed a claim) when a claim was filed after the first qualifying separation.
- E. EXHAUSTION OF UI** – The individual must have exhausted all rights to any UI to which s/he was entitled (or would have been entitled if s/he had applied therefor). This means the individual has either received all UI that was payable under state or federal law on the UI claim for the benefit period resulting from the first qualifying separation, or such benefit year has expired.



**Take Note!**

"UI" includes EUC (Emergency Unemployment Compensation).

- F. EB WORK TEST** – Claimants who have completed training or received a waiver of the training requirement must meet the same criteria for work search and referral while drawing Basic TRA as are applied to extended benefits claimants. This requires that claimants actively engage in seeking work and furnish tangible evidence of such efforts each week; that they register for work with the Employment Service and accept referrals by the department to work that is suitable; and that the claimants accept suitable work if offered.

*20 CFR §617.11(a)(vi)*



### New Term!

“**Suitable work**” in this case is any work that pays at least minimum wage and is greater than or equal to the claimant’s weekly benefit amount.

- G. TRAINING** – All individuals who are otherwise eligible for Basic TRA are required to be enrolled in a training program by:



### TAA 2002

**(Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

The later of (1) the last day of the 16th week following the individual’s most recent qualifying separation, or (2) the last day of the 8th week after the date of certification of the petition; or 45 days after the later of (1) or (2) if extenuating circumstances were involved.

\* Does not apply to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

§231(a)(5)(A)

or



### TAA 2009 and TAAEA 2011

**(Petitions 70,000 – 79,999 and 81,000 and up\*)**

The last day of the 26th week after the later of the most recent qualifying separation or the certification date; or 45 days after the later of (1) or (2) if extenuating circumstances were involved. The 2009 and 2011 Acts allow

an exception when the worker was not notified of the deadline in a timely manner. In such case, the worker must be enrolled in training or waived by the Monday of the first week occurring 30 days after proper notification is given.

*§231(a)(5)(A) as amended by TGAAA §1821*

Workers called up for active duty military or full-time National Guard service may restart the TAA enrollment process after completion of military service. This applies only if the period of duty occurs before the worker completes an approved training program. However, the worker need not have already enrolled in or begun training for this provision to apply. Upon separation, these individuals are eligible to receive TRA, training, and other benefits in the same manner and to the same extent as if the worker had not served the period of duty.

*§233(i)(2)*

See Section 200 for information on Federal Good Cause for Waiving Time Limits

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

If an individual has completed a training program approved or approvable under the Trade Act, or has received a waiver of the training requirement, s/he may also be eligible to receive TRA benefits. The training requirement may be waived (must be in writing) on an individual basis.

The TAA system contains information as to when a claimant is enrolled in training, has completed training, has received a training waiver, or fails to meet the training provisions.



### **New Term!**

**ENROLLED IN TRAINING** – An individual shall be considered to be enrolled in training when the individual's application for training is approved by the state agency (TAA Unit) and the training institution has furnished written notice to the state agency that the individual has been accepted in the approved training program beginning within 30 calendar days. (A waiver is not required for an individual who is enrolled in training as defined herein.)





### New Term!

**COMPLETED TRAINING** - An individual shall be considered to have completed a training program if the training program was approved, or was approvable and is approved under the Trade Act, the training occurred subsequent to the individual's total or partial separation (following the impact date) and the training provider has certified that all the conditions for satisfactory completion of the training program have been satisfied. *20 CFR §617.11(a)(2)(vii)*

The claimant will be held ineligible for affected weeks if either of the following occur:

1. **FAILED TO BEGIN PARTICIPATION.** An individual shall be determined to have failed to begin participation in a training program when the individual is absent from ALL scheduled training classes and other training activities in the first week of the training program without justifiable cause.
2. **CEASED PARTICIPATION.** An individual shall be determined to have ceased participation in a training program when the individual is absent from all scheduled training classes and other training activities scheduled by the training institution in any week of the training program without justifiable cause.



### New Term!

**JUSTIFIABLE CAUSE** means such reasons as would justify an individual's conduct when measured by conduct expected of a reasonable individual in like circumstances, including but not limited to reasons beyond the individual's control and reasons related to the individual's capability to participate in or complete an approved training program.

When information is received that either of the above conditions exists, career center staff will conduct a fact-finding interview and issue a determination. A copy of the determination must be sent to the TRA Payment Unit.

**SECTION 200**  
**FEDERAL GOOD CAUSE FOR WAIVER OF TIME LIMITS OR LATE FILING**  
**OF CLAIMS**  
***§234(b) of the Trade Act as amended by §212(b) of TAAEA 2011***

TAAEA 2011 established a new Federal “good cause” provision that allows for a waiver for good cause of deadlines relating to time limitations on filing an application for TRA or enrolling in training. This provision supersedes the state good cause provision applicable to these deadlines under the 2009 amendments. The federal standard requires states to consider the following factors, if relevant, before waiving these time limitations:

1. Whether the individual acted in the manner that a reasonably prudent person would have acted under the same or similar conditions.
2. Whether the individual received timely notice of the need to act before the deadline passed.
3. Whether there were factors outside the control of the individual that prevented him/her from taking timely action to meet the deadlines.
4. Whether the individual’s efforts to seek an extension of time by promptly notifying the state were sufficient.
5. Whether the individual was physically unable to take timely action to meet the deadline.
6. Whether the individual’s failure to meet the deadline was because of the employer warning, instruction, or coercing the individual in any way that prevented his/her timely filing of an application for TRA or to enroll in training.
7. Whether the individual’s failure to meet the deadline was because the worker reasonably relied on misleading, incomplete, or erroneous advice provided by the state.
8. Whether the individual’s failure to meet the deadline was because the state failed to perform its affirmative duty to provide advice reasonably necessary for the protection of the individual’s entitlement to TRA.
9. Whether there were other compelling reasons or circumstances which would prevent a reasonable person under the circumstances presented from meeting a deadline for filing an application for TRA or enrolling in training including:
  - a. neglect, a mistake, or an administrative error by the state;
  - b. illness or injury of the individual or any member of his/her immediate family;
  - c. the unavailability of mail service for an individual in a remote area;
  - d. a natural catastrophe such as an earthquake or a fire or a flood;
  - e. an employer’s failure or undue delay in providing documentation, including instructions, a determination or notice of pertinent and important information;

- f. compelling personal affairs or problems that could not be reasonably postponed such as an appearance in court or an administrative hearing or proceeding, substantial business matters, attending a funeral, or relocation to another residence or area;
- g. the state failed to effectively communicate in the individual's native language and the individual has a limited understanding of English;
- h. loss or unavailability of records due to a fire, flood, theft or similar reason. Adequate documentation of the availability of the records includes a police, fire or insurance report, containing the date of the occurrence and the extent of the loss or damage.

**SECTION 300  
BASIC ELIGIBILITY PERIOD**

If all conditions stated in Section 100 (A), (B), and (C) are met in the case of any individual, then the individual has had a qualifying separation for the purposes of eligibility for Basic TRA. The individual's eligibility period for claiming Basic TRA is the 104 consecutive calendar weeks beginning with the week that immediately follows the week in which the qualifying separation occurred. The 104-week eligibility period will run its course in 104 consecutive weeks, regardless of the individual's experience in that 104-week period with employment, unemployment, eligibility for UI, or any other circumstances except a subsequent qualifying separation or except the circumstances described below, pertaining to TAA 2009 customers. §233(a)(1)

**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 81,000 and up\*)**

The eligibility period is suspended during a judicial or administrative appeal of USDOL's denial of a certification, so that, in case of a successful appeal, the workers' eligibility period will not lapse by the time the certification is granted. In such cases, the eligibility period for Basic TRA will begin with the week following the week in which the group was certified.

*§243(a)(1) as amended by §1855 of the TGAAA of 2009*

The eligibility period may be extended for "justifiable cause," meaning circumstances beyond the worker's control.

*§233(h) as amended by §1824 of the TGAAA of 2009*

The eligibility period may be suspended for workers called up for active duty military or full-time National Guard service.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

§233(i)

**TAAEA 2011**

See Section 200 of this chapter for information on federal good cause for waiver of time limits.

The TRA eligibility period is linked to the most recent total qualifying separation. Therefore, the eligibility period established with respect to an individual's first qualifying separation changes if the individual has another "total qualifying separation" under the same certification. When an individual has a second qualifying separation under the same certification, the individual's eligibility period for Basic TRA moves from the prior established eligibility period to 104 weeks after the week in which the second qualifying separation occurred. The process will be repeated for any subsequent qualifying separation of the individual occurring within the certification period of the same certification.

**TAA 2002**

**(Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

An adversely affected individual covered by a certified petition may file a TRA claim for any week of unemployment that begins more than 60 days after the date on which the petition was filed or the first week beginning after exhaustion of the UI claim based on his/her first qualifying separation, whichever is later.

\*Does not apply to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

§231(a)

**SECTION 400**  
**WEEKLY BENEFIT AMOUNT**

TRA weekly and maximum benefit amounts are based on the UI claim containing the first total qualifying separation on or after the impact date. If the claimant does not file a UI claim and is not entitled to UI when s/he files for TRA, his/her TRA Weekly Benefit Amount (WBA) and Maximum Benefit Amount (MBA) are based on the WBA of the UI claim that COULD have been established had s/he filed after his/her most recent qualifying separation, if applicable. This “dummy” claim must expire before the claimant is eligible for TRA benefits. TRA benefits may not begin until all available UI benefits are exhausted.

§232(a)



**Take Note!**

All UI benefits, including EUC, must exhaust before the claimant is eligible for TRA benefits.

The TRA weekly benefit amount is equal to the UI weekly benefit amount preceding the claimant’s first exhaustion of UI. The following will be deducted from a claimant’s weekly benefit amount:

- A. **Any federal training allowances**, grants, or payments received **DIRECTLY BY THE CLAIMANT** (Veterans Educational Assistance, Supplemental Educational Opportunity Grants, and other training allowances received under ANY federal law), which are specifically for the payment of training. §232(a)(1)



**Take Note!**

Pell Grants are not deducted. “Needs-based” payments, for instance, childcare and transportation payments that might be paid under WIA, are NOT deductible. Any payments made **DIRECTLY** to the training institution are **NOT DEDUCTIBLE**.

- B. **Earnings and other income** that would normally be deducted from UI benefits. §232(a)(2)



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 81,000 and up\*)**

For claimants covered under TAA 2009 or TAAEA 2011 who are in full-time TAA approved training, no deduction is made from the TRA benefit for earnings:

- Equal to or less than the TRA WBA; or
- Equal to or less than the TRA WBA plus the state earnings allowance (currently \$50).

If earnings are greater than TRA WBA plus allowance defined in state law, the WBA is reduced by the excess amount. However, if the individual is receiving UI/EUC/SEB, earnings will be deducted in accordance with state law.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

*§232(a)(2) as amended by TGAAA §1822*



**TAA 2009 and TAAEA 2011**  
**(Petitions 70,000 – 79,999 and 81,000 and up)**

**Examples**

1. Claimant is working part-time while attending full-time approved training. Claimant is currently receiving Basic TRA with a WBA of \$330. Claimant reports earnings of \$200 for the week. What is the impact on the TRA benefits for the week?

There would be no reduction of benefits.

WBA	\$330
Earnings	\$200

Since the earnings are less than the WBA, the claimant would receive a full TRA check for the week.

2. Claimant is working part-time while attending full-time approved training. Claimant is currently receiving Basic TRA with a WBA of \$330. Claimant reports earnings of \$330 for the week. What is the impact on the TRA benefit for the week?

There would be no reduction of benefits.

WBA	\$330
Earnings	\$330

Since the earnings are equal to the TRA WBA, there is no reduction of benefits.

3. Claimant is working part-time while attending full-time approved training. Claimant is currently receiving Basic TRA with a WBA of \$330. Claimant reports earnings of \$381 for the week. What is the impact on the TRA benefit for the week?

Claimant's TRA benefits would be reduced by \$1.

Earnings	\$381
WBA	- \$330
	\$ 51
Earnings allowance	- \$ 50
Adjustment	\$ 1



## SECTION 500 MAXIMUM BENEFIT AMOUNT

The maximum amount of TRA pertains to Basic TRA benefits only. The maximum is obtained by multiplying the weekly TRA amount by 52 and subtracting the sum total of UI benefits payable in the claimant's first benefit period. All UI the individual was entitled to in the individual's first benefit period, including any Emergency Unemployment Compensation (EUC) will be subtracted from the maximum benefit amount, regardless of when the individual first exhausted UI. This calculation will be made INITIALLY at the point the individual first exhausts entitlement to UI benefits and establishes entitlement to TRA. §233(a)



TRA WBA x 52 – UI (EUC)

TRA WBA = \$330

$\$330 \times 52 = \$17,160$

Example 1:

26 weeks UI

20 weeks EUC

46 weeks subtracted from \$17,160

$\$17,160 - \$15,180 = \$1,980$  (Basic) TRA MBA

Example 2:

26 weeks UI

30 weeks EUC

56 weeks subtracted from \$17,160

$\$17,160 - \$18,480 = (-\$1,320)$  Since this results in a negative number, the customer will receive NO Basic TRA.

If the claimant becomes eligible for EUC **based on the first UI period**, the MBA for EUC will also be subtracted from the MBA of the TRA claim. However, if the claimant becomes eligible for UI benefits on a **subsequent claim**, regardless of the amount for which the claim is established, the TRA benefits will be stopped and the UI benefits will be paid, but these UI benefits will **not** reduce the

claimant's maximum benefit amount on his/her TRA claim. When the UI benefits on the subsequent claim are exhausted, TRA payments may be resumed. Thus, if a claimant was eligible for 26 weeks of UI **(08 BYE)**, then drew 26 weeks of UI **(09 BYE)** and 13 weeks of EUC **(09 BYE)**, s/he would be eligible for 26 weeks of Basic TRA since only the initial claim is used to determine the MBA of TRA. Remember, however, that the Basic TRA eligibility period runs 104 weeks continuously from the beginning of the week immediately following the week in which the most recent qualifying separation occurred. It is possible that the eligibility period will expire while the claimant is receiving UI and EUC benefits.



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 81,000 and up\*)**

Workers certified under TAA 2009 and TAAEA 2011 may have an option to choose to continue TRA benefits or UI benefits under the new UI claim if one is established. See Section 600.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

*§232(d) as amended by TGAAA §1822*

**SECTION 600**  
**TRA/UI OPTION UNDER TAA 2009 and TAAEA 2011**



**TAA 2009 and TAAEA 2011**  
**(Petitions 70,000 – 79,999 and 81,000 and up\*)**

Under TAA 2009 and TAAEA 2011 **only**, certain individuals can elect to receive UI or TRA when a new UI claim can be established. Requirements to be eligible for this option include:

- The individual must have employment after the most recent qualifying total separation from the trade affected employer.
- The new UI claim must be based in whole or in part upon part-time or short-term employment in which the worker engaged after the most recent qualifying separation from the trade affected employer.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

§232(d)



**Ask the Customer**

Have you worked since the separation from trade affected employer?  
Are/were you working part-time or short-term?



**Take Note!**

- The claimant must have earned sufficient wages to remove a 10XLC, if electing to receive UI.
- This is a one-time election!



### Helping the Customer to Decide

#### If choosing TRA

- ✓ No reduction of earnings which are less than WBA of TRA if attending full-time training
- ✓ Once TRA has exhausted, if the BYE of the new UI claim has not expired, the individual may be entitled to receive the UI benefits.

#### If choosing UI

- ✓ WBA will be reduced by earnings in accordance with state law
- ✓ If there is a TRA balance and the benefit period has not expired, the individual may receive the remaining benefits, if s/he meets the requirements.
- ✓ All UI, EUC and SEB must be exhausted before returning to TRA.

### Examples

1. A participant works part-time while attending full-time training and receiving Additional TRA at \$300 weekly. A new benefit year is established with a UI WBA of \$200. Does this participant have the option to elect TRA instead of UI?  
  
Yes. The new WBA is lower and the earnings occurred after the most recent total qualifying separation. Therefore, the individual must be given the option of TRA or UI.
2. A participant has lag wages from certified employment. S/he is attending full-time training and receiving Additional TRA at \$300 weekly. A new benefit year is established with a UI WBA of \$200. Would this participant have the option to elect TRA instead of UI?

No. The new WBA is lower; however, there was no employment following the separation from the adversely affected employment. Since no earnings exist beyond the lag period, there is no option.

3. A participant works part-time while attending full-time training and receiving Additional TRA at \$300 weekly. A new benefit year is established with a UI WBA of \$310. Would this participant have the option to elect TRA instead of UI?

Possibly. Since the new WBA is higher, you need to ensure that the subsequent employment was part-time or short-term. If yes, the participant has the option.

4. A participant is in approved training and working part-time. The gross earnings are the same as the TRA WBA; therefore, s/he is receiving the full WBA of TRA. The state triggers on to Tier II of EUC or Extended Benefits and the claimant is taken off TRA and switched to EUC/SEB. The claimant's earnings are the same as the EUC WBA; therefore, s/he receives nothing on the EUC. As long as the claimant continues to earn the same amount as the EUC WBA, s/he will not exhaust EUC and will not receive a payment. Would this claimant have the option to elect TRA instead of UI?

If the EUC is based on the original UI claim, no option is available. The individual must exhaust EUC before returning to TRA.

If the subsequent and continuing employment provides an election between UI and TRA in a subsequent UI period after the end of the original benefit year or period, and that second claim creates EUC eligibility, then the claimant has an option.



**Take Note!**

**NO NEW BENEFIT YEAR = NO CHOICE!**



### Take Action!

1. Advise the individual of his/her options.
2. Provide information regarding each program.
3. Allow the individual to decide.
4. Have the individual sign the option statement, DOL-2905.
5. Fax a copy of the signed option statement to image.



404-232-3029

6. Enter the new UI claim.
7. If the individual elects TRA, put a “not eligible” code on the UI claim.
8. If the individual elects UI, send an email to [recon@dol.state.ga.us](mailto:recon@dol.state.ga.us) to have a “not eligible” code put on the TRA claim.
9. Ensure the individual knows how to claim benefits.

**SECTION 700  
ADDITIONAL WEEKS****TAA 2002****(Petitions 50,000 – 69,999 and 80,000 – 80,999\*)**

To assist the adversely affected individual to complete training approved for him/her under the criteria of the Trade Act, TRA benefits may be paid for up to 52 additional weeks during the 52-week period that follows the last week of Basic TRA payable. Payments for the additional weeks may be made only for weeks within this 52-week period and only if the claimant is enrolled in and attending approved training.

An additional period of up to 26 weeks may be added if the individual was in remedial training and the additional weeks are necessary for him/her to complete the remedial training or subsequent occupational training. The additional remedial weeks are added on a one-to-one basis at the end of the 52 regular additional weeks. For instance, if the individual required 20 weeks remedial training, then when s/he has exhausted his/her 52 regular additional weeks of TRA, up to 20 remedial additional weeks of TRA may be available if s/he is still in school. If the individual completes school before using the additional weeks, no further TRA is paid.

To be eligible for additional benefits, the claimant must file an application for training approval with the TAA Unit within 210 days of the date the petition under which s/he is claiming is certified or within 210 days of his/her most recent total or partial qualifying separation, whichever is later. The 210-day period is reestablished with each total or partial qualifying separation within the certification period.

\*Does not apply to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

§233 (b)



**TAA 2009**  
**(Petitions 70,000 – 79,999)**

To assist the adversely affected individual to complete training approved for him/her under the criteria of the Trade Act, TRA benefits may be paid for up to 78 additional weeks during the 91-week period that follows the last week of Basic TRA payable. Payments for the additional weeks may be made only for weeks within this 91-week period and only if the claimant is enrolled in and attending approved training.



**Take Note!**

The 91-week eligibility period allows for non-paid breaks in training of up to 13 total weeks, allowing the individual to receive the full 78 weeks of Additional TRA if no more than 13 weeks are non-payable weeks.

§233(a)(3)

There is no 210-day deadline to apply for training to qualify for Additional TRA under TAA 2009. Instead, as long as the individual was enrolled in training by the 26-week deadline (or by the first Monday 30 days after the expiration of a waiver) and is still in school when Basic TRA is exhausted, s/he is eligible for Additional TRA benefits. §233(b) as amended by TGAAA §1821

A technical change occurring in TAA 2009 puts the addition of up to 26 weeks of TRA if the customer was required to take remedial classes in Basic TRA (Georgia has named this Basic II). In addition to remedial classes, Basic II weeks may be “earned” if a customer was required to take prerequisite classes. §233(a)(2) as amended by TGAA §1823 & §1829



**New Term!**  
**Prerequisite Classes**

These are classes a student must complete before being accepted into a specific program of study. For example, many health programs such as radiology require



completion of allied health coursework before being accepted into the program. This term does **not** include courses that must be taken in sequence such as Math 101 before Math 102.

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Thus, up to 26 additional weeks of Basic TRA are allowed if either remedial or prerequisite classes were required. The addition of weeks is one-to-one; one week of Basic II benefits added for one week of remedial or prerequisite requirements, up to a maximum of 26 weeks of Basic II.

Even though the additional weeks are added to Basic TRA eligibility, they cannot be accessed until the customer exhausts Basic and Additional TRA.

At any point during Additional TRA or Basic II, if the customer completes or drops out of training, s/he is no longer eligible for further benefits.



**TAAEA 2011**  
**(Petitions 81,000 and up\*)**

To assist the adversely affected individual to complete training approved for him/her under the criteria of the Trade Act, TRA benefits may be paid for up to 65 additional weeks during the 78-week period that follows the last week of Basic TRA payable. Payments for the additional weeks may be made only for weeks within this 78-week period and only if the claimant is enrolled in and attending approved training.

There is no 210-day deadline to apply for training to qualify for Additional TRA under TAAEA 2011. Instead, as long as the individual was enrolled in training by the 26-week deadline (or by the first Monday 30 days after the expiration of a waiver) and is still in school when Basic TRA is exhausted, s/he is eligible for Additional TRA benefits. However, TAAEA 2011 eliminated the additional weeks for both remedial and prerequisite classes and established a new category of TRA, Completion TRA, to provide up to 13 more weeks of income support for a worker who has exhausted the maximum 65 weeks of Additional TRA and requires a longer period of income support to complete an approved training program. Workers eligible for Completion TRA must have met training benchmarks described in Chapter 4, Section 200.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

*§233(a)(3) and (f) of the Trade Act as amended by §213 of TAAEA.*



**New Term!**  
**Completion TRA**

Up to 13 weeks of Additional TRA payable over a 20-week period that allows a worker to complete training approved under the Trade Act that leads to the completion of a degree or industry-recognized credential.



**DOL-2403A**

The DOL-2403A TRA Weekly Certification for Completion TRA Benefits is used to claim Completion TRA benefits.

### TRA Timelines

#### TAA 2002

	UI + Basic TRA	Additional TRA Payable over 52 weeks	Remedial TRA Payable over 26 weeks	Total Possible Weeks
Weeks	52	52	26	130

#### TAA 2009

	UI + Basic TRA	Additional TRA Payable over 91 weeks	Remedial TRA Payable over 26 weeks	Total Possible Weeks Payable over 169 weeks
Weeks	52	78	26	156

#### TAAEA 2011

	UI + Basic TRA	Additional TRA Payable over 78 weeks	Completion TRA Payable over 20 weeks	Total Possible Weeks Payable over 150 weeks
Weeks	52	65	13	130

**SECTION 800  
COMPLETION TRA**

TAAEA 2011 changed the maximum weeks of income support (UI and TRA) to 130, broken down as follows:

1. 52 weeks of UI plus Basic TRA
2. 65 weeks of Additional TRA
3. 13 weeks of Completion TRA

Completion TRA may be payable to assist a customer to complete training that leads to a degree or industry-recognized credential. Assuming a customer meets the other TRA eligibility requirements, the following five criteria must be met for payment of Completion TRA:

1. The requested weeks are necessary for the customer to complete a training program that leads to completion of a degree or industry-recognized credential.
2. The customer is participating in training each week.
3. The customer has substantially met (see below) the performance benchmarks established in the training plan.
4. The customer is expected to continue to make progress toward the completion of the approved training.
5. The customer will be able to complete the training during the period authorized for receipt of Completion TRA. (The eligibility period for Completion TRA is the 20-week period beginning with the first week in which the customer files a claim for Completion TRA.) This allows up to seven weeks for breaks in training.

The requirements are applied each week during the Completion TRA period and participants' weekly Completion TRA certification forms (DOL-2403A) must be signed by a school official during the Completion TRA period. If, during the Completion TRA period, the customer ceases to meet any of the five conditions listed above, s/he is no longer eligible to receive Completion TRA. For example, if a customer has been meeting training benchmarks and was expected to complete training as planned, but at the point of payment of week 5, it becomes evident that training will not be completed within the established period, Completion TRA payments will cease.

TAAEA 2011 requires that training benchmarks be established for all TAA training participants at the time of enrollment into training. The customer must substantially meet these benchmarks to receive Completion TRA, and thus, benchmarks must be included in all but short-term plans. The benchmarks go beyond the requirement to participate in training to actually measuring satisfactory progress of customers participating in training.



### **New Term! Substantially Met**

In order to determine that the worker has substantially met the performance benchmarks, staff must evaluate satisfactory progress at least every 60 days to determine if the customer is:

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

This is done by WIA staff partnering with local career center staff.

TRA claimants wishing to receive Completion TRA benefits must complete the DOL-2403A Weekly Certification for Completion TRA benefits each week, and the form must be signed by a school official each week, unlike the DOL-2403 form which only has to be completed the last week of each month.

**SECTION 900**  
**PAYMENT OF TRA DURING BREAKS IN TRAINING**

Basic and Additional TRA payments may be made during any week that is part of a published break in training, provided these conditions are met:

- A. The break in training **does not exceed 30 days**, excluding Saturdays, Sundays and state and federal holidays.
- B. The break is provided for in the published schedule of the training program.
- C. The individual was participating in the training before the beginning of the break.
- D. The individual participated in the training **AFTER** the break.

§233(e)



**TAA 2002**

**(Petitions 50,000 – 69,999 and 80,000 – 80,999)**

When the break occurs while a claimant is receiving Additional TRA, such weeks shall be counted against the number of weeks of eligibility for Additional TRA, whether or not s/he is eligible to draw benefits. (See Section 700 of this chapter.)

In establishing the number of days in a break in training, begin with the first day of the break as published by the training facility, and end with the first day the student again reports to class. Do not count weekends or legal state or federal holidays.

For any weeks which occur during a break of more than 30 days, the individual is not entitled to Basic or Additional TRA. If the break in training exceeds 30 days and payments are suspended, those weeks falling within the break will count against the 52 weeks for which Additional TRA is payable if the individual was being paid Additional TRA. If the individual was still drawing against Basic TRA entitlement, the weeks that are not payable do not count against the individual's maximum entitlement, but the individual's eligibility period for Basic TRA will continue to run. (See Sections 300 and 700.)



**TAA 2009**  
**(Petitions 70,000 – 79,999)**

Individuals covered under TAA 2009 have 91 weeks to draw 78 weeks of Additional TRA. Thus, for breaks in training over 30 days, not including weekends and federal holidays, while the individual may not receive payment for the weeks while on the break, the weeks that are not payable, up through 13, do not count against the individual's 78 weeks of benefits, but the 91-week eligibility period will continue to run.



**Example 1**

The customer has received 20 weeks of Additional TRA, then has a break in training of 10 weeks.

$$\begin{array}{ll} 20 + 10 = 30 & \text{weeks used} \\ 91 - 30 = 61 & \text{weeks remaining} \end{array}$$

The customer has 61 weeks to draw the remaining 58 weeks of Additional TRA.



**Example 2**

The customer has received 20 weeks of Additional TRA, then has a break in training of 10 weeks. After returning to training, the customer has another break of 10 weeks.

$$\begin{array}{ll} 20 + 10 = 30 & \text{weeks used} \\ 91 - 30 = 61 & \text{weeks remaining after 1}^{\text{st}} \text{ break} \\ 61 - 10 = 51 & \text{weeks remaining after 2}^{\text{nd}} \text{ break} \end{array}$$

The customer has only 51 weeks to draw the remaining 58 weeks of Additional TRA. Therefore, the customer will only receive 51 weeks and has lost 7 weeks.



**TAAEA 2011**  
**(Petitions 81,000 and up\*)**

Individuals covered under TAAEA 2011 have 78 weeks to draw 65 weeks of Additional TRA. Thus, for breaks in training over 30 days, not including weekends and federal holidays, while the individual may not receive payment for the weeks while on the break, the weeks that are not payable, up through 13, do not count against the individual's 65 weeks of benefits, but the 78-week eligibility period will continue to run.

\*Also applies to individuals covered under petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.



**SECTION 1000  
FILING CLAIMS**

Once a petition is certified, the TAA Coordinator emails a copy of the petition to the career center manager. The manager must then decide how to proceed with taking TRA claims and providing information on Trade Act benefits. Claims may be taken in a group or individually.

With large groups of Trade-eligible individuals, it is generally easier to schedule groups of individuals to come at certain times. In this case, the manager should contact the district director and/or other managers in the area to obtain additional staff to take claims, if necessary. Additionally, full information concerning other TAA benefits such as out-of-area job search and relocation assistance, training, HCTC, and ATAA or RTAA must be provided. Also, the TAA Registration form (DOL-2443) must be completed and entered into GWS. (See Chapter 13 for a copy of the form and instructions.) The Rapid Response Coordinator may assist in providing TAA information to groups, if his/her schedule permits.

If claims are taken individually, the same information must be provided to the claimants. The Trade Act Handbook contains full information and is mailed to each individual on the TAA Petition Affected Employee Listing. Staff should point out the main sections of the booklet and encourage the claimant to keep the booklet and read it for important information. A TAA Registration form (DOL-2443) must be completed and entered into GWS.

To take a TRA claim, use forms ETA 8-55 and ETA 8-55A. See Chapter 13 for forms and instructions.

**Take Note!**

An authorized legal representative may file a claim for a deceased, incompetent, or incapacitated claimant. The claimant must meet the TRA qualifying requirements and the weekly eligibility requirements during the period that followed his/her separation from employment and before his/her death or incapacitation. If these requirements are met, TRA will be paid to the claimant's authorized legal representative. Career center staff should request evidence that the claimant was able, available and actively seeking work for each week claimed.

To reopen a claim where the worker returned to the Trade-affected employer and has a new separation, complete an ETA 8-55, being sure to enter the most recent separation date from the adversely affected employment under "LAST." Staff must issue a determination based on the reason for separation, just as is normally done for regular UI purposes, then notify the TRA Payment Unit of the determination.



### Take Note!

The claimant's eligibility period will be reestablished at this point. If it is a total separation, the 104-week Basic TRA eligibility period begins again with the first week after the separation. Also, **for TAA 2002 customers only**, the claimant's 210-day time limit for applying for training and the 52 weeks of Additional TRA are reestablished with each total or partial qualifying separation. For TAA 2009 customers, the 91-week eligibility period for Additional TRA is reestablished with each total or partial qualifying separation. For TAAEA 2011 customers, the 78-week eligibility period for Additional TRA is reestablished with each total or partial qualifying separation.

When reopening a claim where the individual was separated from a different employer than the Trade-affected employer, staff must issue a determination based on the reason for separation, then notify the TRA Payment Unit of the determination. The claimant's eligibility period will not be affected since the work was with a different employer. **However, if the separation is disqualifying, then the individual is also disqualified from receipt of TRA benefits.**

**SECTION 1100**  
**TRA CONTINUED CLAIMS CERTIFICATIONS**

For claimants who have completed approved training or have been waived from the training requirement, continued Basic TRA claims are to be filed on form DOL-311A. TRA claimants may report on an in-person basis or be placed on a mail claim basis.

**Mail Reporting**

To place on mail claim:



1. Provide the claimant with four each of forms DOL-311A (certification) and DOL-852-EX (work search).
2. Advise the claimant that s/he must return the certification with work search form to the career center and **not to return any certification** to the central office in Atlanta.
3. Advise the claimant that it will not be necessary to report in person to continue his/her claim until s/he has mailed his/her last certification to the career center, or until the waiver expiration date, whichever comes first. At that time his/her waiver will be reevaluated (if appropriate).
4. Instruct the claimant on how to complete form DOL-852-EX and the effect it can have on his/her TRA benefits if work contacts are not made. The EB work test should be applied to all TRA claims. (See Section 1300 of this chapter for details on the EB work test.)
5. Instruct the claimant to return completed forms DOL-311A and DOL-852-EX on Sunday or Monday following the week ending date shown on the form.

Upon receipt of forms DOL-311A and DOL-852-EX from the claimant, the following procedures should be followed:

1. Review the DOL-311A for completeness and the claimant's signature.
2. Review the DOL-852-EX for sufficient work contacts.

3. If any eligibility issues arise, they should be explored thoroughly by calling in the claimant. If insufficient contacts are shown, a 4x4 disqualification (see Section 1400) must be imposed. Send a copy of the determination to the TRA Payment Unit.



4. If payment is in order, forward form DOL-311A to the TRA Payment Unit and maintain the DOL-852-EX in the claim record in the career center.

**SECTION 1200**  
**TRA WEEKLY CERTIFICATION**  
**(DOL-2403)**  
**And**  
**TRA WEEKLY CERTIFICATION FOR COMPLETION TRA BENEFITS**  
**(DOL-2403A)**

If the claimant is attending approved training, the school or the individual submits the DOL-2403 TRA Weekly Certification to certify that the claimant was in school during the week. The claimant must attend all scheduled training sessions during the week to remain eligible unless s/he has justifiable cause for not attending. There is space on the DOL-2403 for the claimant to state why s/he was not in attendance. The TRA Payment Unit in the central office will issue a determination. However, claimant call-ins may be necessary in special cases where more information may be necessary.

A claimant will be able to receive Additional TRA if the following conditions are met:

1. Basic TRA benefits are exhausted; and
2. There is an approved training application on file for the claimant; or s/he is in approved training; and
3. **For TAA 2002 customers only**, s/he applied for the approved training within 210 days of the certification date or the last total or partial separation.
4. **For TAA 2009 and TAAEA 2011 customers only**, s/he was enrolled in training by the 26-week deadline or by the first Monday 30 days after the expiration date of a waiver.

A claimant covered under either the 2002 or 2009 Act will be able to claim up to 26 weeks of Additional TRA on top of the regular Additional TRA weeks mentioned above if s/he is or was enrolled in approved remedial\* training (\*or prerequisite training for those covered under TAA 2009). These additional remedial weeks are applied at the end of the regular Additional weeks mentioned above and are only available if the claimant is still in school. The weeks are applied one-on-one for the amount of time the claimant was in remedial training. For example, if s/he was in remedial training for 10 weeks, only 10 Remedial Additional TRA weeks would be added. If s/he was in remedial training for 40 weeks, only 26 Remedial Additional TRA weeks would be added.

The claimant must remain in approved training and send in the DOL-2403 each week. However, it is only necessary for the training facility to sign the form on the **last Friday of each month**.

A claimant covered under TAAEA 2011 will be able to claim up to 13 weeks of Completion TRA on top of the regular Additional TRA weeks mentioned above if s/he meets the criterion discussed in Section 800 of this chapter. The DOL-2403A is used to claim Completion TRA, and, unlike the DOL-2403, it must be **signed by a school official each week** the Completion TRA is claimed.

When Basic TRA is exhausted, the TRA Payment Unit will check the ending date of training. If the claimant is still in training, and the training application was made within the 210-day limit (TAA 2002 **only**), the TRA Payment Unit will add the necessary amount to the TRA claim for the claimant to complete the training, up to the maximum allowed (52 weeks plus 26 remedial weeks for TAA 2002; 78 weeks plus 26 remedial or prerequisite weeks for TAA 2009; 65 weeks for TAAEA 2011; 13 weeks Completion TRA for TAAEA 2011).

Both the DOL-2403 and the DOL-2403A are used to claim one week. The forms are essentially the same except for the requirement in Section C of the DOL-2403A for a signature each week. Section A is completed by the claimant to cover any deductions that may be applicable and to determine if the claimant was in full-time training. Section B is the individual's certification. Section C is completed by the training facility on the last week of each month (each Friday for the DOL-2403A). Section D is the training facility's certification and only needs to be completed on the last week of each month.

**SECTION 1300  
DETERMINATIONS**

20 CFR §617.18

**A. Monetary**

TRA entitlement determinations (ETA 8-57) are issued by the TRA Payment Unit and mailed directly to the claimant. These determinations include the 8/16 week and 210-day deadlines (for those covered under TAA 2002) and the 26-week deadline for those covered under the 2009 and 2011 Acts.

**B. Nonmonetary**

TRA nonmonetary determinations are made by the Career Center staff or CEU staff in accordance with the Employment Security Law and Section 236 of the Trade Act.

**1. Work Search**

TRA claimants not in approved training must meet the same work search requirements as UI, EUC, and SEB claimants. An individual will be ineligible for payment of TRA for any week in which:

- a. s/he failed to accept an offer of suitable work to which s/he has been referred by the Employment Service; or
- b. s/he failed to actively engage in seeking work. (In this case, the claimant may choose to not claim the week and not be disqualified.)

An individual who is determined ineligible for the above reasons will remain ineligible beginning with the week following the week in which the failure occurred and until s/he has been employed in each of four subsequent weeks (not necessarily consecutive) and has earned insured wages equal to at least 4 times the weekly benefit amount of the claim.

**Take Note!**

If an individual files a new UI claim and has not met the “four times” requirement, this will not prevent the individual from receiving regular UI benefits. The disqualifications under these provisions apply only to the receipt of TRA benefits.

**2. Suitable Work**

Suitable work, as it applies to a TRA claimant, means all of the following criteria must be met:

- a. Any work which is within the individual’s capabilities – work which the individual has the physical and mental capacity to do and has the background which would enable him/her to perform the job; and
- b. The gross weekly remuneration payable for the work must exceed the individual’s WBA, plus any SUB pay received. (In cases where the weekly pay offered may vary, the gross pay must be determined by an average); and,
- c. Wages cannot be less than minimum wage; and,
- d. The job opening must be listed with the state Employment Service; or the job offer or referral to work must be in writing.

If a TRA claimant refuses a job offer or referral and the above criteria are met, then a disqualification under Section 34-8-194(3) of the Georgia Employment Security Act is required.

When a determination is written holding a TRA claimant not eligible for failure to accept an offer of or referral to suitable work, the following determination will be used:





### **Determination**

“Claimant failed to apply for or accept suitable work during week ending \_\_\_\_\_ and is therefore not eligible for TRA benefits for that week as provided by Section 34-8-194 of the law. Further, claimant is not eligible for TRA benefits beginning \_\_\_\_\_ until s/he has been employed during at least four weeks and earns not less than four times his/her weekly benefit amount as provided by Section 34-8-197 of the law.”

Career Center staff should make an extra effort to refer TRA claimants to jobs meeting the criteria of suitable work. Although the UI claims examiner makes the eligibility determination on a job refusal, TAA staff must notify claims staff of the circumstances in each individual case.

When claims staff receive a DOL-435 or any notification that a TRA claimant has refused an offer or referral, the claimant must be referred to a claims examiner. The claims examiner will issue a determination and forward a copy to the TRA Payment Unit. The TRA Payment Unit will place a stop on the TRA claim until the disqualification has been satisfied or reversed.



### **Very Important Point!**

An adversely affected individual in approved training may not be determined ineligible or disqualified from UI or TRA program benefits for quitting work if s/he left work which is not suitable to enter such training. Additionally, there are no work search requirements when in approved training.



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 - 79,999 and 81,000 and up\*)**

Additionally, under the 2009 and 2011 Acts, if a worker left work of a temporary basis during a break in training or a delay in the start of training, or the worker left OJT not later than 30 days after start because the training did not meet the OJT requirements, s/he may not be determined ineligible or disqualified from UI or TRA program benefits.

\*Also applies to individuals with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

When making determinations of suitable work for these purposes, the definition of “suitable work” is work of a substantially equal or higher skill level than the individual’s past adversely affected employment and wages for such work at not less than 80 percent of the individual’s average weekly wage.

3. Actively Seeking Work

An individual is considered actively seeking work during any week in which:

- a. the individual has engaged in a systematic and sustained effort to seek work, and
- b. the individual furnishes tangible evidence of such effort.

This applies to all TRA claimants except for partials and claimant-trainees, **regardless of any other exceptions under state law.**



**Take Note!**

TRA claimants who are union members must do more than register with the union hiring hall. They must meet the above criteria.

Since TRA claimants are required to provide “tangible evidence” of their job search on a weekly basis, every claimant not in approved training must submit a DOL-852-EX (work search form) with each DOL-311A (certification form). The claims taker will review the DOL-852-EX and either submit the DOL-311A for payment or call the claimant into the office to discuss an inadequate work search. At every fourth report, waivers should be reviewed. Exception: For those covered under the 2009 and 2011 Acts, the first review need not occur before 90 days, then monthly thereafter. See Chapter 5 for more information on waivers.

To meet the EB work test required for TRA, the claimant must make a minimum of two job contacts each week. The type of work the claimant is seeking and the work for which s/he qualifies determines the appropriateness of the type of job contact (in-person, phone, résumé). Also, the local area job market at the time of filing would influence the job search. As the claimant’s period of unemployment lengthens, s/he must be willing to accept less desirable work and expand the area in which s/he is seeking work. An unwillingness to make such adjustments may place a restriction on the claimant’s availability. **Repeated contact with the same employer will not be considered a systematic and sustained effort to find work.**



### Take Note!

There are no “good causes” for failing to seek work. Any compelling or uncontrollable reason for not seeking work, which may exempt an individual from the search requirement for a week under regular state law, will not apply to TRA claimants. A determination disqualifying the claimant for failing to make an adequate work search can only be made, however, if s/he claims for the week in which the failure occurred.

The following determination will be used when a TRA claimant is held ineligible due to an inadequate work search:



### Determination

“Claimant failed to actively engage in seeking work during week ending \_\_\_\_\_ and is therefore not eligible for TRA benefits for that week as provided by Section 34-8-194(3) of the Georgia Employment Security Law. Further, claimant is not eligible for TRA benefits beginning \_\_\_\_\_ until s/he has been employed during at least four (4) weeks and earns not less than four (4) times her/his weekly benefit amount as provided by Section 34-8-197 of the law.”



Fax 404-232-3029

Forward a copy of the determination to the TRA Payment Unit. The TRA Payment Unit will place a stop on the claim until the claimant has satisfied the disqualification or until it is reversed.

<b>TRA Comparison</b>		
<b>2002 Act</b>	<b>2009 Act</b>	<b>2011 Act</b>
Earnings over \$50 deducted from TRA, dollar for dollar	No deduction for earnings up to TRA WBA plus \$50	No deduction for earnings up to TRA WBA plus \$50
Must stop TRA and draw out all UI (and EUC and SEB) for new claim before resuming TRA	May have option to stay on TRA rather than new UI claim	May have option to stay on TRA rather than new UI claim
To receive Additional TRA, must apply for TAA approved training by 210 days after certification or MRQS, whichever is later	Additional TRA allowed if claimant is enrolled in training by the 26-week deadline or 30 days after a waiver expires	Additional TRA allowed if claimant is enrolled in training by the 26-week deadline or 30 days after a waiver expires
Additional TRA = 52 consecutive weeks	Additional TRA = 78 weeks claimed over 91 weeks	Additional TRA = 65 weeks claimed over 78 weeks
Up to 26 Remedial Additional weeks	Up to 26 Remedial/Prerequisite Additional weeks (Basic II TRA)	Up to 13 weeks Completion TRA if eligible
60 day waiting period from petition file date to first TRA payment	No waiting period	No waiting period



# Chapter 11

## Appeals and Overpayments





**SECTION 100  
APPEALS**

Appeals of determinations made on applications for training approval and other program benefits available to adversely affected individuals under the Trade Act, and on TRA benefit determinations are handled in the same manner as appeals from unemployment insurance determinations. Trade-eligible individuals may appeal decisions concerning the denial of training or training costs, waivers, job search assistance, relocation assistance, TRA, ATAA and/or RTAA.

The appeals process has several steps:

- appeal to the Administrative Hearing Officer
- appeal to the Board of Review
- request for reconsideration by the Board of Review
- appeal to the county Superior Court

At any of these steps the decision of the prior authority can be completely changed, allowed to remain, or other action can be taken such as a remand to another authority for a specific action.

**Appeals to the Administrative Hearing Officer (AHO)**

If any party disagrees with the decision of the claims examiner or TAA Coordinator, a request for appeal can be filed to the Administrative Hearing Officer (AHO). Hearings before the AHO are usually held by telephone conference call with all applicable parties at the same time. The hearings are “de novo” hearings. The AHO only considers the testimony given at the hearing when rendering the decision. Information in the appeal file is used only for eliciting testimony from the parties.

**Take Note!**

If a customer, covered under a Georgia petition but living out of state, wants to appeal a determination, s/he should send the written appeal to the Interstate Unit at 148 Andrew Young International Blvd., NE, Atlanta, GA 30303.

**Appeals to the Board of Review (BOR)**

If any party disagrees with the decision of the AHO, a request for appeal can be filed to the Board of Review (BOR). The three members of the BOR are appointed by the Governor and are not employees of the Georgia Department of Labor. Parties are allowed to present written arguments showing why they think the decision of the AHO is incorrect. (In some cases, oral argument is allowed.) The testimony given in the hearing before the AHO is reviewed along with the decision of the AHO before the BOR's decision is rendered. The decision of the BOR members does not have to be unanimous. The decision of the majority of the members rules.

**Request for Reconsideration**

If any party disagrees with the decision of the BOR, a request for reconsideration can be made. The BOR reconsiders their decision and renders a decision affirming or reversing the original decision.

**Appeal to County Superior Court**

Any party disagreeing with a decision by the BOR has the right to request an appeal in the Superior Court in the county in which the work was performed. It is not necessary to request a reconsideration prior to appealing to the court. The appeal must be filed with the clerk of the court and should not be sent to the Georgia Department of Labor (GDOL). GDOL is unable to offer assistance with this filing. Questions about the filing of the appeal should be referred to the clerk's office for the county superior court.

**SECTION 200  
FILING AN APPEAL**

Appeals can be filed in person, by mail or by fax. Emails are not acceptable.

Review the claim and the reasons given for the appeal request prior to processing the appeal request to determine if a hearing with an Administrative Hearing Officer (AHO) is needed. Actions other than an appeal hearing that may be needed are:

- fact finding on a job offer or refusal that occurred after the claim filing (TRA);
- contacting the TAA Unit to determine if the provision of additional information by the customer would change the original determination, thereby negating the need for an appeal (training, waiver, job search or relocation).

Keep the envelope when the appeal is filed by mail. Stamp the date of receipt on all written appeals in a blank area of the document.

Review the weekly certification record if the claimant is filing an appeal of denial of TRA benefits. If the claimant is not currently certifying and is still unemployed, the claim may need to be reopened. Remind the claimant to continue to certify until s/he returns to work, is no longer meeting availability requirements or all appeals are exhausted.

If the appeal concerns denial of training, job search allowance, or relocation allowance and the customer is **not** a UI or TRA claimant, no weekly certification is necessary.

**Entering the Appeal**

Enter the appeal on transaction AL00. For Employer, put GDOL TRA Payment Unit if the customer is appealing denial of TRA, ATAA or RTAA; put GDOL TAA Unit if the customer is appealing denial of a waiver, training, job search allowance or relocation allowance.

**Creating the Appeal File**

Use 3-cut file folders. Write the docket number (Example: 12345-05) on the tab with the claimant's last name next to the docket number. These are the only items to be written on the folder tab. Be sure that the docket number and last name are visible when the folder is closed.

Staple the Appeal File Worksheet (DOL-812) to the front of the appeal folder.

Staple the Request for Appeal (DOL-423) on the left hand side of the open file folder. (Forms are currently generated through OV11.)

Staple documents from the CRC, image and CICS transactions on the right hand side of the open file folder. Order of documents is:

- Work History printout (GWS-4/Internet Work History).
- Employer Response to Claim (DOL-1199FF), Separation Notice (DOL-800 or other). Include the Reason for Separation Inquiry (MD75), if employer did not respond to the claim.
- Claimant's Information (DOL-1199 CT) (from image or the UI Work History).
- Fact Finding Transactions (NM48) appropriate to the issue under appeal.
- Determination(s) being appealed (print copy from the menu on NM05, not screen prints). If TAA determination (waiver, training, job search or relocation), include the denial letter sent to the customer.
- Response from employer to the claim, including envelope, if appropriate.
- Request for appeal, including envelope, if appropriate.

### **Forward the Appeal Folder**

If the customer is appealing the denial of TRA, ATAA or RTAA, forward the folder to the TRA Payment Unit, Suite 900, Sussex. TRA staff will add any pertinent documents and forward to Appeals.



#### **Take Note!**

When the appeal concerns the denial of training, waivers, job search assistance or relocation assistance, Career Center staff should enter the appeal into AL00, and send the letter of appeal and any appropriate documents such as a copy of the letter denying the training or other service to the TAA Unit, Room 440, Sussex. The TAA Coordinator will then gather any other pertinent documents and immediately forward them to the Appeals Tribunal in order for a timely hearing to be scheduled.

**SECTION 300  
OVERPAYMENTS****TAA 2002**

When issuing a nonfraud overpayment determination, the examiner must advise the claimant of the waiver of overpayment provisions of the law as published in the TAA Final Regulations.

A TRA overpayment may be waived if (1) the payment was made without fault on the part of the claimant and (2) requiring such repayment would be contrary to equity and good conscience. If the recovery of the overpayment will cause extraordinary and lasting financial hardship to the individual, and there has been no finding which would preclude the waiver under UI law, e.g., fraud, nonfraud claimant fault, etc., and the claimant requests the waiver in writing, the overpayment may be waived.

For these purposes, an “extraordinary financial hardship” shall exist if recovery of the overpayment would result directly in the individual’s loss of or inability to obtain minimal necessities of food, medicine, and shelter for a substantial period of time; and an “extraordinary and lasting financial hardship” shall be extraordinary as described above and may be expected to endure for the foreseeable future. A “substantial period of time” is 30 days and the “foreseeable future” is at least three months. In applying this test when the recoupment will be accomplished through offset, a substantial period of time and the foreseeable future shall be the longest potential period of benefit entitlement as seen at the time of the claimant’s request for a waiver determination. In making this determination, all potential income available to the individual and the individual’s family and all cash resources available or potentially available to the individual and the individual’s family in the time period being considered must be taken into account.

§243(a)(i)



**TAA 2009 and TAAEA 2011  
(Petitions 70,000 – 79,999 and 81,000 and up\*)**

TAA 2009 sought to ease the burden of overpayment on the customer. Thus, individuals covered under TAA 2009 of TAAEA 2011 **must have the overpayment waived** if it would cause a financial hardship for the individual or household, based on income and resources reasonably available and other ordinary living expenses.

\*Also applies to individual with petitions between 80,000 and 80,999 who elected to be covered under TAAEA 2011.

*§243(a)(1) as amended by TGAAA §1855*



**Take Note!**

Overpayments apply to not only TRA benefits, but also training, job search and relocation allowances. For example, if an individual was approved for medical assisting training, changed programs without approval by TAA, and TAA paid an invoice from the school, not knowing it was for the new program, an overpayment could be established for the customer and funds could be recouped through the UI Overpayment system.

If an overpayment is not waived, all methods available under state law will be used to recover the overpayment.



### Take Action!

Overpayment Unit procedures require:

1. notification of the waiver provisions of the law to the claimant at the time an overpayment is detected; and
2. inclusion in the overpayment determination of the waiver guidelines described in this chapter; and
3. obtaining a written request from the claimant requesting a waiver if the claimant so desires; and
4. obtaining documentary evidence to support the claimant's request for a waiver under the hardship provisions. This could pertain to the receipt of food stamps or other welfare payments, unpaid utility or medical bills, documents indicating hospitalization, disability, etc.

The Overpayment Unit will issue a determination waiving or denying the waiver of the overpayment. The correct legal citation to use in a TRA overpayment determination is 20 CFR 617.55. This citation is also used if the overpayment is waived under the waiver guidelines.





# Chapter 12

# Automated Systems



<b>SECTION 100</b> <b>PETITION AND AFFECTED EMPLOYEE INFORMATION</b>
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Everything in TAA starts with the Trade Act Petition and proceeds from there. If a petition is not entered into the system, the affected employees cannot be entered. If an affected employee is not linked to the petition certification in the system, the employee cannot be registered for TAA. If the employee is not registered for TAA, no services can be entered into the TAA system, so it is extremely important to start off with good petition information! The transactions having to do with Trade Act petitions are as follows:

- GR01 TAA Petition Search
- GR02\* TAA Petition Entry/Update
- GR03 TAA Petition Inquiry
- GR04 TAA Petition Affected Employee Listing
- GR05\* TAA Affected Employee Labels/Look-Ups
- GR06\*\* TAA Petition Affected Employee Entry
- GR07 TAA Petition Affected Employee Inquiry
- GR08\*\* TAA Petition Affected Employee Update
- GR09 TAA Petition Affected Employee Search

\*TAA unit only

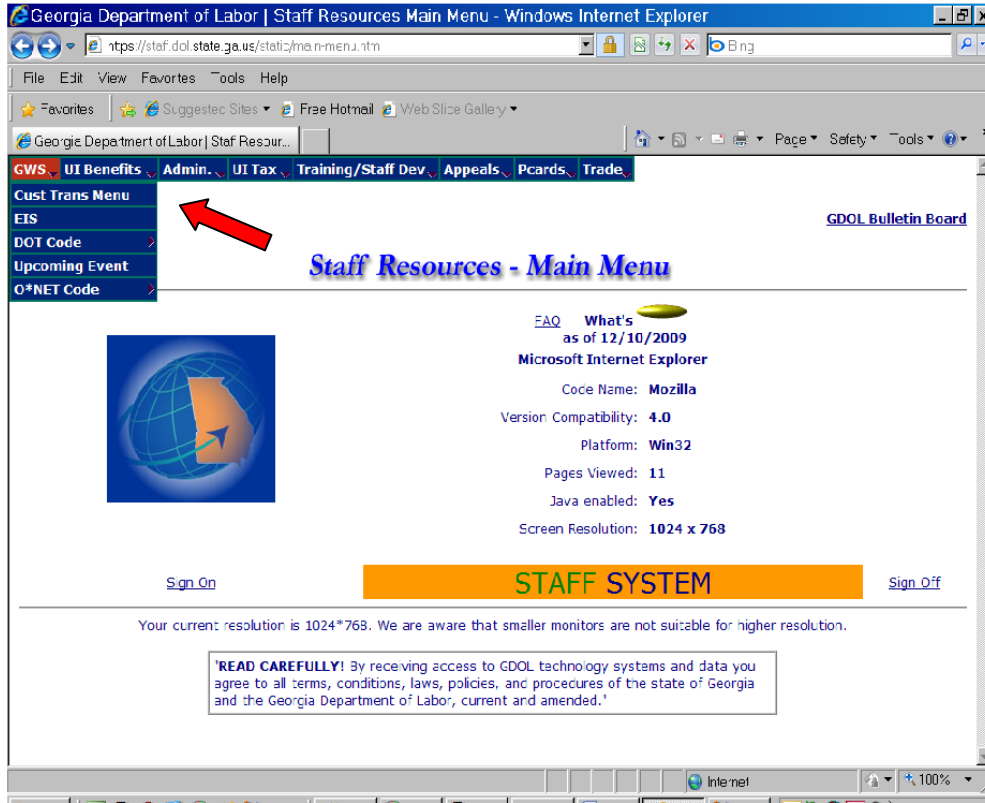
\*\*Must be requested via DOL-988. Included as part of TAAGRP1 for Career Center staff.

**Accessing TAA Petition Information from the Staff Resources Menu**

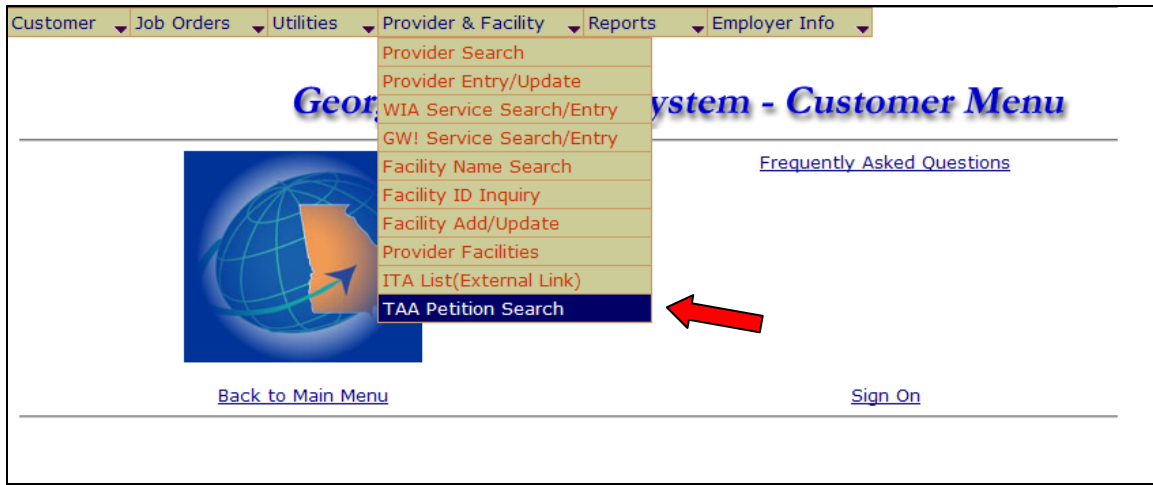
Sign on to the Staff Resources Menu as usual.  
Point the cursor on the Trade tab, then TAA.  
Click on TAA Petition Number.



You may also access this page from the GWS tab.  
Click on Cust Trans Menu under GWS.



Click on TAA Petition Search under the Provider & Facility tab.



**TAA Petition Search (GR01)**

The **TAA Petition Search Page** allows users to search for petition information by either Petition Number or Employer Name. If either the Petition Number or the Employer Name is in the TAA Petition file, the petition information will be displayed. (**Do not** enter **both** a Petition Number and an Employer Name.)

To search by **Petition Number**:

- The Petition Number consists of a 5-digit number and, possibly, one or two letters.
- Enter the 5-digit Petition Number in the main box.
- The TAA Petition Search Results will display all petitions with that number, including any with a letter(s), separately. If you enter the letter(s) after the number, only the petition with those letters will display.

## TAA Petition Search

TUESDAY OCTOBER 28, 2008 13:09:04 ET.

This page allows users to search for TAA Petitions by petition number or employer name.

---

Enter either **Petition Number** or **Employer Name**

**Petition Number:**

**Employer Name:**

---

To search by **Employer Name**:

- Enter any letter that is in the Employer Name. The TAA Petition Search Results will display all petitions with that letter in the Employer Name; **OR**
- Enter the first few letters of the Employer Name. The TAA Petition Search Results will display all petitions with those letters (in that order) in the Employer Name; **OR**
- Enter the Employer Name.

Click on  to proceed.

Click on

Clear Search Entries

to clear data from fields and begin a new search.

## TAA Petition Search

TUESDAY NOVEMBER 25, 2008 12:41:07 ET.

This page allows users to search for TAA Petitions by petition number or employer name.

---

Enter either Petition Number or Employer Name

Petition Number:

Employer Name:

Submit



---

Clear Search Entries



### TAA Petition Search Results

This page displays a list of the results from the **TAA Petition Search Page (GR01)** which includes Petition Number, Employer Name, City, Certification Date, and Expiration Date. Also, a **View** link is located in the far left column of each row for users to access the **TAA Petition Inquiry Page**.

Click on the **View** link to go to the **TAA Petition Inquiry Page** which has detailed information on the petition.

### TAA Petition Information Search Results

THURSDAY FEBRUARY 12, 2009 10:20:19 ET.

[TAA Petition Search](#)

The list shows Employers matching your selection entry.

	Petition Number	Employer Name	City	Certification Date	Expiration Date
<a href="#">View</a>	TAW 76576 AA	INTERNAL REVENUE SERVICE	WASHINGTON, D.C.	01/01/2007	08/01/2009

 [Back to Top](#)

Click on the **TAA Petition Search** link to go back to the **TAA Petition Search Page**.

### TAA Petition Information Search Results

THURSDAY FEBRUARY 12, 2009 10:20:19 ET.

 [TAA Petition Search](#)

The list shows Employers matching your selection entry.

	Petition Number	Employer Name	City	Certification Date	Expiration Date
<a href="#">View</a>	TAW 76576 AA	INTERNAL REVENUE SERVICE	WASHINGTON, D.C.	01/01/2007	08/01/2009

[Back to Top](#)



## TAA Petition Inquiry Page (GR03)

This page allows users to view TAA petition information. It is a detailed view of specific information related to a petition.

### TAA Petition Inquiry

Monday March 22, 2010 at 16:27:35 ET.

[TAA Petition Search](#) | [TAA Petition Affected Employee Listing](#) | [TAA Petition Entry/Update](#)

This page allows users to Inquire on TAA Petition information.

<b>Petition Type:</b>	TAW
<b>Petition Number:</b>	71309
<b>Event ID:</b>	2008-197-C
<b>File Date:</b>	06/19/2009
<b>Impact Date:</b>	06/15/2008
<b>Certification Date:</b>	07/17/2009
<b>ATAA Status:</b>	
<b>Expiration Date:</b>	07/17/2011
<b>Extenuating Circumstances:</b>	NO
<b>Denial Date:</b>	
<b>Withdrawal/Termination Date:</b>	
<b>Denial/Terminated Reason:</b>	
<b>Employer:</b>	KOMATSU FORKLIFT USA, LLC
<b>Division:</b>	
<b>Other Covered Workers:</b>	ON-SITE LEASED WORKERS FROM SPHERION, RANDSTAD, TSI FUTURE
<b>Other Covered Workers:</b>	STAFF, STAFFMARK, AND RESOURCE MANUFACTURING
<b>Other Covered Workers:</b>	
<b>Employer City:</b>	COVINGTON
<b>Employer State:</b>	GA
<b>Employer County:</b>	NEWTON
<b>WIA Area:</b>	09 - Northeast Georgia
<b>Workers Affected:</b>	106
<b>Orientation Scheduled:</b>	Yes
<b>Orientation Date 1:</b>	08/10/2009
<b>Orientation Date 2:</b>	
<b>Orientation Date 3:</b>	
<b>Notes:</b>	A SUBSIDIARY OF KAMATSU AMERICA CORPORATION, INCLUDING ON-SITE LEASED WORKERS FROM SPHERION RANDSTAD, TSI FUTURE STAFF, STAFFMARK, AND RESOURCE MANUFACTURING. TRADE ORIENTATION SESSIONS ARE BEING CONDUCTED MONTHLY BY CAREER CENTER STAFF.

The following information is displayed:

- Petition Type
  - TAW indicates the petition was filed under the Trade Act of 1974, TAA 2002, or TAA 2009.
  - NAF indicates the petition was filed under NAFTA TAA. NAFTA TAA was discontinued by TAA 2002, but anyone certified for NAFTA TAA remains potentially eligible for benefits under NAFTA TAA.
  
- Petition Number – This is a five-digit number assigned by USDOL when the petition was filed. There may also be one or two letters following the five digits. Workers are tracked by Petition Number for reporting purposes. Example: 11111AB
  - If the Petition Prefix is TAW and the Petition Number is less than 50,000, the petition was filed under the Trade Act of 1974.
  - If the Petition Number is 50,000 through 69,999 or 80,000 – 80,999, the petition was filed under TAA 2002.
  - If the Petition Number is 70,000 - 79,999, the petition was filed under TAA 2009.
  - If the Petition Number is 81,000 or above, the petition was filed under TAAEA 2011.
  - NOTE: Some petitions numbered 80,000 – 80,999 may have been certified under TAAEA 2011.
  
- Event ID – This is an identifier used by the Rapid Response system when information is entered concerning a company layoff or closure event. The first four numbers indicate the program year in which the event occurred. The next three numbers indicate the number of events recorded for that program year. For example, 2008-097 would indicate that this was the 97<sup>th</sup> layoff event during the program year beginning July 1, 2008. The letter at the end of the numbers indicates the type of event:
  - N – non-substantial layoff
  - S – substantial layoff
  - C – closure

When the Rapid Response Coordinator enters the Petition Number on WR31, the Event ID connects a company to that company's Petition Number and is used to populate the Affected Employee Listing (GR04).

- File Date – This is the date the petition was filed with USDOL.
  
- Impact Date – This is the date USDOL established as the beginning of the impact of imports on the trade-affected company, and it marks the earliest time a worker could be laid off from the company and be covered under the certification.

- Certification Date – This is the date USDOL issued the determination certifying the workers at a trade-affected company for Trade Act benefits. The Certification Date, in conjunction with an individual's layoff date, is used to establish several deadlines for services, such as the 8/16 week deadline for Basic TRA eligibility (TAA 2002), the 210-day deadline (TAA 2002) for Additional TRA, the 26 week deadline for Basic TRA eligibility (TAA 2009 and TAAEA 2011) and the deadline for application for job search and relocation allowances.
- ATAA Status
  - Certified
  - Denied



### Take Note!

ATAA Status will only display for petitions numbered 50,000 – 69,999 and 80,000 – 80,999.

- Expiration Date – This is the last date an individual can be laid off from the trade-affected company and be covered by the certification. Workers must be laid off between the Impact Date and the Expiration Date to be covered by a certification.
- Extenuating Circumstances
  - Options
    - ◆ Yes
    - ◆ No
  - If Extenuating Circumstances is **Yes**, 45 days are added to the 8/16 or 26-week deadline to create a new deadline to enroll in training or be waived from the training requirement to receive Basic TRA.
  - Extenuating circumstances may be invoked if the TAA Unit is late in notifying workers covered by a petition of their rights and responsibilities, the company does not provide names and mailing addresses in a timely manner, or if the Career Center delays setting a date for group claims and information sessions. Invoking extenuating circumstances gives the workers a little more time to make training arrangements, etc.
  - Extenuating circumstances can be invoked for the whole group of workers (TAA Petition Entry/Update) or for one or more individuals (TAA Registration Entry/Update) who might have extenuating

circumstances that do not apply to all workers covered by the petition.

- Denial Date – This is the date USDOL issued a denial of the petition.
- Withdrawal/Termination Date – This is the date the petition was withdrawn by the petitioner or terminated by USDOL.
- Denial/Terminated Reason – This is the reason given for a denial or termination of a petition by USDOL.
  - For use when a Withdrawal/Termination Date is entered:
    - ◆ Withdrawn – Reason not given
    - ◆ Terminated – Petition deemed invalid
  - For use when a Denial Date is entered:
    - ◆ Denied – Negligible imports/no production shift
    - ◆ Denied – Product not produced as determined by Trade Act (for 2002 Act only)
    - ◆ Denied – Determined not to be secondarily affected
    - ◆ Denied – Inadequate sale decrease; no foreign shift in production
    - ◆ Denied – Not a downstream supplier of a Trade certified employer
- Employer – Self-explanatory
- Division – When petitioning for Trade certification, the petitioner may specify a certain division(s) for consideration, or USDOL may only certify a certain division(s) for benefits. For example, CBR might be the name of the employer, but the petition might specify the cutting division of CBR. If the certification specified a division, only workers in that division are covered by the certification.
- Other Covered Workers – Often a firm may employ on-site leased workers from a temporary employment agency who may be included in the petition. Those temp agencies included in the certification will be displayed here. Additionally, if the certification covers workers out-stationed at another site, those workers may be listed here. For example, some sales people work out of their homes but are covered by the certification.

**Take Note!**

If there are more than three groups of other covered workers, those will be shown in the Notes field.

- Employer City – This is the city where the layoffs occur.
- Employer State – This is the state where the layoffs occur.
- Employer County – This is the county where the layoffs occur.
- WIA Area – This is the WIA Area that serves the county where the layoffs occur.
- Workers Affected – This is the number of workers laid off at the site, if known.
- Orientation Scheduled
  - Yes
  - Not yet
  - Referred to Career Center – A decision has been made not to hold group sessions but to refer the workers to the GDOL Career Center of their choice.
  - Future layoffs only – Layoffs have not yet begun.
  - Out of State Company – As a general rule, only Georgia certified firms are entered into the system. However, it is necessary to enter an out-of-state firm when a worker certified under that firm seeks services in Georgia. Georgia would not, however, be responsible for providing orientation to the individual.

This information helps TAA Unit staff determine when group sessions have been scheduled or when other arrangements have been made to take TRA claims and provide TAA rights and responsibilities information.
- Orientation Date(s) – If Orientation Scheduled is **Yes**, there will be a date in the first Orientation Date field. When employees are laid off in waves, additional orientations may be scheduled and the dates will be displayed here.
- Notes – If any notes were entered concerning this petition, they will be displayed in this field. As mentioned above, if there is not enough space

in the Other Covered Workers fields, those groups of workers may be displayed here.

Click on the **TAA Petition Affected Employee Listing** link which will display the list of affected workers and/or will prompt you to add an employee.

Click on the **TAA Petition Search** link to go back to the **TAA Petition Search Page**.

## TAA Petition Inquiry

Tuesday November 25, 2008 at 13:07:48 ET.

 [TAA Petition Search](#) | [TAA Petition Affected Employee Listing](#) 

**TAA Affected Employee Listing (GR04)**

This screen allows users to view a listing of Affected Employees associated with a TAA petition. It is accessed from the **TAA Petition Inquiry Page**. Information displayed includes:

- SSN
- Name
- Address
- City/State

## TAA Petition Inquiry

Tuesday November 25, 2008 at 13:07:48 ET.



[TAA Petition Search](#) | [TAA Petition Affected Employee Listing](#)

Click on the **Add an Affected Employee** link to add new employees.

Click on the **View** link to see detail information concerning an Affected Employee (**GR07**).

## TAA Petition Affected Employee Listing

Tuesday November 25, 2008 at 13:21:43 ET.

[TAA Petition Search](#) | [Add an Affected Employee](#) |

This page allows users to view a listing of Affected Employees associated with a Petition.

**18 affected employees found**

**Petition Number:** TAW 76576 AA

**Employer:** INTERNAL REVENUE SERVICE

	SSN	Name	Address	City/State
<a href="#">VIEW</a>	<a href="#">404232151</a>	ALBA AVILES	2415 DOUBLETREE DR	LAWRENCEVILL, GA
<a href="#">VIEW</a>	<a href="#">404232250</a>	JOHN BROWN	207 MAIN AVENUE	SWEETWATER, GA
<a href="#">VIEW</a>	<a href="#">404232098</a>	CVBCB CVBCVBCV	BNBN	BVNVBNBVN, GA
<a href="#">VIEW</a>	<a href="#">436376745</a>	DFGDFG DFGDFG	DGDFG	DFGDG, GA
<a href="#">VIEW</a>	<a href="#">568565464</a>	DFGDG DFGDFG	DGDFG	DFGDG, GA
<a href="#">VIEW</a>	<a href="#">645635345</a>	DGDFGDFG DFGDFGDFG	DFGDFG	DFGDG, GA

## TAA Petition Affected Employee Inquiry

[TAA Petition Affected Employee Listing](#) | [TAA Petition Search](#) | [TAA Main Page](#)

Thursday February 12, 2009 at 10:14:09 ET.

This page allows users to view information on an individual for a specific petition number.

**See TAA Main Page for deadline dates**

**Petition Number:** TAW 76576 AA

**Employer:** INTERNAL REVENUE SERVICE

**Employer City:** WASHINGTON, D.C.

**Certification Date:** 01/01/2007

**SSN:** 404 23 2151

**Name:** ALBI AVILES

**Layoff Date:** 03/01/2007

**Address:** 2415 DOUBLETREE DR

**City:** LAWRENCEVILL

**State:** GA

**Zip Code:** 30044

Click on the [TAA Petition Search](#) link to search for another petition.



## TAA Petition Affected Employee Listing

Tuesday November 25, 2008 at 13:21:43 ET.

[TAA Petition Search](#) | [Add an Affected Employee](#) |

This page allows users to view a listing of Affected Employees associated with a Petition.

**18 affected employees found**

**Petition Number:** TAW 76576 AA

**Employer:** INTERNAL REVENUE SERVICE

	SSN	Name	Address	City/State
<a href="#">VIEW</a>	<input type="text"/>	ALBA AVILES	2415 DOUBLETREE DR	LAWRENCEVILL, GA
<a href="#">VIEW</a>	<input type="text"/>	JOHN BROWN	207 MAIN AVENUE	SWEETWATER, GA
<a href="#">VIEW</a>	<input type="text"/>	CVBCB CVBCVBCV	BNBN	BVNVBNBVN, GA
<a href="#">VIEW</a>	<input type="text"/>	DFGDFG DFGDFG	DGDFG	DFGDG, GA
<a href="#">VIEW</a>	<input type="text"/>	DFGDG DFGDFG	DGDFG	DFGDG, GA
<a href="#">VIEW</a>	<input type="text"/>	DGDFGDG DFGDFGDG	DFGDFG	DFGDG, GA

Click on the **SSN** link to be directed to the **TAA Petition Affected Employee Update (GR08) Page**.

## TAA Petition Affected Employee Update

[TAA Main Page](#) | [TAA Petition Affected Employee Listing](#) | [TAA Petition Search](#) | [TAA Petition Affected Employee Inquiry](#)

Tuesday March 23, 2010 at 09:02:10 ET.

This page allows users to update an Affected Employee's information.

---

**Petition Number:** TAW 71309

**Employer:** KOMATSU FORKLIFT USA, LLC

**Employer City:** COVINGTON

---

**SSN:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Layoff Date:**  /  /

**Pre-Layoff Notification Letter Date:**  /  /

**Notification Letter Date:**  /  /

**Handbook Given Date:**  /  /

**TAA Affected Employee Entry (GR06)**

Normally, trade-affected employees are entered on WR33 in the Rapid Response system by the Rapid Response Coordinator (RRC). When the RRC links this list to the TAA system by entering a TAA petition number on WR31, a batch program will run that night and transfers the information to the **TAA Affected Employee Listing Page (GR04)**. In the case of individuals who have not been input in this manner, GR06 allows the user to enter new workers.

**Take Note!**

You **must** verify (via UI, TRA, wage records, etc.) that the employee was **laid off** from the trade-affected company due to **lack of work** between the impact date and the expiration date of the petition before entering information on this page. However, if the customer worked for a temp agency at the affected employer, such records might indicate a quit entry if the customer did not apply for additional work at the temp agency. This should not disqualify the customer for TAA benefits.

The Affected Employee Listing records are created from entries on GR06. This page is accessed by clicking the link **Add an Affected Employee** on the **TAA Petition Affected Employee Listing (GR04)**.

## TAA Petition Affected Employee Listing

Thursday February 12, 2009 at 11:03:27 ET.

[TAA Petition Search](#) | [Add an Affected Employee](#) | 

This page allows users to view a listing of Affected Employees associated with a Petition.

**2 affected employees found**

**Petition Number:** TAW 60935

**Employer:** GEORGIA NARROW FABRICS

	SSN	Name	Address	City/State
<a href="#">VIEW</a>	<input type="text"/>	WHIT <input type="text"/>	2196 COUNTRY WALK	LAWRENCEVILL, GA
<a href="#">VIEW</a>	<input type="text"/>	GLEND A <input type="text"/>	1544 OGLETHORPE DRIVE	LAWRENCEVILL, GA

[Back to Top](#)

Enter the **SSN**, and then click  .

If data is found, the employee information fields will automatically be populated,

but **you must still click on**  **at the bottom of the page to add the**

**employee to the list!** If data is not found, enter it on the page. You may also

update information on this page.



### Take Note!

**Double-check the Layoff Date.** When the RRC enters a layoff date on WR33, it may be a “guesstimate” by the employer as to when the layoff will occur. If the employee was laid off on a date other than the one shown, or if no **Layoff Date** is listed, enter the employee’s last actual day on the job. **Failure to enter an accurate Layoff Date will cause the deadlines calculated by the system to be wrong and could cause loss of benefits.**

Enter the **First Name**.

Enter the **Last Name**.

Enter the **Address**.

Enter the **City**.

Select the **State** from the dropdown list.

Enter the **Zip Code**.

Enter the **Layoff Date** in MM/DD/YYYY format. Example: 07/08/2008

Enter the **Pre-Layoff Notification Letter Date** in MM/DD/YYYY format. (TAA Unit staff only)

Enter the **Notification Letter Date** in MM/DD/YYYY format. (TAA Unit only)

Enter the **Date Handbook Given** in MM/DD/YYYY format. (Be sure to give the customer a handbook!

Click  to add an employee to the affected employee list.

# TAA Petition Affected Employee Entry

[TAA Main Page](#) | [TAA Petition Affected Employee Listing](#) | [TAA Petition Search](#)

This page allows users to add an affected employee to a petition.

Monday January 25, 2010 at 09:05:52 ET.

SSN:

---

**Petition Number:** TAW 71309

**Employer:** KOMATSU FORKLIFT USA, LLC

**Employer City:** COVINGTON

---

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:** Georgia

**Zip Code:**

**Layoff Date:**  /  /

**Pre-Layoff Notification Letter Date:**  /  /

**Notification Letter Date:**  /  /

**Handbook Given Date:**  /  /

**TAA Petition Affected Employee Inquiry (GR07)**

GR07 is accessed from the TAA Petition Affected Employee Listing by clicking **View** next to a SSN. This screen allows users to view affected employee information on an individual for a specific petition number. If a layoff date was entered, the petition was certified, and the individual does not yet have a TAA registration under this petition number, the following deadlines will be displayed:

- Last date to be enrolled in training/waived for TRA purposes (TAA 2002 - 8/16 weeks; TAA 2009 and TAAEA 2011 – 26 weeks)
- Last date to apply for training for additional TRA purposes (210 days) (does not display for TAA 2009 or TAAEA 2011)
- Last date to begin work for ATAA (does not display for TAA 2009 or TAAEA 2011)
- Last date to apply for Job Search Allowance
- Last date to apply for Relocation Allowance

Staff may want to print this page and give it to the customer as a reminder of his/her deadlines. (This replaces the WR66 transaction in CICS.)

**If there is a TAA registration associated with this petition number, the deadlines may be viewed on the TAA Main Page (GR10), not on GR07.**

## TAA Petition Affected Employee Inquiry

[TAA Petition Affected Employee Listing](#) | [TAA Petition Search](#) | [TAA Main Page](#)

Monday January 26, 2009 at 11:14:08 ET.

This page allows users to view information on an individual for a specific petition number.

**Petition Number:** TAW 60187

**Employer:** PC AIRFOILS,LLC

**Employer City:** DOUGLAS

**Certification Date:**

---

**SSN:**

**Name:** FRANKIE

**Layoff Date:** 01/07/2007

**Address:** 1234 RIDGE WAY

**City:** ATHENS

**State:** GA

**Zip Code:** 30602

---

Last date to be enrolled in training/waived for TRA purposes: 05/05/2007

Last date to apply for training for Additional TRA purposes (210): 08/05/2007

Last date to begin work for ATAA: 07/08/2007

Last date to apply for Job Search Allowance: 01/07/2008

Last date to apply for Relocation Allowance: 03/07/2008



**TAA Affected Employee Update (GR08)**

This screen allows staff to update information for workers laid off from a trade-affected company. It is accessed by clicking the **SSN** link next to an Affected Employee's name on the **TAA Petition Affected Employee Listing (GR04)**.

Enter information to be updated.

Click  to save updated or revised employee information.

**TAA Petition Affected Employee Update**

[TAA Main Page](#) | [TAA Petition Affected Employee Listing](#) | [TAA Petition Sea](#)

Monday January 25, 2010 at 09:14:55 ET.

This page allows users to update an Affected Employee's information.

---

**Petition Number:** TAW 71309  
**Employer:** KOMATSU FORKLIFT USA, LLC  
**Employer City:** COVINGTON

---

**SSN:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**


**Zip Code:**

**Layoff Date:**  /  /

**Pre-Layoff Notification Letter Date:**  /  /

**Notification Letter Date:**  /  /

**Handbook Given Date:**  /  /





**Take Note!**

Changing information on GR08 does not change such information anywhere else in GWS!

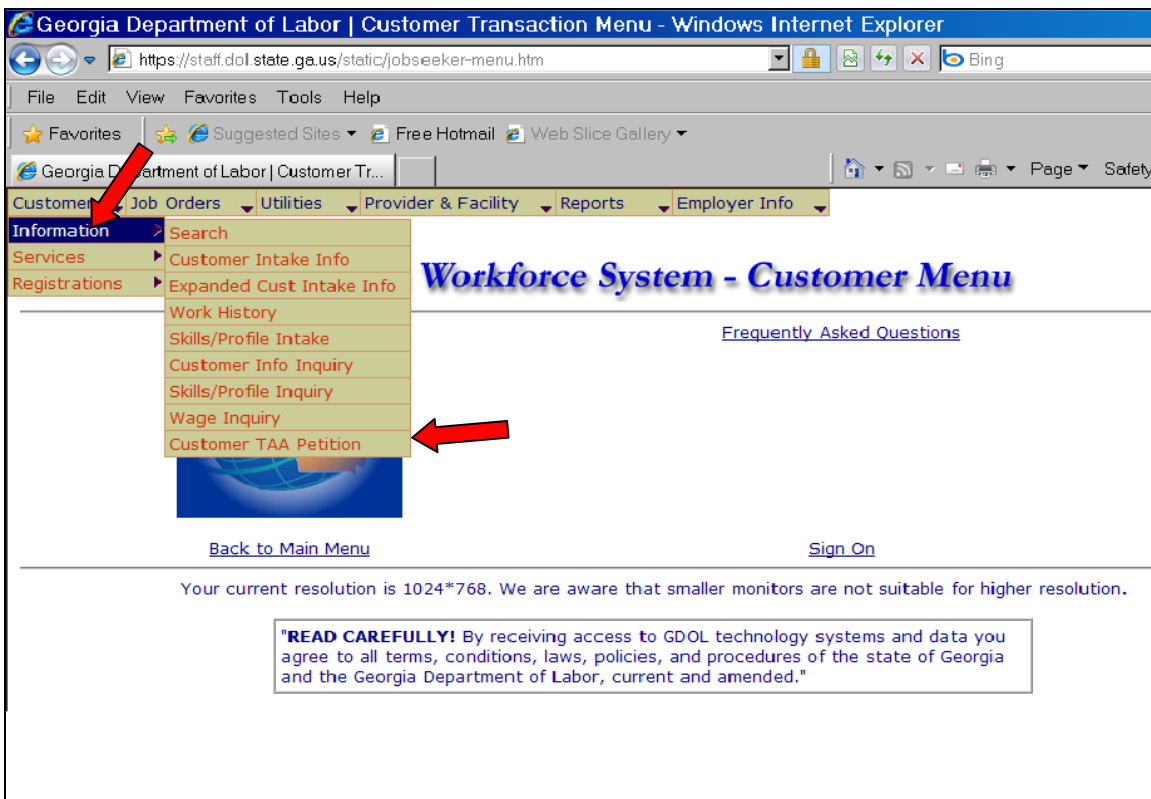
**TAA Affected Employee Search (GR09)**

This page allows users to search for an affected employee by SSN. To access this page, on the **Staff Resources Main Menu**:

Click Cust Trans Menu under GWS.



Click Customer, then Information, then Customer TAA Petition Search.



Enter the **SSN** and click  . If matching records are found they will be listed below in the table.

## TAA Petition Affected Employee Search

Tuesday March 23, 2010 at 10:06:22 ET.  
[TAA Main Page](#)

This page allows users to search for all Affected Employee Lists for an SSN.

SSN:

Name: No intake information found for this SSN.

**1 record found matching your request.**

First Name	Last Name	Petition Number	Employer	Employer City	Layoff Date
MARK	<input type="text"/>	TAW 71309	KOMATSU FORKLIFT USA, LLC	COVINGTON	08/01/2009

<b>SECTION 200</b> <b>TAA PARTICIPANT INFORMATION</b>
--

The following transactions contain detailed information on TAA-related services provided to TAA customers.

- GR10 TAA Main Page
- GR11\* TAA Registration Entry/Update
- GR12\* TAA Waiver Entry
- GR13\* TAA Waiver Update
- GR14 TAA Training Enrollment Entry/Update
  - Entry/Update for TAA Unit only, but all users may view)
- GR15 TAA Job Search/Relocation Entry (TAA Unit only)
- GR16\* TAA Participation Update
- GR17 TAA Job Search/Relocation Activity Listing

\*Must be requested via DOL-988 form. These transactions are included in TAAGRP1 for Career Center DOL-988 purposes. Access to GR12 and GR13 is not granted to WIA staff, but they should request access to GR11 and GR16.

Access to TAA participant information begins on the **TAA Main Page (GR10)**.

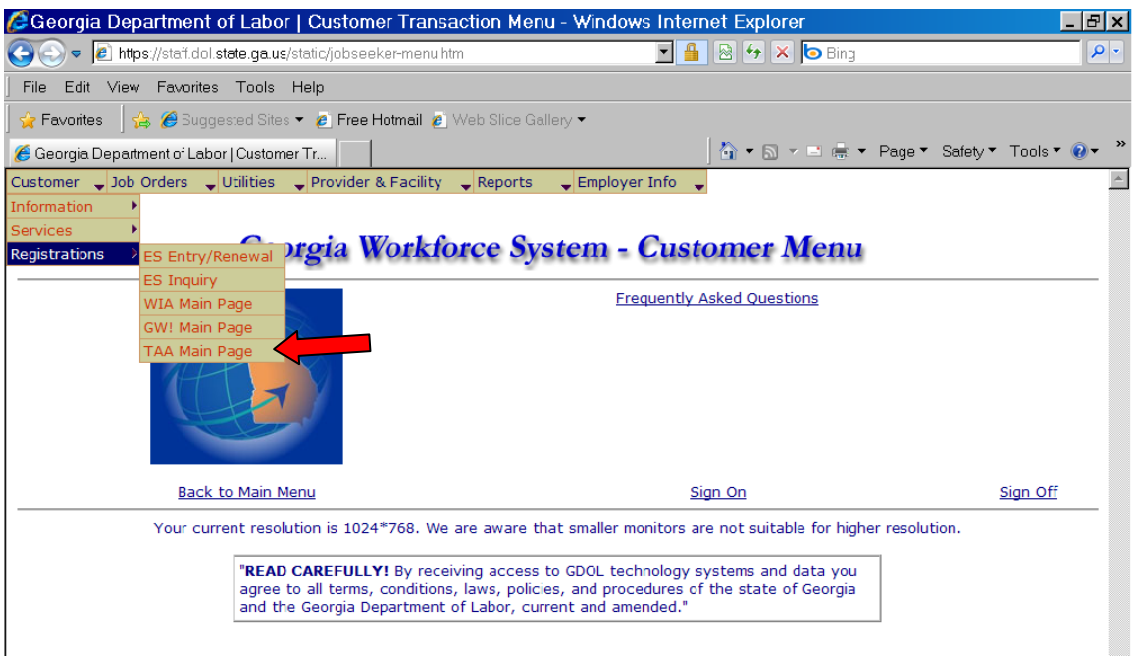
**TAA MAIN PAGE (GR10)**

The **TAA Main Page** is the starting point for all TAA participant information, and may be accessed via the **Staff Resources Menu**.

Sign on to the **Staff Resources Menu** as usual.  
Point the cursor at the Trade tab, then TAA.  
Click on TAA Main Page.




You may also access the **TAA Main Page** from the GWS tab, by clicking on the Cust Trans Menu, then Customer, then Registrations, then TAA Main Page.



Enter the participant's SSN and click **Search TAA Records**. If the participant is registered in TAA, TAA-related information will display.

## TAA Main Page


Trade Act Manual

Thursday August 30, 2012 at 13:58:56 ET.

This page allows users to view TAA registration, waiver and petition information for a specific customer. Users may also find links to update information.

**1 Registration found for the customer**

SSN:

**Name:** RACHELLE A. ALLEN

**Mailing Address:**

**Telephone:** (770)

**Email Address:** rachelleallen1@aol.com

**Veteran:** No

**Gender:** Female

**WIA Registration Area:** 01-Northwest Georgia (Active Registration)

**Notes:** Yes

### Information on TAA Participation

[Participation Information](#)

Status: Active

Exit Date:

Exit Reason:

Performance Exclusion Date:

### Information on TAA Registration

**Registration Date:** 11/04/2010

Current Employment Status: Laid Off

End of Services Date:

Petition: TAW 74054 **2009 LAW**      Employer Name: DELL INC.

Last date to be enrolled in training/waived for TRA purposes: 03/19/2011

Last date to apply for Job Search Allowance: 09/16/2011

Last date to apply for Relocation Allowance: 11/15/2011

### Information on Waiver

[Issue or Deny a Waiver](#)

### Information on Training

Application Date: 11/04/2010      Earliest Enrollment Date: 12/17/2010

Total Training Weeks: 91      Total Remedial Weeks: 30      Total Occupational Weeks: 91

[Add New Break in Training](#)

**Part-Time Training Status: 05/14/2012 to 08/06/2012 - Personal Preference**

[Add Part-Time Training Status](#)

**Training Component: Occupational**

Approved: Yes      Status: Active

Begin Date: 01/18/2011      End Date: 05/17/2013

School: GEORGIA HIGHLANDS COLLEGE      Location: Rome

**Training Component: Prerequisite**

Approved: Yes      Status: Active

Begin Date: 01/08/2011      End Date: 08/08/2011

School: GEORGIA HIGHLANDS COLLEGE      Location: Rome

[Create New Training](#)

### Information on Job Search/Relocation Services

[Create New Service](#)

© Back to Top

If the individual is not registered in TAA, you will see the message, “Customer can be registered in TAA.” Clicking on the **Create New Registration** link will take you to the **TAA Registration Page (GR11)**.

## TAA Main Page

Thursday February 19, 2009 at 07:41:15 ET.

This page allows users to view TAA registration, waiver and petition information for a specific customer. Users may also find links to update information.

**Customer can be registered in TAA**

SSN:

**Name:** CHARLES R. WOODUL

**Residence Address:** 565   
LAWRENCEVILL, GA 30044

**Telephone:** (770)

**Email Address:** No Email Address on file


**Veteran:** No

**Gender:** Male

**WIA Registration Area:** 07-Atlanta Regional (No Active Registration)

**Notes:** No

**Information on TAA Registration**

[Create New Registration](#) 

Also displayed on the **TAA Main Page** are the following items, which are gathered from the GWS and UI systems:

- Name
- Residence Address
- Telephone
- Email Address (if provided)
- Veteran Status – Yes or No
- Gender
- WIA Registration Area
  - If the individual is registered for WIA, the area in which s/he is registered will be displayed.



- If the individual is NOT registered for WIA, the area that includes the individual's county of residence will be displayed along with the notation that there is "No Active Registration."
- **Notes** – This links to any counseling notes for this individual on GWS. If no counseling notes exist, this will display "No."

If the individual is registered for TAA, links to the various services available under TAA will be displayed under the following headings:

**Information on Participation** – The information provided includes:

- Participation Information
- Status
  - Active
  - Exited
- Exit Date
- Exit Reason
- Performance Exclusion Date

Clicking on the **Participation Information** link takes the user to the current **TAA Participation Page (GR16)** where users may view and update information required at the beginning of the individual's TAA participation for reporting purposes. There may be more than one participation per individual, which will be displayed in descending order based on Participation Date. The following links will be displayed on the TAA Main Page under each individual participation:

**Information on Registration** – The information provided includes:

- For petitions numbered 70000 - 79,999 and 81,000 and above, if the customer has not received official notification of TAA deadlines, a message will be displayed in **bold red type** indicating that this is so. Staff should provide the customer with a Trade Act Handbook (or contact TAA Unit staff to do so) and update GR08 (see p. 251) to show that this has been done.
- **Registration Date** – Click on the **Registration Date** to go to the **TAA Registration Entry/Update Page (GR11)** where users may view and update certain participant characteristics.

**Take Note!**

An individual may have more than one TAA registration. They are displayed in descending order according to the Registration Date. New registrations occur when TAA services are ended and an individual begins receiving TAA services again while still in an Active participation status.

- End of Services Date – This is the date all TAA services ended for this TAA registration. Although it can be entered manually, it is usually entered automatically when a record is exited.
- Petition - This is the 5-digit number and up to two alpha characters assigned by USDOL.
- The specific law under which the individual is covered. Example: 2009 Law. This is established at registration and cannot be changed except through a work request submitted by the TAA Unit.
- Employer – This is the trade-affected employer.
- ATAA Eligibility – Yes or No – This indicates whether or not the TAA certification also certified the worker group for ATAA (2002 Act only).
- Last date to be enrolled in training/waived for TRA purposes
  - For TAA 2002, this date is the ending date (Saturday) of 1) the 8<sup>th</sup> week after the petition certification date, or 2) the 16<sup>th</sup> week after the customer's most recent qualifying separation (MRQS) date, whichever is later. If Extenuating Circumstances on the TAA Registration is Yes, 45 calendar days are added to this calculation to get the deadline.
  - For TAA 2009, this date is the ending date (Saturday) of the 26<sup>th</sup> week after 1) the petition certification date, or 2) customer's most recent qualifying separation (MRQS) date, whichever is later. If Extenuating Circumstances on the TAA Registration is Yes, 45 calendar days are added to this calculation to get the deadline. TAA Unit staff may override this edit if the TAA 2009 customer was not properly notified of the deadline beforehand.
- Last date to apply for training for Additional TRA purposes (210):
  - This date is 210 days from the later of the MRQS or the certification date. For TAA 2002 only, application for training

must be made by the deadline for an individual to be eligible to receive Additional TRA payments. If the individual is covered under TAA 2009, this information will not display.

- Last date to begin work for ATAA:
  - An individual must begin reemployment within 26 weeks of the MRQS to be eligible to receive ATAA payments. If the individual is covered under TAA 2009 or TAAEA 2011, this information will not display.
- Last date to apply for Job Search Allowance:
  - An individual must apply within 365 days of the later of the MRQS or certification date, or within 182 days after the completion of approved training, to be eligible for a job search allowance.
- Last date to apply for Relocation Allowance:
  - An individual must apply within 425 days of the later of the MRQS or certification date, or within 182 days after the completion of approved training, to be eligible for a relocation allowance.

**Information on Waivers** – If no waiver has been issued or denied and if no approved training record exists for this registration, the link **Issue or Deny a Waiver** will display. Click on this link to go to the **Waiver Entry/Update Page (GR12)** to issue or deny a waiver. This link will not display if a current waiver exists or if the individual has a current training enrollment. (Once an individual has enrolled in training, a waiver may not be issued.)

If a waiver exists, the information provided includes:

- **Date Issued** – Click on this link to go to the **TAA Waiver Update Page (GR13)**. This date will be blank if the waiver was denied.
- **Reason** – This is the reason the waiver was issued.
  - Recall scheduled\*
  - Has skills for employment\*
  - Social security/pension eligibility within 2 years\*
  - Health problems
  - Training not reasonably available
  - Training begin date beyond 60 days
  - Training not available at reasonable cost, or no funds available

\*These reasons are not available for TAAEA 2011 petitions.

- Expiration Date –
  - For TAA 2002, this date is 30 days after the Issue Date or the most recent Review Date of a waiver.
  - For TAA 2009 and TAAEA 2011, this date is 90 days after the Issue Date or 30 days after the most recent Review Date of a waiver.
  - For TAA 2009 **only**, waivers issued because the customer was within 2 years of receipt of Social Security or a pension, the expiration date is the same as the Basic TRA Benefit Period Ending date, or, if no TRA claim is on file, it is two years from the Issue Date.
  
- Revoke Date – If the waiver has been revoked, the Revoke Date will display here.
  
- Revoke Reason – This is the reason the waiver was revoked.
  - Recall canceled\*
  - No suitable employment\*
  - Worker not within 2 years of retirement age
  - Health issues resolved
  - Training is reasonably available
  - Other
  - \* Not applicable for TAAEA 2011.
  
- Denial Date – If the waiver was denied, the date will be displayed here. If the waiver was issued, Denial Date will be blank.
  
- Denial Reason – This is the reason the waiver was denied.
  - No recall scheduled\*
  - Does not have skills for suitable employment\*
  - Social security/pension eligibility not within 2 years\*
  - No health problems/health problems do not prevent training
  - Training is reasonably available
  - The deadline has passed
  - Did not apply
  - \* Not applicable for TAAEA 2011
  
- Career Center – This is the Career Center issuing the waiver.

**Information on Training** – The information provided includes:

- Training Application Date – This is the date the individual first applied for TAA training and is used to determine eligibility for

- Additional TRA for customers certified under TAA 2002. For an individual to qualify for Additional TRA under TAA 2002, the Training Application Date must not be later than the 210-day deadline displayed under the **Information on Registration** heading. Additional TRA is only available if the qualified individual is in approved training.
- Earliest Enrollment Date – This date is the later of:
  - 30 days before the earliest Begin Date of all the approved training components, or
  - The earliest Approval Date of all the approved training components.An individual is not required to look for work in order to receive TRA after this date; rather, s/he is considered to be enrolled in training.
- Break in Training (BIT) – If there is a break in training of over 30 days, not including weekends and federal holidays, an individual may not receive TRA benefits for ANY of the BIT. BITs may not overlap each other, begin on the first day of training, or extend beyond the last day of training. There may be more than one BIT per enrollment.
- Part-Time Training Status – If the student is attending training less than full-time, s/he is not eligible for TRA under TAA 2009 or TAAEA 2011. Part-time training is not allowed under TAA 2002. There may be more than one Part-Time Training segment.
- Total Training Weeks – This is the total, non-duplicated number of weeks of training that has been approved for an individual.  
Example: The customer is in remedial training from January 2, 2007 to December 31, 2007 – 52 weeks. The customer begins occupational training October 1, 2007 and continues through June 30, 2008 – 39 weeks. If you add the number of weeks for each training component, you get 91 weeks. However, 13 of those weeks occur concurrently (October 1, 2007 through December 31, 2007) so you only count them one time. Therefore, the total number of weeks is 78 (January 2, 2007 through June 30, 2008).
- Total Remedial Weeks – This is the total, non-duplicated number of weeks of remedial training that has been approved.

- **Total Occupational Weeks** – This is the total, non-duplicated number of weeks of occupational training (including OJT) that has been approved.
- **Total OJT Weeks** – This is the total, non-duplicated number of weeks of OJT that has been approved.
- **Training Component** – This section includes information on each training component for which the individual has applied. The individual may have multiple training components that occur concurrently or consecutively, as well as denied training components. Any training that was denied will be displayed after all training components that were approved. The training components are displayed in descending chronological order according to the date the enrollment records were created. Information displayed includes:
  - Status
    - ◆ Active
    - ◆ Training denied
    - ◆ Completed successfully
    - ◆ Did not complete
    - ◆ Did not report
  - Begin Date
  - End Date
  - School
  - Location

Click on the **Training Component** link to see complete information about the training.

**Information on Job Search/Relocation** – The information displayed includes:

- **Job Search Amount (Total to Date)** – This includes the grand total of all job search allowances that have been approved for this registration. The total amount may not exceed \$1,250 for TAA 2002, \$1,500 for TAA 2009, or \$1,250 for TAAEA 2011.
- **Relocation Amount (Total to Date)** – This includes the grand total of all relocation payments that have been approved plus the lump sum. (Only one relocation allowance is allowed per registration. However, an individual may receive an advance for part of the relocation, and s/he may move part of his/her household at one time and the rest at a later time, thereby creating multiple payments.)

- **Activity Listing** – Click on this link to see details of the Job Search and Relocation activity (GR17).

## TAA Participation Update (GR16)

From the **TAA Main Page**, click on **Participation Information** to go to the **TAA Participation Update Page (GR16)**.

### TAA Participation Update

Thursday February 12, 2009 at 15:14:16 ET.

[TAA Main Page](#)

This page allows you to add/correct characteristic information at TAA participation and also enter Performance Exclusion information for active and exited TAA customers.

**Information may be updated.**

#### Customer Information

SSN:

Name: LYNN R. GIBBS

Exit Date:

Exit Reason:

Performance Exclusion Date:

#### TAA Participation Information

First Registration Date	01/02/2008
Limited English	<input type="radio"/> Yes <input checked="" type="radio"/> No
Labor Force Status	Not employed <input type="text"/>
Education Level	12 Years School Completed <input type="text"/>
High School Graduate	<input checked="" type="radio"/> Yes <input type="radio"/> No
GED	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disability	<input type="radio"/> Yes <input checked="" type="radio"/> No

Recording a date and reason for performance exclusion removes the customer from all TAA performance measures. If the customer was also served by ES and/or WIA, the exclusion will apply to the other program's performance as well. Performance exclusions must be well documented and will be subject to data validation. **Note:** Performance exclusion date cannot be any later than three quarters after exit.

#### Customer Performance Exclusion Information

Select the appropriate performance exclusion date and reason.

Date of Exclusion:  /  /

Performance Exclusion Reason:

This page displays information required for federal reporting purposes. TAA participation begins with the first TAA service provided and ends when no



services have been provided by TAA, ES or WIA for 90 days (**Exit Date**). An individual may have stopped receiving TAA services a year ago, but still be receiving ES or WIA services. Until 90 days have passed since the last service, the participant will show as having active participation status. (This should not be confused with active training status!) After 90 days of no service, the record will be exited as of the last service date.

A TAA participation period may include one or more TAA Registrations. An individual may have stopped receiving services under TAA for some reason, have an End of Services Date entered, then a new TAA registration entered to allow provision of additional services. For example:

1. An individual was enrolled in training under TAA.
2. Training was completed and no more TAA services provided.
3. The individual continued to receive services through ES.
4. The individual begins working, but is still receiving services through ES.
5. The individual is laid off and the company is certified for Trade, resulting in the individual having a new petition number.
6. The individual applies for services under the new petition number.
7. A new TAA registration is created, but not a new participation, because the individual never went 90 days without receiving services.

Information displayed on the **TAA Participation Update Page** includes:

- SSN
- Name
- Exit Date (if any)
- Exit Reason (if any)
- Performance Exclusion Date (if any)
- **TAA Participation Information** (Can only be updated by TAA Unit staff)
  - First Registration Date – This is the date the individual was first registered for TAA during this participation period.
  - Limited English – Yes or No. NOTE: If the individual is enrolled into English as a Second Language (ESL) training, this must be Yes.
  - Labor Force Status –
    - ◆ Employed
    - ◆ Employed, but received notice of termination of employment
    - ◆ Employed, but received notice of military separation
    - ◆ Not employed
  - Education Level –
    - ◆ 12 years school completed
    - ◆ Attained Certificate of Attendance/Completion – for students with disabilities

- ◆ 13 Years School Completed (No Post-Secondary Certificate)
  - ◆ 14 Years School Completed (No Post-Secondary Certificate)
  - ◆ 15 Years School Completed (No Post-Secondary Certificate)
  - ◆ 16 Years School Completed (No Post-Secondary Certificate)
  - ◆ 17 Years School Completed (No Post-Secondary Certificate)
  - ◆ 18 Years School Completed (No Post-Secondary Certificate)
  - ◆ 19 Years School Completed (No Post-Secondary Certificate)
  - ◆ 13 Years School Completed (With Post-Secondary Certificate)
  - ◆ 14 Years School Completed (With Post-Secondary Certificate)
  - ◆ 15 Years School Completed (With Post-Secondary Certificate)
  - ◆ 16 Years School Completed (With Post-Secondary Certificate)
  - ◆ 17 Years School Completed (With Post-Secondary Certificate)
  - ◆ 18 Years School Completed (With Post-Secondary Certificate)
  - ◆ 19 Years School Completed (With Post-Secondary Certificate)
  - ◆ 20 Years School Completed (With Post-Secondary Certificate)
  - ◆ Associate Degree
  - ◆ Bachelor Degree
  - ◆ Masters Degree
  - ◆ Doctorate Degree
- GED – Yes or No
  - Disability – Yes or No
- **Customer Performance Exclusion Information**  
Performance exclusions allow participants to be excluded when calculating performance levels. All users may add Performance Exclusion information, but only TAA Unit staff may update or delete existing Performance Exclusion information.

Customer Performance Exclusion Information	
Select the appropriate performance exclusion date and reason.	
Date of Exclusion:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Performance Exclusion Reason:	(Select Reason) <input type="button" value="v"/>

- Enter Date of Exclusion.
  - ◆ Cannot be later than three quarters after exit.
  - ◆ Cannot be a future date
  - ◆ Cannot be entered unless all registrations during this participation have End of Services (EOS) dates.
  - ◆ Cannot be before the latest EOS date.
  - ◆ Cannot be before the latest date of service provided by TAA, ES or WIA.
  - ◆ If the customer's participation status is Exited, the Date of Exclusion must be on or after the existing Exit Date.
- Select Performance Exclusion Reason from the dropdown box:
  - ◆ Institutionalized
  - ◆ Health/Medical
  - ◆ Deceased
  - ◆ Family Care
  - ◆ Activated Reservist
  - ◆ Invalid SSN
- Press  .
- Exit Date – for TAA Unit staff only

**TAA Registration Entry/Update (GR11)**

A new TAA registration may be created by clicking on [Create New Registration](#) on the TAA Main Page. If a TAA registration already exists and is not ended, it may be updated by clicking on [Registration Date](#). TAA registration allows a customer to begin receiving TAA services. All GDOL and WIA staff may request access to enter or update a registration from this page.

**NOTE: All individuals must be registered in ES before a TAA registration can be entered.**

**Creating a New TAA Registration**

From the TAA Main Page, click on [Create New Registration](#).

## TAA Main Page

Thursday February 19, 2009 at 07:41:15 ET.

This page allows users to view TAA registration, waiver and petition information for a specific customer. Users may also find links to update information.

**Customer can be registered in TAA**

SSN: 4  1

**Name:** CHARLES R. WOODUL

**Residence Address:** 565  CT  
LAWRENCEVILL, GA 30044

**Telephone:** (770)  8

**Email Address:** No Email Address on file


**Veteran:** No

**Gender:** Male

**WIA Registration Area:** 07-Atlanta Regional (No Active Registration)

**Notes:** No

**Information on TAA Registration**

[Create New Registration](#) 

This takes you to the **TAA Registration Entry/Update** page (GR11).

TAA Registration Information	
<b>Petition</b>	71309 <input type="text"/> <input type="text"/>
<b>Career Center</b>	Covington <input type="text"/>
<b>Registration Date</b>	10 / 07 / 2009
<b>WIA Registration Area</b>	Northeast Georgia <input type="text"/>
<b>Extenuating Circumstances:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Current Employment Status</b>	Laid Off <input type="text"/>
<b>Current Employment Status Effective Date</b>	08 / 03 / 2009
	<b>If Laid Off:</b> <b>Wage at Qualifying Separation</b> 21 .50 <b>Most Recent Qualifying Separation Date</b> 08 / 03 / 2009 <b>Months Tenure</b> 108
<b>UI/TRA Claim Filed</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>If Yes, Paying State:</b>	(Select State) <input type="text"/>
<b>Rapid Response Information Session Attended</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Received Services at Transition Center</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Public Assistance</b>	<b>TANF</b> <input type="radio"/> Yes <input type="radio"/> No <b>Food Stamps</b> <input type="radio"/> Yes <input type="radio"/> No <b>SSI</b> <input type="radio"/> Yes <input type="radio"/> No <b>SSDI</b> <input type="radio"/> Yes <input type="radio"/> No <b>Other Public Assistance</b> <input type="radio"/> Yes <input type="radio"/> No



**Take Note!**

If any required information is missing from the Customer Intake record, the missing fields will be listed at the top of the page and users will be required to enter the information in the Customer Intake record before proceeding with the TAA Registration. Once this has been done, the TAA Registration Entry can proceed.

Petition Number – Enter the Petition Number and any suffixes.



### Take Note!

If you don't know the petition number, see directions for TAA Affected Employee Search on p. 253 of this manual.

Career Center – Select the Career Center where the customer will generally receive services from the dropdown box.

Registration Date – Enter the Registration Date in mm/dd/yyyy format. In an ideal world, this will be the date that group TRA claims were taken and the TAA Registration form (DOL-2443) is completed. When no group claims are taken, it should be the first meeting with the customer after the Trade Act petition is certified.

- If an exited participation exists, the subsequent initial Registration Date must be greater than or equal to the previous Exit Date + 91 days.
- Registration Date may not be updated to a date that is after the application date of any associated TAA service; i.e., Waiver Issue Date or Denial Date, Job Search/Relocation Application Date, or Training Application Date.
- During a participation, a subsequent registration's Registration Date must be after the End of Services (EOS) Date of the prior registration.

WIA Registration Area – Select the appropriate area from the dropdown box.

- If the individual is registered in WIA, this field will be pre-filled and may not be updated.
- If the individual is not registered in WIA, select the WIA Area that may be submitting training paperwork or otherwise working with the customer. When updating a registration, only TAA Unit staff may update this field.
- If the individual is not working with WIA in any way, select the WIA Area for the county in which the individual resides.
- If the individual lives in another state, select Out of State.
- Extenuating Circumstances – Enter Yes or No.
  - If Extenuating Circumstances was **Yes** on the TAA Petition Inquiry page for the customer's petition, then it will default to **Yes** on the TAA Registration Entry/Update page for all individuals covered under that petition and may not be updated.
  - If Extenuating Circumstances was **No** on the TAA Petition Inquiry page for the customer's petition, then it will default to **No** on the

- TAA Registration Entry/Update page for all individuals covered under that petition, but it may be updated to **Yes** if applicable.
  - Example: The customer was in an automobile accident the week after layoff, and was in the hospital for six weeks. The 8/16 week deadline is next week, but the customer is still not well enough to come into the office to discuss a waiver. Extenuating Circumstances could be invoked, adding 45 days to the 8/16 week deadline for enrollment into training or receipt of a waiver.

Current Employment Status – From the dropdown box, select the appropriate value:

- Select **Laid Off** if the customer has been laid off from the Trade-affected company.
  - If Laid Off is selected, the following fields are required:
    - Wage at Qualifying Separation – Enter the individual's hourly wage, in dollars and cents, at the time of separation from the trade-affected firm.
    - Most Recent Qualifying Separation Date (MRQS) – Enter in mm/dd/yyyy format the last date the individual actually worked at the trade-affected firm.
      - The MRQS date must be before the Expiration Date of the petition.
      - This is not the date severance payments ended – this is the last date the individual actually worked.
      - If the individual is called back to the Trade-affected employer, is subsequently laid off again on or before the Expiration Date of the petition, and returns to continue training or other services, the current TAA registration must be ended and a new registration begun with the new MRQS date. (Remember, you will need to make sure all services under the current TAA registration have an ending date on or before the expiration date of the petition.)
    - Months Tenure – Enter the number of months the individual worked for the trade-affected firm. Numbers may range from 1 – 999. Months worked do not have to be consecutive; e.g., if the individual worked for the firm for 90 months, was laid off, then worked for the firm 20 more months, enter 110 for Months Tenure.
- Select **Layoff Threatened** if the customer is covered under a TAA 2009 or TAAEA 2011 certification and has received notice of layoff, but has not yet been laid off.

- Threatened workers (also known as adversely affected incumbent workers) may only receive employment and case management services and training. Once laid off from the Trade-affected company, the worker will be eligible to apply for all Trade services.
- **Employed, No Longer Threatened** may only be selected when updating the TAA Registration and only if the Employment Status was previously Layoff Threatened. (Does not apply to TAA 2002.)

Current Employment Status Effective Date – Enter in MM/DD/YYYY format the date the customer was either laid off, threatened with layoff (received notice of impending separation) or determined to be no longer threatened (employer is no longer planning on laying him/her off. If the current status is “Laid off,” the Current Employment Status Effective Date should be the same as the MRQS date.

UI/TRA Claim Filed – Select **Yes** if either a UI or TRA claim has been filed for the customer.

- If **Yes**, select the paying state for the claim from the dropdown list.

Rapid Response Information Session Attended – Select **Yes** if the customer attended a Rapid Response Employee meeting. If the customer did not attend such a meeting or does not know, select **No**.

Received Services at Transition Center – Select **Yes** if Rapid Response established a transition center either on-site at the company or elsewhere to serve workers dislocated from the company **and** the customer received services in that transition center. Otherwise select **No**.

Public Assistance – Select **Yes** if the customer has received the assistance within the last six months prior to TAA registration:

- TANF
- Food Stamps
- SSI
- SSDI
- Other Public Assistance – This may be General Assistance or Refugee Assistance or other such aid.

Scroll down to the bottom of the page and press

Add/Update Registration

### **TAA Outcome Information** (on TAA Registration Page)

TAA Outcome Information is optional. If an individual completes an approved training program, users may enter credential information in this section. A maximum of two outcomes may be entered.





### Take Note!

The status of at least one training enrollment must be Completed to enter TAA Outcome Information.

TAA Outcome Information	
<b>Attained recognized certificate/credential/diploma/degree</b>	(Select) ▼
<b>Type of recognized certificate/credential/diploma/degree</b>	(Select type) ▼
<b>Credential Date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Credential Description (optional):</b>	<input type="text"/>

Attained recognized certificate/credential/diploma/degree – Select **Yes** or **No** from the dropdown box.

- If **Yes** is selected, then **Type of recognized certificate/credential/diploma/degree**, and **Credential Date** must be entered.
- If **No** is selected, then no other fields in this section may be entered.

Type of recognized certificate/credential/diploma/degree – Select the appropriate credential from the dropdown box. If Attained recognized certificate/credential/diploma/degree is **No**, this field must remain (Select Type).

- GED
- AA or AS Diploma/Degree
- BA or BS Diploma/Degree
- Post Graduate Degree
- Occupational Skills License
- Occupational Skills Certificate or Credential
- Other

Credential Date – Enter the date the credential was earned. If Attained recognized certificate/credential/diploma/degree is **No**, this field must be left blank.

- May not be a future date.

- May not be prior to the Registration Date.

**Credential Description** – This field is optional if Attained recognized certificate/credential/diploma/degree is **Yes**. If Attained recognized certificate/credential/diploma/degree is **No**, this field may not be entered.

Press

**End of TAA Services (EOS) Information** (on TAA Registration Page)

Recording information about when and why TAA services ended will not exit the customer. **NOTE:** Date Services Ended must match the latest TAA service completion date (approved Training End Date, Waiver Expiration Date, or Job Search/Relocation Activity Date).

End of TAA Services Information	
Enter date services ended and select the appropriate reason.	
Date Services Ended:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reason Services Ended:	(Select Reason) <input type="button" value="v"/>
Other Reason Description (Optional):	<input type="text"/>
End of Services Due to Employment Information (* required field)	
If TAA services ended because of employment, fill in employment information.	
*Employment Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Employer Name:	<input type="text"/>
Employer City:	<input type="text"/>
Employer State:	(Select State) <input type="button" value="v"/>
*Training Related Employment	(Select) <input type="button" value="v"/>
O*NET Code	<input type="text"/> <input type="button" value="Get O*NET code"/>
Hourly Wage	<input type="text"/> . <input type="text"/>
Hours per Week	<input type="text"/>

This marks the end of services under the TAA registration and makes the customer eligible for a new TAA registration while the Participation is active. Recording information about when and why TAA services ended will not exit the customer.

**Take Note!**

Date Services Ended must match the latest TAA service completion date (approved Training End Date, Waiver Expiration Date, or Job Search/Relocation Activity Date).

Date Services Ended – This is the date that the latest TAA service was completed.

- This cannot be entered unless there was a service provided under this registration.
- This cannot be entered if any service under this registration has not ended.
- This date must equal the latest of:
  - Latest Approved Training End Date
  - Waiver Expiration Date
  - Latest Activity Date of Job Search/Relocation
- This cannot be a future date.
- There must be an EOS reason if Date Services Ended is entered.

Reason Services Ended – Select a reason from the dropdown box.

- Employment
- Recalled by Layoff Employer
- Retirement
- Other
- If Reason Services Ended is entered, there must be a Date Services Ended.

Other Reason Description (Optional) – If Reason Services Ended is “Other,” users may enter a reason here. If Reason Services Ended is not “Other,” users may not enter anything in this box.

If Reason Services Ended is not Employment, press

Add/Update Registration

**End of Services Due to Employment Information (\* required field)** (on TAA Registration Page)

If Reason Services Ended was not Employment, no employment information may be entered here. If Reason Services Ended was Employment, employment information must be entered here. Fields marked with \* are required.

**\*Employment Date** – This is the date the customer began work with a new company.

- This cannot be a future date.
- This date cannot be prior to the TAA Registration Date.

**\*Employer Name** – Enter the name of the company for which the customer went to work.

**Employer City** – Enter the name of the city in which the company is located.

**Employer State** – Enter the name of the state in which the company is located.

**\*Training Related Employment** – Select the appropriate response from the dropdown box:

- N/A – Not applicable  
Select this option if the customer was not enrolled in approved training. (Customer may have received job search or relocation allowances or may have been waived)
- Yes – Select if the training contributed to the customer's securing the new job.
- No – Select if the training did not contribute to the customer's securing the new job.

**O\*NET Code** – Enter the O\*NET Code of the customer's new occupation, or press  button to locate the O\*NET Code.

**Hourly Wage** – Enter the Hourly Wage in dollars and cents of the new job.

**Hours per Week** – Enter the number of hours per week the customer is working at the new job.

Press  .

**TAA Waiver Entry (GR12)**

This transaction is accessed by clicking **Issue or Deny a Waiver** on the **TAA Main Page** and will allow career center staff to issue or deny a waiver of the training requirement.

## TAA Waiver Entry

Friday October 10, 2008 at 11:30:42 ET.  
[TAA Main Page](#) |  
This page allows you to issue or deny a waiver of the training requirement.  
***Waiver information can be entered.***

### Customer Information

SSN:   
Name: VBNVN VBNBVN

### Registration Information

Registration Date: 07/01/2007  
Petition Number: TAW 76576 AA  
Employer Name: INTERNAL REVENUE SERVICE

### Waiver Information

Career Center:  ▼

Issue Date:  /  /

Issue Reason:  ▼

OR

Denial Date:  /  /

Denial Reason:  ▼

**Career Center** – This field will default to the Career Center entered on the **TAA Registration Page**. If the Career Center needs to be changed, select the appropriate Career Center from the dropdown box.

**Issue Date** – Enter the date the waiver was issued (in mm/dd/yyyy format) .

- This must be on or before the “Last date to be enrolled in training/waived for TRA purposes” [8/16 week (TAA 2002) or 26 week (TAA 2009 and TAAEA 2011) deadline] on the **TAA Main Page**.
- This cannot be a future date.
- This date must be on or after the TAA Registration Date.
- The Issue Date cannot be on or after the Begin Date of approved training.



### Take Note!

Career Center staff will not be able to enter a waiver at all if the customer is in training. Contact the TAA Unit for assistance if a waiver needs to be issued for a time period prior to the Begin Date of approved training.

- When a waiver is issued, the Expiration Date is calculated by adding:
  - (TAA 2002) 30 days to the Issue Date
  - (TAA 2009 and TAAEA 2011) 90 days to the Issue Date; (TAA 2009 only) if the waiver was issued because the customer is within two years of eligibility for social security or a pension, the Expiration Date will equal the Basic TRA Benefit Period Ending Date, or, if no TRA claim is on file, the Expiration Date will be two years after the Issue Date.
- The Expiration Date (30/90 days from the Issue Date), cannot be after the Begin Date of an existing approved training enrollment. If there are fewer than 30 days until the Begin Date of approved training, the customer is considered to be enrolled in approved training and no waiver is necessary.
- There cannot be an Issue Date if a Denial Date or a Denial Reason is entered.
- If there is an Issue Date, there must also be an Issue Reason.

**Issue Reason** – Select the appropriate reason from the dropdown box.

- Options are:
  - Recall scheduled\*
  - Has skills for employment\*
  - Social security/pension eligibility within 2 years\*
  - Health problems
  - Training not reasonably available

- Training begin date beyond 60 days

\*These reasons are not applicable to TAAEA 2011 customers. If staff chooses one of these reasons for a TAAEA 2011 customer, an error message will display.

- If an Issue Reason is selected, there must be an Issue Date.
- If an Issue Reason is selected, there cannot be a Denial Date or a Denial Reason.

If issuing a waiver, click  .

When the waiver has been issued, the message, "Waiver has been issued," will be displayed. Also, the Expiration Date will be displayed.

Denial Date – Enter the date (in mm/dd/yyyy format) the request for a waiver was denied.

- The Denial Date must be on or after the TAA Registration Date.
- The Denial Date cannot be on or after the Begin Date of approved training.
- If there is a Denial Date, there cannot be an Issue Date or an Issue Reason.
- If there is a Denial Date, there must be a Denial Reason.


Denial Reason – Select the appropriate reason from the dropdown box.

- Options include:
  - No recall scheduled\*
  - Does not have skills for suitable employment\*
  - Social security/pension eligibility not within 2 years\*
  - No health problems/health problems do not prevent training
  - Training is reasonably available
  - The 8/16 or 26 week deadline has passed
- \* Not applicable for TAAEA 2011
- If a Denial Reason is selected, there must be a Denial Date.
- If a Denial Reason is selected, there cannot be an Issue Date or an Issue Reason.

If denying a waiver, click  .


Users may click on **TAA Main Page** to return to the **TAA Main Page**, or **TAA Waiver Update** to go to the **TAA Waiver Update Page** (GR13) to review, update or revoke the waiver.

# TAA Waiver Entry

Friday October 10, 2008 at 11:37:  ET.

[TAA Main Page](#) | [TAA Waiver Update](#)

This page allows you to issue or deny a waiver of the training requirement.

 **Waiver has been issued.**

## Customer Information

SSN:

Name: DEBORAH R. LEE

## Registration Information

Registration Date: 10/09/2008

Petition Number: TAW 76576 AA

Employer Name: INTERNAL REVENUE SERVICE

## Waiver Information

Career Center: Dalton

Issue Date:  /  /

**Expiration date: 11/08/2008**

Issue Reason: Training not reasonably available

OR

Denial Date:  /  /

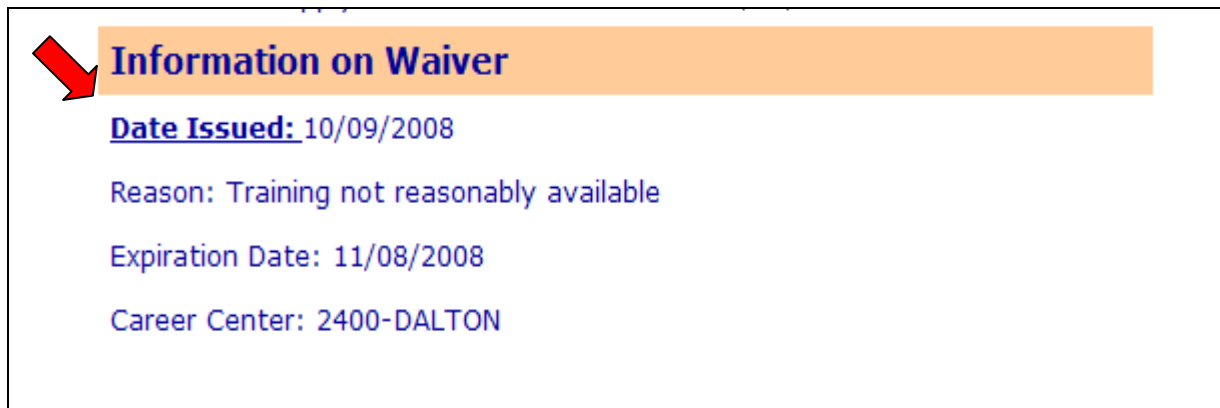
Denial Reason: (Select)

Create Waiver



**TAA Waiver Update (GR13)**

This page is accessed from the **TAA Main Page** by clicking on **Date Issued** under **Information on Waiver**, or from the **TAA Waiver Entry Page (GR12)** by clicking on the **TAA Waiver Update** link. (See previous page) The page allows users to update a waiver.



**Information on Waiver**

**Date Issued:** 10/09/2008

Reason: Training not reasonably available

Expiration Date: 11/08/2008

Career Center: 2400-DALTON

Under **Waiver Information**, the following items are displayed, if applicable:

- Issue Date
- Issue Reason
- Denial Date
- Denial Reason
- Expiration Date – This date appears in **bold red numerals** and is calculated by adding 30 days (90 days for TAA 2009 and TAAEA 2011 customers) to the Issue Date or, if the waiver has been reviewed previously, the most recent Review Date.
- Career Center – This field defaults to the Career Center entered on the TAA Waiver Entry Page. It may be updated by choosing the appropriate Career Center from the dropdown box.

# TAA Waiver Update

Friday October 10, 2008 at 14:26:26 ET.

[TAA Main Page](#) |

This page allows you to update a waiver of the training requirement.

## Customer Information

SSN:

Name: DEBORAH LEE

## Registration Information

Registration Date: 10/09/2008

Petition Number: TAW 76576 AA

Employer Name: INTERNAL REVENUE SERVICE

## Waiver Information

Issue Date: 10/09/2008

Issue Reason: Training not reasonably available

Denial Date:

Denial Reason:

Expiration Date: **11/08/2008**

Career Center:

Review Date:  /  /

OR

Revoke Date:  /  /

Revoke Reason:

**Previous Reviews**

### **Reviewing (Extending) a Waiver**

**Review Date** – Enter the date the waiver is reviewed and discussed with the customer.

- If a Review Date is entered, neither a Revoke Date nor a Revoke Reason may be entered.
- The Review Date:
  - Must be after the Issue Date
  - Must be after the latest existing Review Date
  - Must be on or before the existing Expiration Date
  - Cannot be a future date
  - Cannot be after an existing approved training Begin Date
- The Expiration Date calculated from the Review Date cannot be after the Begin Date of an existing approved training enrollment.
- If the existing Expiration Date is over 90 days old, only TAA Unit staff may enter a review.
- If the waiver has been revoked, a Review Date may not be entered.
- The last review of a waiver may be deleted by clicking on the **DEL** link beside the review in the display box.
- If the waiver reason was “Social security/pension eligibility within two years,” no review is required.

### **Revoking a Waiver**

**Revoke Date** – Enter the date the waiver is to be revoked.

- The Revoke Date
  - Must be on or before the existing Expiration Date
  - Must be on or after the Issue Date (if no reviews have been entered)
  - Must be on or after the latest Review Date (if a review has been entered)
  - Cannot be a future date
  - Cannot be after the Begin Date of an existing approved training enrollment
- If a Revoke Date is entered, a Revoke Reason must be selected.
- If a Revoke Date is entered, a Review Date cannot be entered.

**Revoke Reason** – Select the appropriate reason from the dropdown box.

- Options are:
  - Recall canceled\*
  - No suitable employment\*
  - Worker not within 2 years of retirement age\*
  - Health issues resolved
  - Training is reasonably available
  - Other
- \* Not applicable for TAAEA 2011
- If a Revoke Reason is selected, a Revoke Date must be entered.

- If a Revoke Reason is selected, a Review Date cannot be entered.

**Updating a Revoked Waiver**

- Once a waiver has been revoked, only the TAA Unit can unrevoke it or update the Revoke Date. Contact the TAA Unit at (404) 232-3505 for assistance.
- All users may update a Revoke Reason.

**TAA Training Enrollment Entry/Update (GR14)**

This page is accessed from the **TAA Main Page** by clicking on a **Training Component** link under the **Information on Training** heading. (If no training enrollment exists, there will be no link.) A customer may have multiple training components during one TAA registration period. Each component may be accessed by clicking on its link. Training components may occur concurrently or sequentially or both. For example, a customer went to ABC School to get her GED from January 7, 2007 to April 15, 2007. Then she began Business Management training at NBC School on May 7, 2007 and continued there until May 5, 2008. Her last semester, January 7, 2008 through May 5, 2008, she took an on-line course from TUV School in order to complete her training on time. She will have three Training Components, two which occurred concurrently for one semester.

**Take Note!**

NOTE: Only TAA Unit staff may enter or update a Training Component.

Some identifying information is provided for each component on the TAA Main Page, including:

- Training Type – displayed beside the **Training Component** link
  - Remedial
  - Prerequisite (TAA 2009 only)
  - Occupational
  - OJT
  - Apprenticeship (TAA 2009 and TAAEA 2011 only)
- Approved – Yes or No
- Status
  - Active
  - Training Denied
  - Completed
  - Did Not Complete
  - Did Not Report
- Begin Date
- End Date
- School
- Location

This information should help you decide which **Training Component** to link to.

**Information on Training**

Application Date: 11/15/2008

Earliest Enrollment Date: 11/20/2008

Total Training Weeks: 4

Total Remedial Weeks: 0

Total Occupational Weeks: 4

**Training Component: Occupational**

Approved: Yes

Status: Active

Begin Date: 12/01/2008

End Date: 12/30/2008

School: HOPE HAVEN

Location: ATHENS

## Training Enrollment Entry/Update

Tuesday March 23, 2010 at 11:46:14 ET.

[TAA Main Page](#)

This page allows you to enter and update a customer's training enrollment.

**Information can only be viewed.**

### Customer Information

SSN:

Name: IYUUIYUI HJKHKH

Career Center: BAINBRIDGE CC

Notes: No

### Registration Information

Registration Date: 07/30/2009

Petition Number: TAW 78567

Employer Name: LLLLLLLLL

TAA Enrollment Information											
Application Date	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>										
Training Approved	<input checked="" type="radio"/> Yes <input type="radio"/> No										
Training Determination Date	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>										
Status	Active <input type="text"/>										
Training Denial Reason	(Select Option) <input type="text"/>										
Training Type	<input checked="" type="radio"/> Remedial <input type="radio"/> Prerequisite <input type="radio"/> Occupational <input type="radio"/> OJT <input type="radio"/> Apprenticeship										
Training Provider	<input type="text" value="1"/> <a href="#">Select Provider &amp; Training Site from List</a> ABAC										
Training Site	<input type="text" value="1100"/> ALBANY - ALBANY										
Remedial Program of Study	GED <input type="text"/>										
Occupational Program of Study	<input type="text"/> <a href="#">Select Program of Study from List</a>										
O*NET Code	<input type="text"/> <input type="button" value="Get O*NET code"/>										
Credential	Technical Certificate <input type="text"/>										
Begin Date	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>										
End Date	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>										
Term Type	Semester <input type="text"/>										
Training Weeks	<input type="text" value="2"/>										
<table border="0"> <tr> <td colspan="2"><b>Total Training Weeks for Registration</b></td> </tr> <tr> <td>Total Remedial/Prerequisite Weeks:</td> <td><input type="text" value="12"/></td> </tr> <tr> <td>Total Occupational Weeks:</td> <td><input type="text" value="1"/></td> </tr> <tr> <td>Total OJT Weeks:</td> <td><input type="text"/></td> </tr> <tr> <td>Total Training Weeks:</td> <td><input type="text" value="12"/></td> </tr> </table>		<b>Total Training Weeks for Registration</b>		Total Remedial/Prerequisite Weeks:	<input type="text" value="12"/>	Total Occupational Weeks:	<input type="text" value="1"/>	Total OJT Weeks:	<input type="text"/>	Total Training Weeks:	<input type="text" value="12"/>
<b>Total Training Weeks for Registration</b>											
Total Remedial/Prerequisite Weeks:	<input type="text" value="12"/>										
Total Occupational Weeks:	<input type="text" value="1"/>										
Total OJT Weeks:	<input type="text"/>										
Total Training Weeks:	<input type="text" value="12"/>										
On-Line Learning	<input type="radio"/> Yes <input type="radio"/> No										
Travel	<input type="radio"/> Yes <input checked="" type="radio"/> No										
Subsistence	<input type="radio"/> Yes <input checked="" type="radio"/> No										
Pell Grant	<input type="radio"/> Yes <input checked="" type="radio"/> No										
Trade Funded	<input type="radio"/> Yes <input checked="" type="radio"/> No										
OJT/Apprenticeship/Place	<input type="text"/>										
OJT/Apprenticeship Wages	<input type="text"/> .00 per (Select Option) <input type="text"/>										

**Customer Information** (TAA Training Enrollment Entry/Update Page)

This includes:

- SSN
- Name
- Career Center – From the **TAA Registration Page**
- **Notes**
  - Clicking on this link takes users to WI24, **Follow-up/Counseling Notes Listing**.
  - This will display **No** if no notes exist and **Yes** if at least one note exists.

**Registration Information**

This includes:

- Registration Date
- Petition Number
- Employer Name

**TAA Enrollment Information**

**Application Date** – This is the date the customer signed the DOL-2417 Trade Act Application for Training form.

- For TAA 2002, this date must be within 210 days of the customer's MRQS or petition Certification Date for the customer to be able to receive Additional TRA benefits (It has no bearing on whether training can be approved or not and no bearing on Additional TRA benefits for TAA 2009 customers.)
- This date must be on or after the TAA Registration Date.
- Once established, the Application Date is set for all subsequent training enrollments during the associated TAA registration period.

**Training Approved** – Yes or No

**Training Determination Date** – This is the date that TAA Unit staff determined if training was approved or denied.

- This date is used in calculating the Enrollment Date for Basic TRA eligibility purposes.
  - If the Training Determination Date is more than 30 days before the earliest Begin Date of all approved training enrollments, the customer is considered to be enrolled in approved training 30 days prior to the Begin Date of training and does not have to look for work during that 30-day period.
  - If the Training Determination Date is less than 30 days before the earliest Begin Date of all approved training enrollments, the customer is considered to be enrolled in approved training as of the Training Determination Date and must look for work until that time.
- This date must be on or after the Application Date.



- This date may be before, on, or after the Begin Date of training.

**Status** – This is the status of the individual Training Component.

- Options:
  - Active
  - Training Denied
  - Completed
  - Did Not Complete
  - Did Not Report
- If Status is **Active** after the End Date of training, that means that TAA Unit staff have not been notified as to whether or not the customer has completed training or not. Career Center and/or WIA staff should contact the TAA Unit when this occurs so that Status may be updated.
- If Status is **Completed**, the customer is not in another Training Component, and the customer was still receiving Basic TRA at the completion of the training, s/he may draw out the rest of his/her Basic TRA while looking for work.
- If Status is **Completed**, **TAA Outcome Information** on the **TAA Registration Entry/Update Page** may be entered.

**Training Denial Reason** – If training was denied, the reason for the denial will be displayed here. Many of the reasons are the same except for the number following the reason. Each reason will match up with a Training Denial Letter that is sent to the customer. They are included on this page because at a future date these letters will be automatically generated. The options and the denial detail in the letters associated with each are:

- Suitable employment is available in the area Applicant is not qualified for the training
- Training is not appropriate
- Training is not available at a reasonable cost
- There is not a reasonable expectation of employment following training
- Training cannot be completed within allowable weeks
- Training is not reasonably available
- Fees prohibited
- The occupational area requires an extraordinarily high skill level
- Only one training program allowed
- Full-time training – 12 credit hours
- Full-time training – remedial
- Training outside US
- **Reason Unknown (Conversion)** – All records converted from the old TAA system to the new system July 2009 will show this Denial Reason since specific denial information was not available in the old system.

**Training Type**

- Options are:

- Remedial
  - For TAA 2002, if Training Type is **Remedial**, up to 26 weeks may be added to the 104 weeks allowed for training and for TRA. One week is added for each week of Remedial Training.
- Prerequisite
  - For TAA 2009, if Training Type is **Remedial or Prerequisite**, up to 26 weeks may be added to the 130 weeks allowed for TRA. One week is added for each week of Remedial or Prerequisite Training.
- Occupational – limited to
  - 130 for TAA 2002
  - 156 for TAA 2009
  - 130 for TAAEA 2011
- OJT
  - limited to 104 weeks for all customers
- Apprenticeship
  - For TAA 2009 and TAAEA 2011 only

Training Provider/Training Site – These two fields are associated in the provider/location table GKPLC and indicate the school and the location. (One school may have multiple locations.)

Remedial Program of Study – If Training Type is Remedial, this field is required.

Options are:

- GED
- ESL
- Pre-vocational
- Developmental



### Take Note!

Each program of study has its own Training Component. For example, if an individual is enrolled in GED, completes it, then enrolls in Early Childhood Education, which includes Developmental classes, the GED is one Training Component, the Developmental is one Training Component, and the Occupational is one Training Component.

Occupational Program of Study – This is the occupational training program the customer is enrolled in. See the **NOTE** above.

O\*NET Code – This is the 10-digit O\*NET Code associated with the training.

- For Remedial training, it should be the O\*Net Code associated with the accompanying occupational training component. If no occupational training component has been requested, it should be the O\*Net Code associated with the Career Goal.

Credential – This is the type of credential the customer is or was working for.

Options are:

- Technical certificate
- Certificate
- Diploma
- Associate Degree
- Bachelor Degree
- Masters Degree
- Other

This field is optional if Training Type is Apprenticeship.

This field must be left blank if Training Type is OJT or Prerequisite, or if Training Type is Remedial and Remedial Program of Study is ESL.

Begin Date – This is the date this Training Component begins.

- The Begin Date must be on or after the Application Date.

End Date – This is the date this Training Component ends.

- The End Date must be after the Begin Date unless the Status is **Did Not Report**, in which case it must be the same as the Begin Date.
- This date cannot be a future date when Status is **Completed**, **Did Not Complete** or **Did Not Report**.

Term Type

- Options:
  - Semester
  - Quarter
  - Other
- This field is required when Training Type is **Remedial**, **Occupational** or **Prerequisite** (TAA 2009 only).
- This field must be left blank if Training Type is OJT or Apprenticeship.

Training Weeks – This is the number of weeks the training for this component will take (or took).

Total Training Weeks for Registration – This is a running total of all training weeks from all training components for this TAA registration.

- The Total Remedial/Prerequisite Weeks is the total number of weeks of remedial and prerequisite (TAA 2009 only) training components including this one, if applicable.

- The Total Occupational Weeks is the total number of weeks of occupational training (including Apprenticeship for TAA 2009 and TAAEA 2011 only) for all training components including this one, if applicable.
- The Total OJT Weeks is the total number of weeks of OJT for all training components including this one, if applicable. OJT weeks may not exceed 104.
- For TAA 2002, the Total Training Weeks for Registration may not exceed 104 unless the customer was enrolled in at least one remedial component.
- For TAA 2009, the Total Training Weeks for Registration may not exceed 156.
- For TAAEA 2011, the Total Training Weeks for Registration may not exceed 130.
- For TAA 2002, each remedial week increases the maximum total of 104 weeks by one week, until the 26<sup>th</sup> remedial week or 130<sup>th</sup> total training week has been reached. Example: The customer had 10 weeks remedial training. S/he must complete all training components in no more than 114 weeks (104 plus 10 remedial).

Travel – Yes or No – This field indicates whether or not a TAA travel allowance has been approved for the customer.

Subsistence – Yes or No – This field indicates whether or not a TAA subsistence allowance has been approved for the customer.

Pell Grant – Yes or No – This field indicates whether or not the customer receives a Pell Grant.

Trade Funded – Yes or No – This field indicates whether TAA funds will be used to pay for any portion of the customer's training, including travel and subsistence allowances.

OJT/Apprenticeship Employer/Place – If the customer is enrolled in OJT or a registered apprenticeship, the name and location of the OJT/Apprenticeship employer will display here.

OJT/Apprenticeship Wages – If the customer is enrolled in OJT or a registered apprenticeship, the OJT/Apprenticeship wages will be displayed here.

Click on the **TAA Main Page** link to return to the **TAA Main Page**. To view another **Training Component**, click on the appropriate link.

**TAA Job Search/Relocation Activity Listing (GR17)**

This page is accessed from the **TAA Main Page** beneath the **Information on Job Search/Relocation Services** section. The **Activity Listing** link will direct you to the **Job Search/Relocation Listing**.



**Take Note!**

If there has been no Job Search or Relocation activity, there will be no link.

**TAA Job Search/Relocation Activity Listing**

Friday February 13, 2009 at 11:01:51 ET.

[TAA Main Page](#)

This page allows you to view information on a customer's Job Search and Relocation services.

**Customer Information**

SSN:

Name: CHARLES WOODUL

**Registration Information**

Registration Date: 10/11/2008

Petition Number: TAW 63483

Employer Name: SOUTHERN INDUSTRIAL FABRICS

Total Relocation to Date: \$13750.00

Total Job Search to Date: \$215.00

Application Date	Activity Type	Activity Date	Activity Amount
02/01/2009	Relocation	02/03/2009	12500
02/01/2009	Lump Sum	02/03/2009	1250
	DISNEY		
01/02/2009	Job Search	01/04/2009	215
	DISNEY		

The page will display the Total Relocation to Date and the Total Job Search to Date. Following those items, there will be a listing of all job search and relocation payments that have been made for the customer, in order of Activity Date, with the latest Activity Date first. The listing includes:

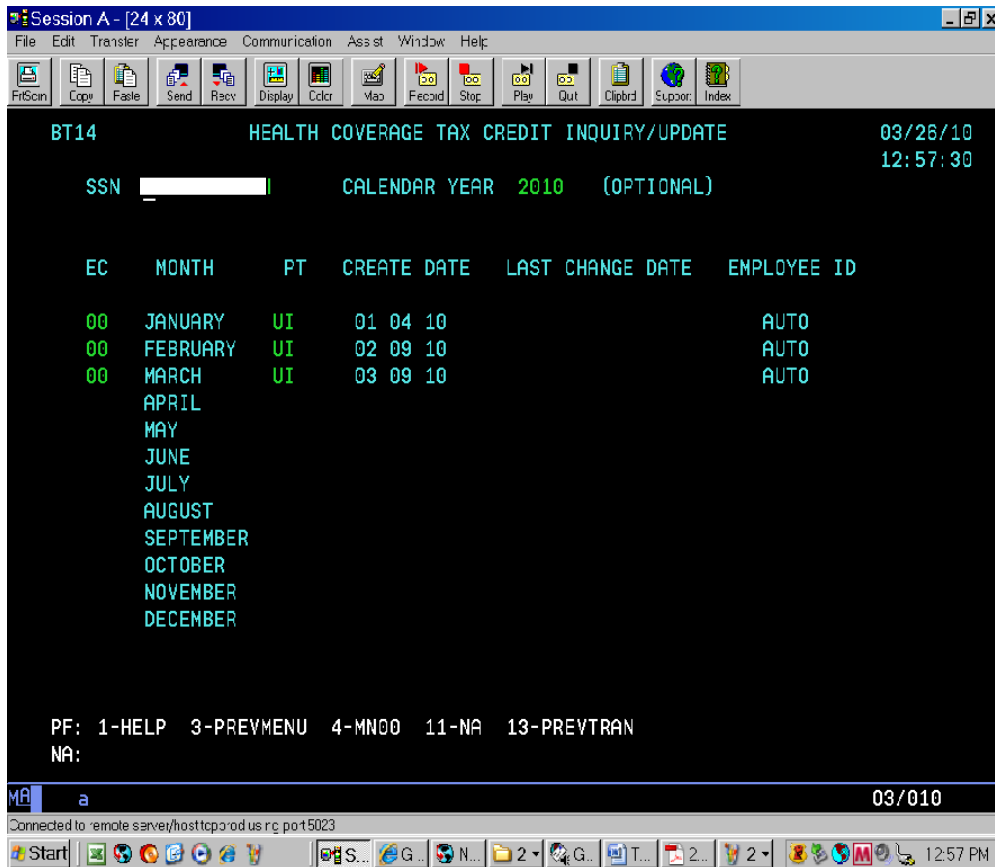
- Application Date
- Activity Type
  - Job Search
  - Relocation
  - Lump Sum
- Activity Date
- Activity Amount
  - Lump Sum Activity Amount is included in Total Relocation to Date.
- If any notes have been entered, they will display under the information for the associated activity listing.

## SECTION 300 HCTC INFORMATION

### BT14 (HCTC Inquiry/Update)

This transaction displays information concerning the customer's potential eligibility transmission for HCTC.

BT14 is accessed in CICS. Key the customer's SSN and press Enter .



If HCTC eligibility was transmitted for a month, you will see one of the following in the PT (Payment Type) column:

- UI
- TRA
- ATAA
- RTAA

Additionally, there will be a Create Date, indicating the date the record was transmitted to the IRS.

The Employee ID indicates how the record was created. If "Auto" is displayed, the record was created automatically by the system. A User ID indicates that staff manually transmitted the record via BT15.

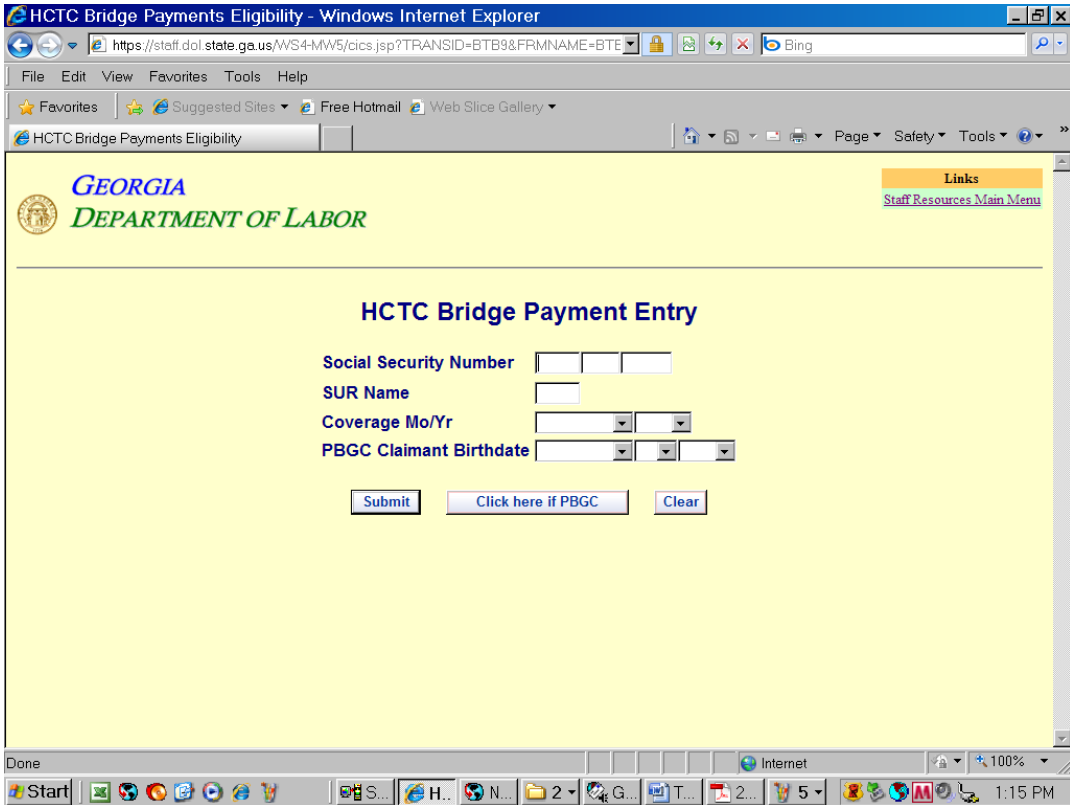


### HCTC BRIDGE TRANSACTIONS

The HCTC Bridge transactions are accessed via the Staff Resources Main Menu by clicking on the Trade tab.



To enter an HCTC Payment, click on HCTC Payment Entry. The HCTC Bridge Payment Entry page (BTB9) will display.



Enter the customer's social security number.

Enter the first three letters of the customer's last name.

Select the month and year on the insurance invoice or coupon that will be covered by the HCTC bridge payment.

If the customer is a PBGC recipient, choose the month, day and year of the customer's birthday from the dropdown lists.

If the customer is a Trade customer, click .

If the customer is a PBGC recipient, click .

To clear the screen and start over, click .

This will take you to the second entry screen.

The screenshot shows a web form titled "HCTC Bridge Payment Eligibility" on the Georgia Department of Labor website. The form includes the following fields and controls:

- SSN:
- Petition Number:
- Address:
- Coverage MO/YR:
- Insurance Company Name:
- Insurance Type:
- Insurance Monthly Premium:  .
- Policy Number:
- Verify Monthly Premium:  .

At the bottom of the form are four buttons: , , , and . In the top right corner, there is a "Links" section with a link to "Staff Resources Main Menu". The Georgia Department of Labor logo is visible in the top left.

The SSN, Petition Number, customer's name and address, and the coverage month and year entered on BTB9 will be displayed.

Enter the name of the insurance company or, if COBRA, the COBRA administrator to whom the insurance premium check is to be written.

Select the type of insurance from the dropdown box. Choices are:

- COBRA
- Individual policy
- BCBSGA Blue Value Select



## Take Note!

Blue Cross Blue Shield of Georgia (BCBSGA) Blue Value Select is not the same as an individual policy. Blue Value Select is a state-qualified plan specifically designated by the State of Georgia and approved by the IRS for HCTC-eligible individuals. The individual policy is one that the customer procured on his/her own (not through the employer or a group such as a union or AARP, etc.) at least 30 days prior to being laid off from the Trade-certified company. The individual policy does not have to meet the same criteria as the state-qualified health plan. **Do not enter Blue Value Select as an individual policy!**

Enter the monthly insurance premium. This is found on the COBRA election letter or the monthly coupons. **Do not** enter 72.5% of the premium amount. Enter the actual monthly premium. The system will compute the 72.5%.


Enter the insurance policy number. All health plans will have a policy number. However, in the case of Blue Value Select, since the insurance company will not issue a policy until the first payment is received, you may enter the application number found on the provisional letter the customer received from Blue Value Select for the first payment. All subsequent payments must have the actual policy number.

Enter the monthly insurance premium again. This is just to make sure it was entered correctly the first time.

To enter the payment, select  .

To clear the screen, select  .

To update the customer's address, click  .



**GEORGIA**  
DEPARTMENT OF LABOR

**Links**  
[Staff Resources Main](#)

### HCTC Bridge Payment Address Add/Update

SSN

Claimant Name (First Middle Last)

Address

City State Zipcode  Georgia

To update the customer's address, enter the correct address and click .

You will be returned to the previous page where you may click .

To go back to the original BTB9 page, click .

Once the payment has been entered, you will be taken to the HCTC Bridge Payment Confirmation page.

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**HCTC Bridge Payment Confirmation**

SSN  Petition Number 00000 PBGC  
JAMES BLANFORD

<b>Insurance Company</b>	BCBS	<b>Check #</b>	03000040
<b>Policy Number</b>	343646548648	<b>Check Date</b>	05/23/2012
<b>Insurance Type</b>	BCBSGA Blue Value Select	<b>Check Amount</b>	\$725.00
<b>Coverage MO/YR</b>	MAY, 2012	<b>Check Status</b>	OUTSTAND
<b>Monthly Premium</b>	\$1000.00	<b>Status Date</b>	
<b>Entered By</b>	AA0971	<b>Entered On</b>	05/22/2012

Check Number 03000039 has been replaced with 03000040.  
You must mail this check along with your check for the remaining 27.5% of your insurance premium to your insurance company. Any other use of this check is not allowed and could result in you having to pay the money back to the Georgia Department of Labor. If the money is returned to you by the insurance company, you are responsible for repaying the Georgia Department of Labor.

Print the Confirmation page and give to the customer, pointing out the check amount (72.5% of the monthly premium) and the message at the bottom.



### Take Note!

If no UI, EUC, SEB, TRA, ATAA or RTAA benefit payment has been made for the coverage month, there will be no check date as no HCTC Bridge Payment can be issued until eligibility has been transmitted. The system will hold the payment request until a benefit payment has been made for the coverage month.

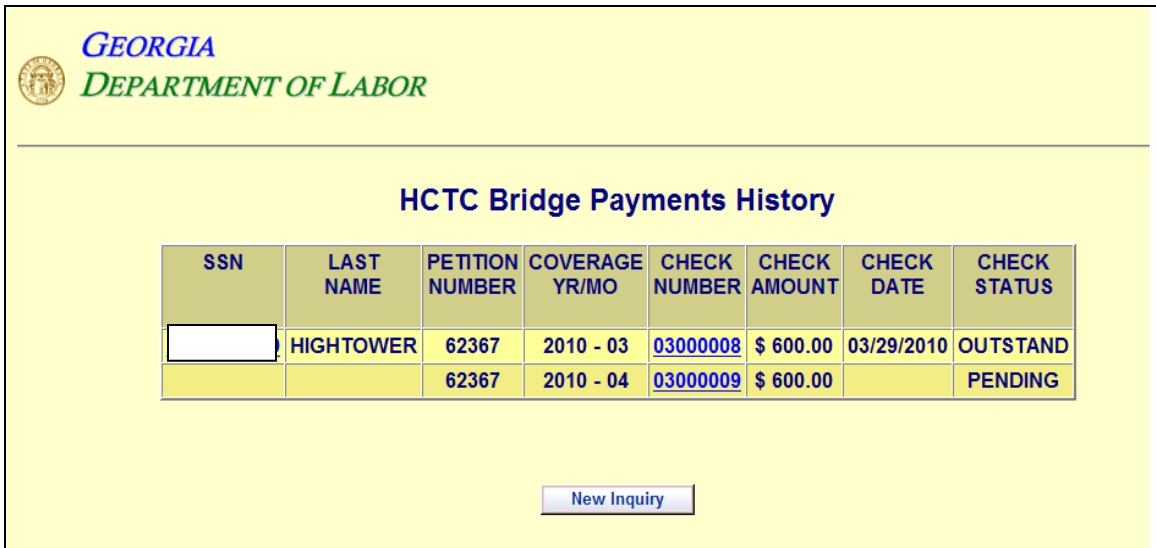
**BTB7 – HCTC Bridge Payment Inquiry**

To check on status of an HCTC Bridge Payment, on the Staff Resources Main Menu, click on Trade, then HCTC, then HCTC Payment Inquiry.



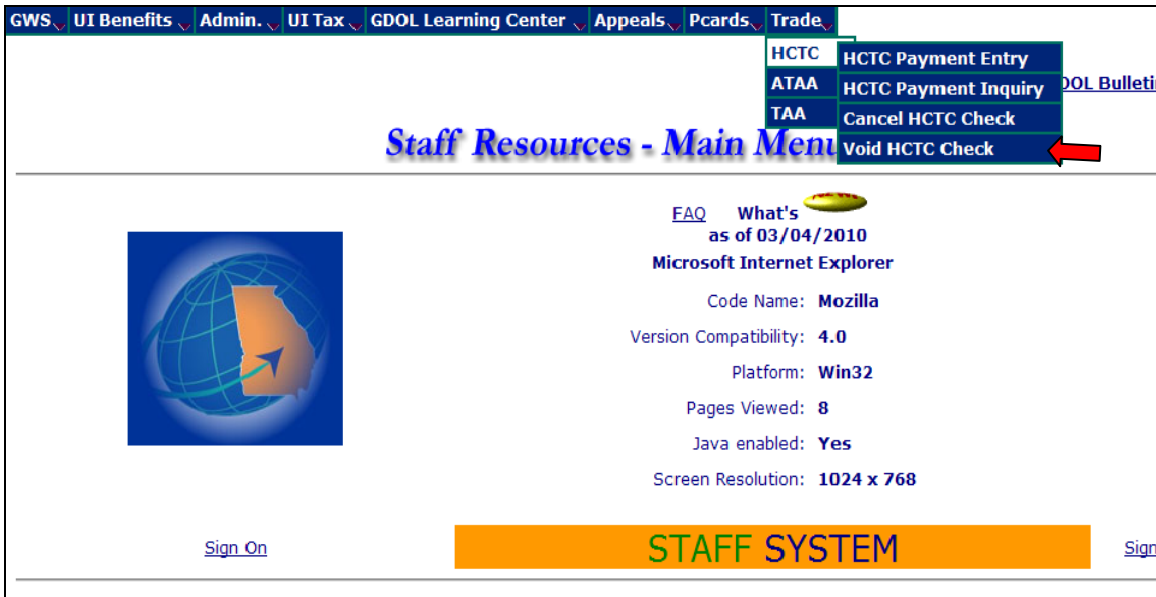
You will be directed to the HCTC Bridge Payment Inquiry page (BTB7). Enter the customer’s SSN and press  .

You will be directed to the HCTC Bridge Payments History page which displays all HCTC Bridge requests and status.

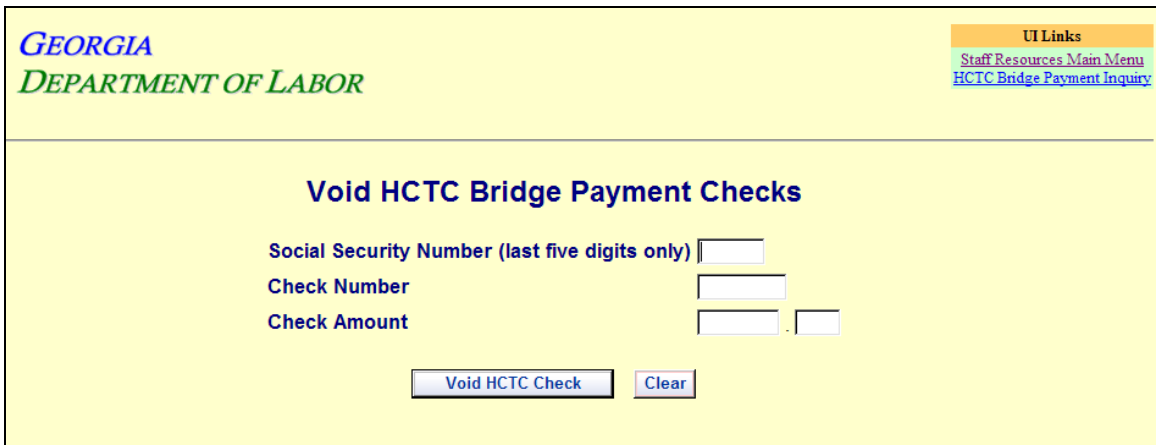


Click  to check on another customer.

To void an HCTC Bridge Payment request the same day it was entered, on the Staff Resources Main Menu, click on the Trade tab, then HCTC, then Void HCTC Check.



You will be taken to the Void HCTC Bridge Payment Checks page (BTB5).




Enter the last four digits of the customer’s SSN.

Enter the check number you wish to void. (Get the number from the HCTC Bridge Payment Inquiry page.)

Enter the amount of the check. This is the actual amount the check was written for (80% of the premium), not the amount of the total premium.

Press  .

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*DEPARTMENT OF LABOR*

[UI Links](#)  
[Staff Resources Ma](#)  
[HCTC Bridge Paymen](#)

---

Check was voided.

**Void HCTC Bridge Payment Checks**

Social Security Number (last five digits only)

Check Number

Check Amount  .

**SECTION 400  
ATAA Transactions**

ATAA transactions are accessed from the Staff Resources Main Menu by clicking on the Trade tab.




To inquire about an ATAA claim, click ATAA Claim Inquiry.

Enter the customer's social security number and click  .

The screenshot shows the 'ATAA Claim Inquiry' form. At the top left is the Georgia Department of Labor logo. At the top right are links for 'UI', 'Staff Resour', 'ATAA Pay', and 'ATAA Nor'. The main heading is 'ATAA Claim Inquiry'. Below it are two buttons: 'Get Claim' (with a red arrow pointing to it) and 'Clear'. The form contains a table for 'Claimant Information' with the following fields:

Claimant Information	
SSN <input type="text" value="111"/> <input type="text" value="11"/> <input type="text" value="1111"/>	Petition Number <input type="text"/>
Claimant Name	
Address	
City State Zipcode	
Date of birth	
Needs an Interpreter:	
In what Language:	
Other Language:	
Career Center #	Did claimant state separation





### ATAA Claim Inquiry

[Get Claim](#) [Clear](#)

Claimant Information	
SSN	Petition Number 062401
Claimant Name	JAME R. PRICE
Address	
City State Zipcode	EAST DUBLIN , GA 31027
Date of birth	10/05/1951
Needs an Interpreter:	NO
In what Language:	
Other Language:	
Career Center # DUBLIN	Did claimant state separation was due to lack of work? YES
Weekly amount earned for ATAA calculation. \$678.00	Eligibility Period 06/09/2008 - 06/08/2010
Paid to date \$9490	
Adversely Affected Employer Information	
Petition Number 062401	Impact Date 07/27/2007
ATAA Employer Name	VICTOR FORSTMANN
ATAA Employer Address	161 NATHANIEL DRIVE
City State Zipcode	EAST DUBLIN , GA 31027
Separation Date	06/06/2008
Did employer state separation was due to lack of work?	YES
Number of hours in last full week worked. 40 Hours	Pay Rate \$16.95 Unit of Pay HOURLY
Separation Employer 1	
Employer Name	
Employer Address	
City State Zipcode	
Number of hours in last full week worked. Hours	Pay Rate Unit of Pay
Separation Employer 2	
Employer Name	
Employer Address	
City State Zipcode	
Number of hours in last full week worked. Hours	Pay Rate Unit of Pay
REEMPLOYMENT INFORMATION	
Reemployment Employer 1	
Employer Name	CITY OF DUBLIN
Employer Address	PO BOX 690
City State Zipcode	DUBLIN, GA 31040
Employer Contact SUSAN PUTKOWSKI	Contact Title HUMAN RESOURCE
Contact Phone (478) 272-1620	Does this employment qualify for ATAA claim? YES
First Day Worked	06/09/2008
Last Day Worked	
Number of hours in first full week worked. 40 Hours	Pay Rate \$11.34 Unit of Pay HOURLY
Reemployment Employer 2	
Employer Name	
Employer Address	
City State Zipcode	
Employer Contact	Contact Title
Contact Phone	Does this employment qualify for ATAA claim?
First Day Worked	
Last Day Worked	
Number of hours in first full week worked. Hours	Pay Rate Unit of Pay
Reemployment Employer 3	
Employer Name	
Employer Address	
City State Zipcode	
Employer Contact	Contact Title
Contact Phone	Does this employment qualify for ATAA claim?
First Day Worked	
Last Day Worked	
Number of hours in first full week worked. Hours	Pay Rate Unit of Pay

To inquire about ATAA non-monetary determinations, click on ATAA Non-mon under ATAA under the Trade tab.

Enter the SSN and click  .

The screenshot shows a web form titled "ATAA Non-Mon Inquiry" on a yellow background. The form contains a table with the following fields: SSN, Reason, Begin Date, End Date, Release Date, Reverse Date, and Employee ID. The SSN field is split into three input boxes, and a "Submit" button is located to its right. Below the table are two buttons: "Prev Non Mon" and "Next Non Mon".

To inquire about ATAA payments, click on ATAA Payment Inquiry under ATAA under the Trade tab.

Enter the SSN and the Petition Number and click  .

The screenshot shows a web form titled "ATAA Payments Inquiry" on a yellow background. The form features two input fields: "SSN" (split into three boxes) and "Petition Number" (a single box). Below these fields are two buttons: "Retrieve ATAA Payments" and "Clear Entry".

**SECTION 500  
RTAA TRANSACTIONS**

RTAA transactions are accessed from the Staff Resources Main Menu by clicking on the Trade tab.

To inquire about an RTAA claim, click RTAA Claim Inquiry.



Transaction BTR3 – RTAA Claim Inquiry – allow staff to look at the information that was entered concerning the customer’s adversely affected employment and reemployment.

Enter the customer’s social security number and click  .

RTAA Claim Inquiry		
<input type="button" value="Get Claim"/> <input type="button" value="Clear"/>		
<b>Claimant Information</b>		
SSN		Petition Number
Claimant Name		
Address		
City State Zipcode		
Date of birth		
Citizen		
Alien Number		
Expiration Date		
Save Verification #		
Employment Authorized		
Needs an Interpreter		
In what Language		
Other Language		
Career Center #	Did claimant state separation was due to lack of work?	
Weekly amount earned for RTAA calculation.	Eligibility Period	
Paid to date		
<b>Adversely Affected Employer Information</b>		
Petition Number	Impact Date	
RTAA Employer Name		
RTAA Employer Address		
City State Zipcode		
Separation Date		
Did employer state separation was due to lack of work?		
Number of hours in last full week worked.	Hours	Pay Rate Unit of Pay
Separation Employer 1		
Employer Name		
Employer Address		
City State Zipcode		
Number of hours in last full week worked.	Hours	Pay Rate Unit of Pay
Separation Employer 2		
Employer Name		
Employer Address		
City State Zipcode		
Number of hours in last full week worked.	Hours	Pay Rate Unit of Pay
<b>REEMPLOYMENT INFORMATION</b>		
Reemployment Employer 1		
Employer Name		
Employer Address		
City State Zipcode		
Employer Contact	Contact Title	
Contact Phone	Is this person now qualified for RTAA?	
First Day Worked		
Last Day Worked		
Number of hours in first full week worked.	Hours	Pay Rate Unit of Pay
Reemployment Employer 2		
Employer Name		
Employer Address		
City State Zipcode		
Employer Contact	Contact Title	
Contact Phone	Is this person now qualified for RTAA?	
First Day Worked		
Last Day Worked		
Number of hours in first full week worked.	Hours	Pay Rate Unit of Pay
Reemployment Employer 3		
Employer Name		
Employer Address		
City State Zipcode		
Employer Contact	Contact Title	
Contact Phone	Is this person now qualified for RTAA?	
First Day Worked		
Last Day Worked		
Number of hours in first full week worked.	Hours	Pay Rate Unit of Pay

Transaction BTR5 – RTAA Non-Mon Inquiry – allows staff to review non-monetary determinations made concerning an RTAA claim.

Enter the SSN and click  .

**RTAA Non-Mon Inquiry**

<b>SSN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Submit"/>
<b>Reason</b>	<input type="text"/>			
<b>Begin Date</b>	<input type="text"/>			
<b>End Date</b>	<input type="text"/>			
<b>Release Date</b>	<input type="text"/>			
<b>Reverse Date</b>	<input type="text"/>			
<b>Employee ID</b>	<input type="text"/>			

Transaction BTR9 allows staff to review RTAA payments that have been made.

Enter the SSN and Petition Number and click  .

**RTAA Payments Inquiry**

<b>SSN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Petition Number</b>	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Clear"/>					

## SECTION 600 – TRA TRANSACTIONS

### BT77 – TRA Claim Inquiry

A DOL-988 must be completed to request access to BT77.

In CICS, type BT77 for transaction number.

When the BT77 screen appears, enter the customer's SSN.

The screen displays the following information:

```

Session A - [24 x 80]
File Edit Transfer Appearance Communication Assist Window Help
PrintScreen Copy Paste Send Recv Display Color Map Record Stop Play Quit Clipbrd Support Index

BT77          TRA CLAIM INQUIRY          04/08:
LAST PD WED   05 22 09   SSN [REDACTED]   SUFFIX 01
AMT 197 DATE  06 26 09

LORINE DOE    4200 AUGUSTA   PETITION T02 062445
DOB [REDACTED] 0 S/R 22 HDCP N UI BYE 12 28 09 FILING DATE 11 13 09
NUM WKS WORKED 52 UI MBA 4700 IMPACT DATE 12 20 09
SEPARATION DATE 12 20 07 EXPIRATION DATE 11 30 09
TRA WBA 235 QUALIFIED Y DATE OF REQUEST 01 14 09
DATE LAST CHGD 03 26 09

TRA MBA 4935
TRA PTD 4935 BEN PER BEG 12 23 07 ADDL PER BEG 11 23 09
TRA BALANCE ADDL PER END 11 21 09
ADDL MBA 12220
ADDL PTD 2350 WAIVER DATE TRAINING YES
ADDL BALANCE 9870 REVOKE DATE TRAINING END DATE

NA: PF: 1-HELP 3-PREVMENU 4-MN00 7-BKWD 8-FRWD 11-NA 13-PREVTRAN 14
MA a 02/
  
```

- Check Information
  - Last PD WED - Last paid for week ending
  - AMT - Amount paid
  - DATE - Date paid
- Customer Information
  - Customer's Name
  - DOB – Customer's date of birth
  - S/R – Customer's Sex and Race
    - 1 = White/Male

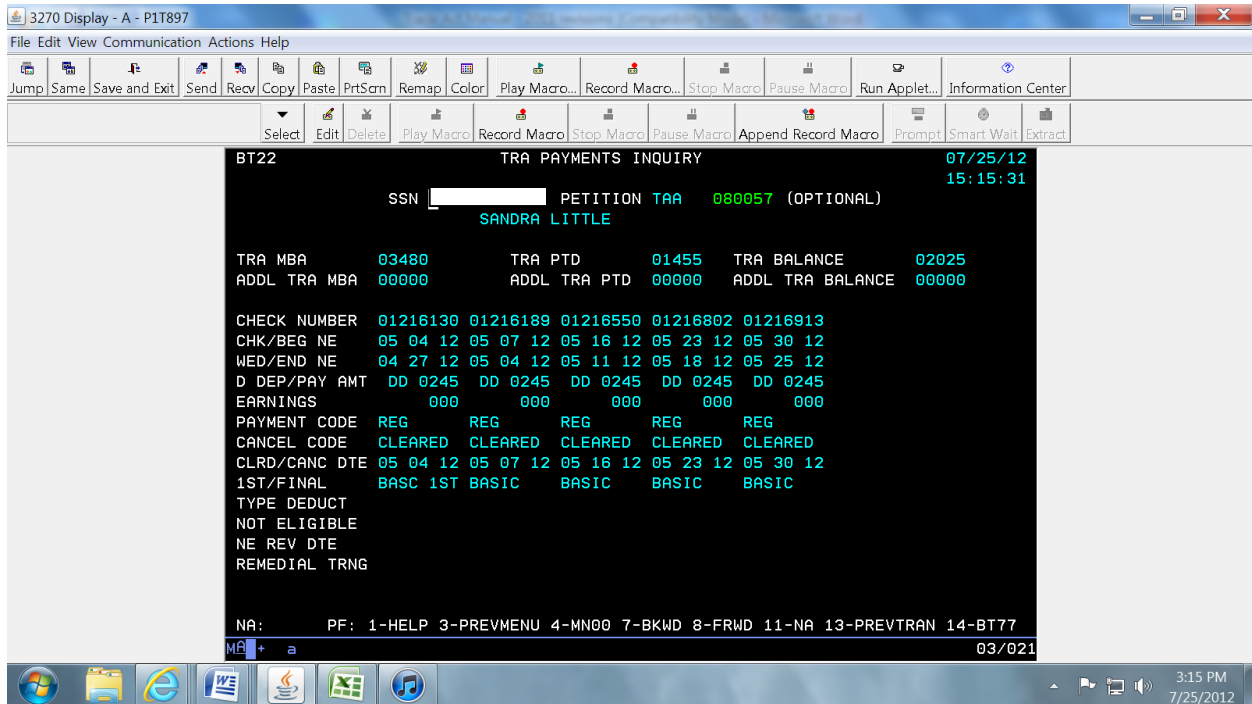
- 2 = Black/Female
- HDCP – Indicates whether or not the customer has a disability.
- UI Claim Information
  - UI BYE – The date the customer's current UI claim ends (Benefit Year Ending Date)
    - If the UI BYE is past, the customer must file a new UI claim before drawing any more TRA.
  - UI MBA – The Maximum Benefit Amount of the customer's UI claim for the first qualifying separation
- Petition Information
  - Petition number
    - T02 indicates that the petition falls under TAA 2002, with numbers between 50000 and 69999.
      - Petition number has a zero at the beginning for TRA claims. Example: 062445
    - T09 indicates that the petition falls under TAA 2009, with numbers above 70000.
      - Petition number has a zero at the end for TRA claims. Example: 709680
  - Filing Date – Date the petition was filed
  - Impact Date – The date set by USDOL as the first date a worker could be laid off from adversely affected employment to be covered under the petition
  - Expiration Date – The last date a worker could be laid off from adversely affected employment to be covered under the petition
- TRA Claim Information
  - Num Wks Worked – The number of weeks the customer worked and earned at least \$30 during the 52-week qualifying period
  - Separation Date – The date of the most recent layoff from the adversely affected employer.
    - If the customer was laid off from the employer more than once during the life of the petition, a different Suffix will be assigned to each claim entered. The most recent will always display when BT77 is first accessed. Use the PF keys to scroll to earlier claims.
  - TRA WBA – The weekly benefit amount for the TRA claim, set by the WBA of the UI claim containing the first qualifying separation.
  - Qualified – Y or N – Indicates whether the customer is qualified to receive TRA.
  - TRA MBA – The Maximum Benefit Amount of the Basic TRA claim, computed by multiplying the TRA WBA times 52 and subtracting the sum total of UI benefits (including EUC) during the claimant's first benefit period.
  - TRA PTD – The total amount of basic TRA paid to date.
  - TRA Balance – The TRA MBA minus the TRA PTD.

- Although there may be a TRA Balance, if the BEN PER END has passed, the customer may not receive the balance.
  - BEN PER BEG – Benefit Period Beginning date – The date the 104-week Basic TRA benefit period began. This is the first week after the customer’s first qualifying separation date.
  - BEN PER END – Benefit Period Ending date – The date the 104-week Basic TRA benefit period ends. No Basic TRA can be paid after that date.
  - ADDL PER BEG – Additional TRA Period Beginning date – The date the customer begins receiving Additional TRA.
  - ADDL PER END – Additional TRA Period Ending date – The date the customer’s entitlement to Additional TRA ends.
    - For petitions numbered less than 70000, the Additional TRA Period Ending date will be:
      - ◆ The Saturday after the Training End Date; or,
      - ◆ 52 weeks from the Additional Period Beginning date, if less than the Training End Date; or,
      - ◆ Up to 78 weeks from the Additional Period Beginning date, if less than the Training End Date and remedial training was required.
    - For petitions numbered 70000 or above, the Additional TRA Period Ending date will be:
      - ◆ The Saturday after the Training End Date; or
      - ◆ 91 weeks from the Additional Period Beginning date, if less than the Training End Date.
  - ADDL MBA – Additional TRA Maximum Benefit Amount – The TRA WBA times the number of weeks of Additional TRA.
  - ADDL PTD – Additional TRA Paid to Date
  - ADDL Balance – The difference of ADDL MBA minus ADDL PTD.
    - Although there may be a balance, if the ADDL PER END date has passed, the customer may not receive the ADDL Balance.
- Waiver Information
  - Waiver Date – The date the TAA waiver expires.
  - Revoke Date – The date the TAA waiver was revoked.
- Training Information
  - Training – Yes or No – If TAA-approved training has been entered into the TAA system, this will be Yes
  - Training End Date – The date the TAA system shows as the ending date of TAA-approved training.
    - No Additional TRA is payable after this date.
    - If the customer is receiving Basic TRA on this date, s/he may receive the remaining Basic TRA entitlement while looking for work.



**BT22 - TRA Payment Inquiry**

This transaction may be accessed by typing “BT22” as the transaction ID, or it may be accessed from the BT77 screen by pressing PF14.



To see TRA payments that have been made, key the individual’s SSN and Enter.

Use the PF8 key to scroll through all the payments that have been made.



# CHAPTER 13

## FORMS AND INSTRUCTIONS



This chapter contains all of the forms used with Trade plus the instructions for completing them. They are arranged in alpha-numerical order, so all the DOL forms come before all the ETA forms and the GWS form.

The forms included are:

DOL-311A	Certification for TRA
DOL-852-EX	Work Search under Federal Extension Requirements
DOL-2403	TRA Weekly Certification While in Training
DOL-2403A	TRA Weekly Certification for Completion TRA Benefits
DOL-2410	Trade Act Modification
DOL-2413	Request for Relocation Allowances
DOL-2417	Trade Act Application for Training
DOL-2417-OJT	TAA Application for On-the-Job Training
DOL-2424	Waiver of Training Requirements (2002/2009)
DOL-2446A	Waiver of Training Requirements (2011)
DOL-2428	Request for Job Search Allowances
DOL-2429	Application for Mileage Allowance/ Application for Subsistence Allowance
DOL-2430	Request for Travel Reimbursement/ Request for Subsistence Allowance
DOL-2431	Request for Determination of Entitlement to ATAA
DOL-2432	TAA/ATAA Option Statement
DOL-2433	ATAA Monthly Certification
DOL-2439	HCTC Bridge Payment Request
DOL-2441	HCTC Bridge Payment Information
DOL-2442	Cost Commitment Sheet
DOL-2443	TAA Registration Form
DOL-2444	Application for TAA Online Learning Approval
DOL-2445	TAA Budget Form – Support While in Training
DOL-2456	TAA Training Benchmarks Review
DOL-2905	Election of TRA or UI Benefits
DOL-2906	Election of RTAA and Waiver of TRA
DOL-2910	Request for Determination of Entitlement to RTAA
DOL-2911	RTAA Monthly Certification
DOL-2911A	RTAA Monthly Certification Supplemental Training Form
ETA-8-55	Request for Determination of Entitlement for TRA
ETA-8-55A	Request for Employment Information
ETA-9042	Petition for Trade Adjustment Assistance
GWS-11	How Can We Help You?

**DOL-311A  
Certification for TRA**

The DOL-311A form is used in conjunction with the DOL-852-EX to certify for TRA benefits while on work search. The claimant should complete both forms and send them to the Career Center. Career Center staff will review the work search recorded on the DOL-852-EX to determine if it meets the EB work test. If so, staff forwards the DOL-311A to the TRA Payment Unit and files the DOL-852-EX in the claim record card.

The form may be faxed to (404) 232-3029 or forwarded in the blue bag.

S  
I  
D  
E

1

<b>Claimant's Name</b>	<b>Career Center</b>	<b>Social Security Number</b>

**FOR ADDRESS CHANGE ONLY**

Print or Type Change of Address for Payment:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Complete the questions below and on the reverse side, date and mail on SUNDAY or MONDAY

Immediately following the Date Entered here

I hereby register for work and claim unemployment insurance and for benefits under the Trade

Act of 1974 for the week ending shown here

1. During this week, did you work or earn wages? (If yes, give the information requested below.) Yes ( ) No ( )

Reason for separation from any employment shown below:

Job Ended ( )    Quit ( )    Discharged ( )    Still Working ( )

**TRA**

<b>Week Ending Date</b>

Date(s) Worked	Employer's Name and Address	No. Hours Worked	Pay Before Deductions	State Use

CONTINUE ANSWERING QUESTIONS ON REVERSE SIDE.

GEORGIA DEPARTMENT OF LABOR

CERTIFICATION FOR TRA

DOL-311A(R-12/02)

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2

CONTINUATION OF QUESTIONS:

2. During this week, were you able, available, and actively seeking work? (If no, explain.)      Yes ( )      No ( )

3. During this week, did you refuse any work offered? (If yes, explain.)      Yes ( )      No ( )

4. This month, are you covered by health insurance that was purchased by you or your spouse or from the Pension Benefit Guaranty Corporation?      Yes ( )      No ( )

If yes, please provide:

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

TO BE ANSWERED BY THOSE RECEIVING VETERAN'S BENEFITS

I have applied for or am receiving a subsistence allowance for vocational rehabilitation training, or war orphans', widows' or related educational assistance from the Veterans Administration.      Yes ( )      No ( )

I certify that during the week shown on the reverse side I was unemployed. I have filed for unemployment insurance and for benefits under the Trade Act of 1974. Except for these claims, I am not seeking or receiving unemployment insurance under the Law of any other State or of the United States. I understand that it is a criminal offense to make false statements in connection with filing this claim.

Date Signed \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

<p style="text-align: center;"><b>DOL-852-EX</b> <b>WORK SEARCH UNDER FEDERAL EXTENSION REQUIREMENTS</b></p>
--

**Purpose and Use**

The DOL-852-EX form is used by the claimant to record his/her work search efforts each week. It is used in conjunction with the DOL-311A form to certify for TRA payments. The claimant must meet the EB work test for each week of TRA claimed while not in approved training.

The claimant will complete the DOL-852-EX and the DOL-311A and send both to the Career Center. Staff will review the DOL-852-EX to determine if the claimant met the EB work test. If so, the DOL-852-EX is filed in the claim record card and the DOL-311A is forwarded to the TRA Payment Unit.



**WORK SEARCH UNDER FEDERAL EXTENSION REQUIREMENTS**

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

WEEK ENDING DATE \_\_\_\_\_

In order to be eligible for benefits under any Federal extension (Extended Benefits, Trade Readjustment Assistance, other) the law requires that you make a systematic and sustained search for work. Also, a written record (tangible evidence) is required of your work search activities for each week you claim benefits.

The form must be completed by you as the written record of your work search efforts. **YOU MUST MAIL OR BRING THIS FORM AND YOUR COMPLETED CHECK STUB TO THE CLAIMS OFFICE EACH WEEK.** Mailing the benefit check stub without this form will interrupt payment of your claim.

**INSTRUCTIONS:**

- A. Enter your name, social security number and the week claimed in the space provided above.
- B. Complete the following information about your efforts to obtain work. Answer all parts of questions.

Date of Contact: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Type Work Sought: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Was Application Taken: \_\_\_\_\_

Results: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Method of Contact (Union, Phone, ES Referral, In Person, Other) \_\_\_\_\_

\* \* \* \* \*

Date of Contact: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Type Work Sought: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Was Application Taken: \_\_\_\_\_

Results: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Method of Contact (Union, Phone, ES Referral, In Person, Other) \_\_\_\_\_

\* \* \* \* \*

Date of Contact: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Type Work Sought: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Was Application Taken: \_\_\_\_\_

Results: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Method of Contact (Union, Phone, ES Referral, In Person, Other) \_\_\_\_\_

**(List additional contacts on reverse side)**

DOL-852-EX (11/85)

<p style="text-align: center;"><b>DOL-2403</b> <b>TRA WEEKLY CERTIFICATION</b></p>
--

**Purpose and Use**

The DOL-2403 is used by claimants to certify their attendance in approved training while receiving TRA benefits. The form is used to claim one week of benefits.

The form may be faxed to (404) 232-3029 or forwarded in the blue bag.

**GEORGIA DEPARTMENT OF LABOR**  
 Equal Opportunity Employer/Program • Auxiliary Aids & Services Are Available Upon  
 Request To Individuals With Disabilities

**TRA WEEKLY CERTIFICATION**

TRAINING WEEK:  
 BEGINNING DATE: \_\_\_\_\_  
 ENDING DATE: \_\_\_\_\_

NAME (Last, First, Middle) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 MAILING ADDRESS (No., Street, City, State, ZIP code) \_\_\_\_\_

**A. TRADE READJUSTMENT ALLOWANCE**

1. HAVE YOU ATTENDED CLASSES FULL-TIME THIS WEEK?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, WHY NOT? _____
2. DURING THIS WEEK DID YOU ATTEND GED, ESL AND/OR ADULT EDUCATION COURSES OR DEVELOPMENTAL COURSES TO PREPARE FOR OCCUPATIONAL TRAINING?	<input type="checkbox"/> <input type="checkbox"/>	
3. IS YOUR SCHOOL CURRENTLY ON BREAK OR BETWEEN TERMS?	<input type="checkbox"/> <input type="checkbox"/>	IF YES: DATE BREAK BEGAN: _____ DATE CLASSES RESUME: _____
4. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEK SHOWN ABOVE?	<input type="checkbox"/> <input type="checkbox"/>	GROSS EARNINGS PAID: \$ _____ NAME OF EMPLOYER: _____ REASON FOR SEPARATION: JOB ENDED <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> STILL WORKING <input type="checkbox"/>
5. THIS MONTH, ARE YOU COVERED BY HEALTH INSURANCE THAT WAS PURCHASED BY YOU OR YOUR SPOUSE OR FROM THE PENSION BENEFIT GUARANTY CORPORATION (PBG)?	<input type="checkbox"/> <input type="checkbox"/>	IF YES, PLEASE PROVIDE: INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____
6. I HAVE APPLIED FOR OR AM RECEIVING A SUBSISTENCE ALLOWANCE FOR VOCATIONAL REHABILITATION TRAINING, OR A WAR ORPHANS', WIDOWS' OR RELATED EDUCATIONAL ASSISTANCE FROM THE VETERANS ADMINISTRATION.	<input type="checkbox"/> <input type="checkbox"/>	IF YES: NAME OF PROGRAM: _____ DATE RECEIVED: _____ AMOUNT RECEIVED: \$ _____

**B. CERTIFICATION**

I give this information to support my request for allowances. The information contained in this request is correct 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.

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**C. ATTENDANCE IN TRAINING (To be completed by training facility the last Friday of each month.)**

DID THE STUDENT ATTEND CLASSES AND MAKE SATISFACTORY PROGRESS DURING THIS MONTH?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, WHY NOT? _____
--	--	-----------------------

**D. TRAINING FACILITY CERTIFICATION**

The answers in Part C are in accordance with our records. Statements made by the student appear to be complete and correct to the best of my knowledge.

NAME OF TRAINING FACILITY: \_\_\_\_\_ SIGNATURE OF TRAINING OFFICIAL OR WIA CAREER ADVISOR: \_\_\_\_\_  
 PRINTED NAME OF TRAINING OFFICIAL OR WIA CAREER ADVISOR: \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL OR FAX THIS FORM TO:  
 TRA PAYMENT UNIT  
 GEORGIA DEPARTMENT OF LABOR  
 148 ANDREW YOUNG INTERNATIONAL BLVD., N.E., Room 940  
 ATLANTA, GEORGIA 30303-1751  
 FAX # 404-656-2304

DOL-2403 (R-7/12)

**Instructions for Completing the DOL-2403 Form**

The DOL-2403 is used to claim one week. Section A is completed by the claimant to cover any deductions that may be applicable and to determine if the claimant was in full-time training. Section B is the individual's certification. Section C is completed by the training facility on the last week of each month. Section D is the training facility's certification and only needs to be completed on the last week of each month.

**DOL-2403A**  
**TRA WEEKLY CERTIFICATION FOR COMPLETION TRA BENEFITS**

This form is used to claim a week of Completion TRA. See Chapter 10, Section 800.

GEORGIA DEPARTMENT OF LABOR  
 Equal Opportunity Employer/Program • Auxiliary Aids & Services Are Available Upon  
 Request To Individuals With Disabilities

**TRA WEEKLY CERTIFICATION FOR  
 COMPLETION TRA BENEFITS**

TRAINING WEEK:  
 BEGINNING DATE: \_\_\_\_\_  
 ENDING DATE: \_\_\_\_\_

NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (No., Street, City, State, ZIP code)	

**A. TRADE READJUSTMENT ALLOWANCE**

	YES	NO	
1. HAVE YOU ATTENDED CLASSES FULL-TIME THIS WEEK?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHY NOT? _____
2. DURING THIS WEEK DID YOU ATTEND GED, ESL AND/OR ADULT EDUCATION COURSES OR DEVELOPMENTAL COURSES TO PREPARE FOR OCCUPATIONAL TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>	
3. IS YOUR SCHOOL CURRENTLY ON BREAK OR BETWEEN TERMS?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES: DATE BREAK BEGAN: _____ DATE CLASSES RESUME: _____
4. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEK SHOWN ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	GROSS EARNINGS PAID \$: _____ NAME OF EMPLOYER: _____ REASON FOR SEPARATION: <input type="checkbox"/> JOB ENDED <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> STILL WORKING
5. THIS MONTH, ARE YOU COVERED BY HEALTH INSURANCE THAT WAS PURCHASED BY YOU OR YOUR SPOUSE OR FROM THE PENSION BENEFIT GUARANTY CORPORATION (PBGC)?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, PLEASE PROVIDE: INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____
6. I HAVE APPLIED FOR OR AM RECEIVING A SUBSISTENCE ALLOWANCE FOR VOCATIONAL REHABILITATION TRAINING, OR A WAR ORPHANS', WIDOWS' OR RELATED EDUCATIONAL ASSISTANCE FROM THE VETERANS ADMINISTRATION.	<input type="checkbox"/>	<input type="checkbox"/>	IF YES: NAME OF PROGRAM: _____ DATE RECEIVED: _____ AMOUNT RECEIVED: _____

**B. CERTIFICATION**

I give this information to support my request for allowances. The information contained in this request is correct 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.

SIGNATURE OF STUDENT:	DATE:
-----------------------	-------

**C. ATTENDANCE IN TRAINING (To be completed by training facility every Friday.)**

	YES	NO	
DID THE STUDENT ATTEND CLASSES AND MAKE SATISFACTORY PROGRESS DURING THIS WEEK?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHY NOT? _____

**D. TRAINING FACILITY CERTIFICATION**

The answers in Part C are in accordance with our records. Statements made by the student appear to be complete and correct to the best of my knowledge.

NAME OF TRAINING FACILITY	SIGNATURE OF TRAINING OFFICIAL OR WIA CAREER ADVISOR: _____
	PRINTED NAME OF TRAINING OFFICIAL OR WIA CAREER ADVISOR: _____
	TELEPHONE #: _____ DATE: _____

MAIL OR FAX THIS FORM TO:  
 TRA PAYMENT UNIT  
 GEORGIA DEPARTMENT OF LABOR  
 148 ANDREW YOUNG INTERNATIONAL BLVD., N.E., Room 940  
 ATLANTA, GEORGIA 30303-1751  
 FAX # 404-656-2304

DOL-2403A (8/12)

**Instructions for Completing the DOL-2403A Form**

The DOL-2403A is used to claim one week of Completion TRA. Section A is completed by the claimant to cover any deductions that may be applicable and to determine if the claimant was in full-time training. Section B is the individual's certification. Section C is completed by the training facility on the last week of each month. Section D is the training facility's certification and only needs to be completed on the last week of each month.

<p style="text-align: center;"><b>DOL-2410</b> <b>TRADE ACT MODIFICATION</b></p>
--

**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

WIA career advisors use this form to change information concerning approved training for an individual. Such changes include:

- Beginning date
- Ending date
- Placing/removing student in a Break in Training (BIT) over 90 days, excluding weekends and holidays
- Part-time/full-time status

Copies may be obtained from the TAA Unit, the ES Division Intranet page, or from the GDOL Supply Room.



All Fields Must be Completed and the Form Should be Printed, Signed and Faxed.

Georgia Department of Labor  
**TRADE ACT MODIFICATION**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

School Name: \_\_\_\_\_

**Change Beginning Date** **Change Ending Date**

Current Beginning Date: \_\_\_\_\_ Current Ending Date: \_\_\_\_\_  
New Beginning Date: \_\_\_\_\_ New Ending Date: \_\_\_\_\_

**Add Break in Training** **End Break in Training**

Beginning Date: \_\_\_\_\_ Actual Date Returned to School: \_\_\_\_\_  
Anticipated Ending Date: \_\_\_\_\_  
Reason for Break in Training:  Student preference  Classes not available  Other \_\_\_\_\_

**Reason for Changing Ending Date**

- Student needs more time to complete
  - School added classes
  - Student did not take a full load each term
  - Student had to retake classes
  - Remedial student
- Initial TABE Grade Level Equivalents: Math \_\_\_\_\_ Latest TABE Grade Level Equivalents: Math \_\_\_\_\_  
Reading \_\_\_\_\_ Reading \_\_\_\_\_

**Part-Time/Full-Time**

- Student attending training part-time from \_\_\_\_\_ to \_\_\_\_\_.
- Student returned to full-time training on \_\_\_\_\_.

All other terms and conditions approved under the original agreement remain unchanged and in full force and effect, except as hereby modified and approved by the Georgia Department of Labor.

<input type="checkbox"/> <b>Change Recommended</b>	<input type="checkbox"/> <b>Change Not Recommended</b>	
Reason(s) for NOT recommending:		
<input type="checkbox"/> Has not made satisfactory progress towards academic goal/benchmarks		
<input type="checkbox"/> Extension will cause training program to exceed number of weeks allowed		
<input type="checkbox"/> Has been attending an approved training program part-time without prior approval		
<input type="checkbox"/> Dropped out of training (either for one term or for the rest of training) without prior approval		
<input type="checkbox"/> Dropped classes without approval		
<input type="checkbox"/> Other _____		
WIA Career Advisor Signature	Workforce Area No.	Date
Phone No. _____	Fax No. _____	E-mail _____

TAA STATE USE ONLY	
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials _____	Date _____

BEG \_\_\_\_/\_\_\_\_/\_\_\_\_ END \_\_\_\_/\_\_\_\_/\_\_\_\_ Ledger Number: C \_\_\_\_\_

	CURRENT AMT.	ADJUSTMENT	NEW TOTAL	PROJECT CODE/ FISCAL YEAR
6836	_____	_____	_____	1700/ _____
7810	_____	_____	_____	1700/ _____
6838	_____	_____	_____	1700/ _____

DOL-2410 (R-03/12)

## **Instructions for Completion of DOL-2410**

### **Change Beginning Date**

If the student was unable to begin training on the date originally submitted on the DOL-2417, enter the original Beginning Date, then the new Beginning Date as indicated. Generally a new Beginning Date will also mean a new Ending Date should be entered. (Enter an explanation for the change in the "Reason for Modification" section. Attach additional notes if necessary.)

### **Change Ending Date**

If the student's Ending Date of training has changed from the date originally submitted on the DOL-2417, enter the original Ending Date, then the new Ending Date as indicated. (Enter an explanation for the change in the "Reason for Modification" section. Attach additional notes if necessary.)

### **Break in Training**

If the student is taking a break in training (BIT) of over 90 days excluding weekends and holidays, indicate the Beginning Date of the BIT. This should be the day after the last day the student attended school.

Enter the Anticipated Ending Date of the BIT. If the student is taking one semester off, the Anticipated Ending Date should be the first day of classes in the next semester.

Check the reason the student is taking a BIT.

When the BIT is over and the student returns to classes, complete a new form, entering the Date Returned to School to indicate that the BIT is over.

### **Reason for Modification**

Check the reason for the modification. If the student is in remedial training and wants to extend the Ending Date, include the initial TABE math and reading scores and the most recent TABE math and reading scores. The student must show a combined increase of three grade levels for an extension to be approved.

### **Part-time/Full-time Training**

If the student is covered under a 2009 or 2011 certification (petition number is 70000 or above) and originally enrolled in school full-time but is now changing to part-time, whether for one term or for the duration of training, check as indicated and enter the date the part-time status will begin and the date it will end.

If the student returns to (or begins) full-time training, enter the date full-time training resumes (or begins).

### Recommendation

Check either Change Recommended or Change Not Recommended. If not recommending the change, check all the reasons that apply.



### **Take Note!**

If the individual is extending training, make sure s/he has enough weeks left for it to be approved. If not, you should not recommend the change.

Sign (legibly, please!) and date the form and enter your phone number, fax number and e-mail address.



Fax completed forms to (404) 232-3508.

**DOL-2413 (R-03/10)  
REQUEST FOR RELOCATION ALLOWANCES**

**Purpose and Use**

Career Center staff use this form when an individual is requesting a relocation allowance.



**Take Note!**

The form must be initiated before the relocation occurs!

<input type="checkbox"/> LUMP SUM ONLY		<b>GEORGIA DEPARTMENT OF LABOR REQUEST FOR RELOCATION ALLOWANCE</b>			<input type="checkbox"/> ADVANCE REQUESTED	
PETITION NO.					CAREER CENTER NO.	
WORKER'S NAME (FIRST, LAST)			SSN		DATE OF APPLICATION	
<b>A</b>	ADDRESS WHERE CHECK IS TO BE MAILED (NO., STREET, STATE, ZIP CODE)			CONTACT TELEPHONE NUMBER		
				SEPARATION DATE		HOURLY WAGE AT SEPARATION
<b>Check YES or NO for each item below:</b>						
Totally separated from a Trade affected employer ..... Yes _____ No _____						
Attended training approved by the Georgia Department of Labor ..... Yes _____ No _____						
Date of Completion _____						
First request for relocation allowance under the Trade Act..... Yes _____ No _____						
Prospective employer offering a Relocation Allowance ..... Yes _____ No _____						
<b>B</b>	Bona fide job offer of employment (Attach letter offering employment, must include salary) ..... Yes _____ No _____					
	Suitable employment (at least 80% of wages from Trade affected company) ..... Yes _____ No _____					
NAME AND ADDRESS OF FIRM OFFERING EMPLOYMENT			JOB TITLE		STARTING DATE	
			STARTING HOURLY PAY		CITY AND STATE OF RELOCATION	
<b>CAREER CENTER STAFF ONLY</b>						
<b>Suitable employment – Job must pay at least 80% of pay earned at Trade affected company.</b>						
Is suitable employment available in the commuting area?..... Yes _____ No _____						
<b>C</b>	Signature of Career Center Staff _____					
	Customer must complete TAA Registration Form (DOL-2443) if no TAA Registration in GWS, and GWS-11.					
NO. OF PERSONS RELOCATING _____				EXPECTED DATE OF MOVE _____		
<b>D</b>	VEHICLE 1	NUMBER OF PERSONS	TRAVEL DATES	MILEAGE (ONE WAY)	AMOUNT REIMBURSED (STAFF USE ONLY)	
	VEHICLE 2	NUMBER OF PERSONS	TRAVEL DATES	MILEAGE (ONE WAY)	AMOUNT REIMBURSED (STAFF USE ONLY)	
	AIR	NUMBER OF PERSONS	TRAVEL DATES	MILEAGE (ONE WAY)	AMOUNT REIMBURSED (STAFF USE ONLY)	

DOL-2413 (R-3/12)

	TYPE OF SERVICE	ACTUAL COST	FEDERAL PER DIEM	AMOUNT REIMBURSED PETITIONS 70,000 - 79,999 (100%) (TAA USE ONLY)	ALL OTHER PETITIONS 90% (TAA USE ONLY)
E	Lodging No. of Days _____	\$	\$	\$	\$
	Meals No. of Days _____	\$	\$	\$	\$

**CUSTOMER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS**

	TYPE OF SERVICE	ESTIMATED CHARGES	ACTUAL COSTS	AMOUNT REIMBURSED PETITIONS 70,000 - 79,999 (100%) (TAA USE ONLY)	ALL OTHER PETITIONS 90% (TAA USE ONLY)
F	COMMERCIAL CARRIER 1ST Estimate \$ _____ 2ND Estimate \$ _____	\$	\$	\$	\$
	TRUCK RENTAL	\$	\$	\$	\$
	TRAILER RENTAL	\$	\$	\$	\$
	MOVER'S INSURANCE	\$	\$	\$	\$
	OTHER	\$	\$	\$	\$
	<b>TOTALS</b>	\$	\$	\$	\$

G

I give this information to support my request for relocation allowances under the TRADE ACT. 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.

\_\_\_\_\_ DATE

SIGNATURE OF CUSTOMER

**TAA UNIT STAFF ONLY**

	SIGNATURE OF TAA STAFF	TITLE	DATE
H	Relocation has been approved _____		
	Relocation has been denied _____		

**Instructions for Completing the DOL-2413****Part A**

- Lump Sum Only – Check this box if the customer is requesting to receive the lump sum payment and no reimbursement for moving expenses.
- Petition No. – Enter the Trade Act petition number which covers the customer.
- Career Center No. – Enter the number of the Career Center where the form is being completed.
- Worker's Name – Enter the first and last names.
- Social Security No. – Enter the customer's SSN.
- Date of Application – Enter the date the customer is applying for the relocation allowance. (Must be within 425 days of the date of certification or the most recent qualifying separation date, or 182 days after the completion of TAA approved training, whichever is later.)
- Address – Enter the address where the customer wants the relocation allowance check to be mailed.
- Contact Telephone Number – Enter a telephone number where the customer may be reached in case of questions.
- Separation Date – Enter the customer's most recent qualifying separation date from the Trade-affected employer.
- Hourly Wage at Separation – Enter the customer's hourly wage at the Trade-affected employer.

**Part B**

Answer Yes or No for each question in this section.

- The customer must be totally separated from the Trade-affected company to qualify for relocation allowance.
- If the customer was enrolled in TAA-approved training, provide the date of completion of the training. The customer has 182 days to apply for the relocation allowance once training has been completed (NOTE: This does not apply to customers who drop out of training!)
- If this is not the customer's first relocation allowance under the Trade Act, provide details about any other relocation allowance received. Details should be attached to a copy of the form and forwarded to the TAA Unit.
- If the new employer is providing relocation assistance, provide details in an attachment and forward with a copy of the DOL-2413 form to the TAA Unit.
- Attach a copy of the customer's letter offering employment. The letter must include the starting date of employment and the salary. The salary must be at least 80% of the customer's former salary with the Trade-affected company.
- Complete the name, address, job title, starting date, starting hourly pay, city and state of the relocation employment.

### Part C

Career Center staff must certify that suitable employment (at least 80% of the Trade-affected wages) is not available in the commuting area. Staff must also ensure that the customer has an ES Registration in GWS and a TAA Registration in GWS. Make sure the GWS-11 form is completed and in the customer's file, and that services requested have been entered on the Job Search/Career Assistance page in GWS. Also, there must be a Customer Service Plan in GWS indicating that the customer has found work out of the area.

### Part D

The customer should complete this section.

- Vehicles – TAA can pay to relocate up to three vehicles (attach additional page for third vehicle if necessary). The customer should indicate the beginning and ending dates of the travel and the one-way mileage (will be verified through Rand McNally) for each vehicle.
- Air- If the customer (and family) is flying to the new location, air travel must be approved in advance by the TAA Unit. Customer should indicate the date of the travel and the cost of the ticket. Round trip tickets will not be approved.

### Part E

The customer should complete this section.

- Lodging – If the customer and his/her family could not reach the new location in one travel day, lodging may be provided. The customer must provide the original receipt for the lodging.
- Meals – If the travel to the new location would require stopping for a meal(s), the customer should indicate the cost for him/herself and family and provide original receipts of such.

### Part F

The customer should complete this section. All costs must be thoroughly documented and original receipts provided.

### Part G

The customer must read the statement, then sign and date that the information provided is correct.

### Part H

For TAA Unit use only

### **Additional Information**

If the customer is requesting the lump sum payment only, then only Sections A, B, C, and G must be completed.



If the customer cannot afford to relocate without upfront funds, staff should write "Advance Requested" in the center at the top of the form. No more than 60% of the estimated expenses will be advanced.



Career Center staff should forward a copy of the form and any attachments such as explanations for Section B, receipts, estimates, etc. to the TAA Unit, Suite 440, Sussex Place.

**DOL-2417**  
**TRADE ACT APPLICATION FOR TRAINING**

**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

This form is completed by WIA staff when an individual wishes to apply for approval of training in the following circumstances:

1. The individual desires that tuition or other training-related fees be paid out of Trade Act funds; and/or,
2. The individual desires that the training be approved so that s/he may receive Trade Readjustment Allowances (TRA) while in training.



Take Note!

Even if training is paid for through HOPE or WIA, the DOL-2417-02 must be submitted for TAA approval of training in order for the student to receive TRA.



Take Note!

Even if training is paid for through HOPE or WIA, the DOL-2417 must be submitted for TAA approval of training in order for the student to receive TRA.

The form is also used to establish training benchmarks that must be met. See Chapter 4, Section 200.

**GEORGIA DEPARTMENT OF LABOR  
TRADE ACT APPLICATION FOR TRAINING**

ALL FIELDS MUST BE COMPLETED AND THE FORM SHOULD BE SIGNED AND FAXED TO 404-232-3508

Name of Applicant _____		SSN _____
First	Last	
Email Address: _____	Phone Number: _____	
Career Center Name/No. _____	WIA Name/No. _____	Petition No. _____

REMEDIAL TRAINING		
School _____	Location _____	
Begin Date _____	End Date _____	Total No. Calendar Weeks in Remedial Training _____
Check Training Requested:	<input type="checkbox"/> GED	<input type="checkbox"/> ESL <input type="checkbox"/> Pre-Vocational Education/Adult Education
TABE Grade Level Equivalents: _____	Reading _____	Math _____ Career Goal: _____

OCCUPATIONAL TRAINING		
School _____	Location _____	
Course of Study _____	O*Net Code _____	
Credential:	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> AA <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other
Begin Date: _____	End Date _____	Total No. Calendar Weeks in Occupational Training _____
Term Type:	<input type="checkbox"/> Quarter	<input type="checkbox"/> Semester <input type="checkbox"/> Other
Developmental Classes Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Begin Date _____ End Date _____
Prerequisite Classes Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Begin Date _____ End Date _____

CAREER FACILITATOR CERTIFICATION		
<b>NOTE: All training criteria must be marked "Yes" (means the statement is true) or "No" and signed by career facilitator.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Suitable employment is not available to the worker.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The worker would benefit from this training.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a reasonable expectation of employment following completion of this training.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Training is reasonably available to the worker.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The worker is qualified to undertake and complete the training.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The training can be completed within the maximum weeks allowed by law.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The training is available at a reasonable cost.	
Training is:	<input type="checkbox"/> Recommended based on the above criteria.	
	<input type="checkbox"/> Not recommended based on the above criteria.	
	If training is not recommended, submit supporting documentation.	

Career Facilitator's Signature	Date
Email Address: _____	Phone No. _____

FY _____ /1700	6836	\$ _____
Initials _____	6838	\$ _____
Date _____	7810	\$ _____

DOL-2417 (6/12)

**OTHER TRAINING INFORMATION**

**Travel Allowance:** Distance from applicant's home to school (one way) \_\_\_ miles. If 10 miles or over, complete a DOL-2429 and submit with this form.

Training will be:  Part-time (if this is checked, the following statement must be initialed by the participant)  
\_\_\_ I understand I will not be eligible for TRA weekly benefits while attending school part-time  
 Full-time

Will any portion of the training be online or other distance learning?  Yes  No

The participant must read and initial each of the following statements:

- \_\_\_ I will not change my training program without prior **written** approval from TAA. I will register only for classes in my approved training program, and I will not drop classes from my training program. Failure to obtain approval from TAA changes in my training program may be cause for termination of training approval. Furthermore, I will be financially responsible for training that was not approved.
- \_\_\_ I will not be paid TRA benefits during a break in training that lasts more than 30 days not counting weekends and federal holidays.
- \_\_\_ I am responsible for providing a copy of my training schedule to the TAA Unit at the beginning of each term. At the end of each term, I am responsible for providing a record of my grades.

**REMEDIAL BENCHMARKS**

Check all that apply only if the individual is enrolled in some type of remedial education.

**TABE SCORES (Required for all remedial students)**

Original: Reading \_\_\_\_\_ Math \_\_\_\_\_

**ATTENDANCE**

Attend class at least 16 hours per week

**GED**

- Increase original reading and math TABE scores by at least 3 grade levels (combined) at the 6-month mark
- Complete at least 4 of the 5 GED components by the 12-month mark
- Pass GED

**ESL**

- Increase in use of English, speaking and writing, as attested by instructor, at 6-month mark
- Increase in use of English, speaking and writing, as attested by instructor, at 12-month mark
- Complete 3 or the 5 components of GED by the end of 12 months (if pursuing both ESL and GED)
- Pass GED within 18 months (if pursuing both ESL and GED)

**DEVELOPMENTAL (Learning Support)**

Complete and pass all developmental courses by \_\_\_\_\_ Date

**OCCUPATIONAL BENCHMARKS**

- Complete a full load of classes each term (at least 12 credit hours or fulltime as defined by school)
- Maintain at least a 2.0 GPA in all classes/or at least a \_\_\_ GPA as required by my program of study (if higher than 2.0)
- Attend classes as required (submit attendance forms)
- Complete program requirements to obtain credential by TAA-approved end date

**ADDITIONAL BENCHMARKS**

- \_\_\_\_\_
- \_\_\_\_\_

COMMENTS \_\_\_\_\_

**ACKNOWLEDGEMENT**

I understand that the above benchmarks are established so that I can complete my training in the most efficient manner and return to work as soon as possible. I agree to contact a career facilitator at least every 60 days to review my progress and academic standing. Failure to meet requirements and established benchmarks may result in denial of Completion TRA benefits and termination of training approval under the Trade Act. In addition, I hereby authorize release of school records to the Georgia Department of Labor TAA Unit for the purpose of determining training eligibility, satisfactory progress, and program completion. I understand that this consent will remain in effect until I notify school officials, in writing, of my request to terminate authorization.

I further acknowledge that all information given in this form is true and correct to the best of my knowledge.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Facilitator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completing the DOL-2417**

- Enter applicant's name – First, then Last
- Enter applicant's SSN
- Enter applicant's email address and phone number
- Enter name or number of the GDOL Career Center the customer uses
- Enter name or number of the WIA Area whose staff is completing the form
- Enter TAA petition number

**Remedial Training**

- Enter name of the school and location (city) where the remedial training is to occur
- Enter beginning and ending dates of the remedial training
- Enter number of calendar weeks from beginning to end of the remedial training.
- Circle type of remedial training
- Enter TABE grade level equivalent for both reading and math
- Enter applicant's career goal

**Occupational Training**

- Enter name of the school and the location (city) where the occupational training is to occur
- Enter course of study customer is enrolling in
- Enter O\*Net Code for type of work training will lead to
- Check type of credential the customer is pursuing
- Enter beginning and ending dates of the occupational training
- Enter number of calendar weeks from beginning to end of the occupational training
- Check the type of term used by the training provider
- If developmental classes are required, check Yes and enter the beginning and ending dates of the developmental classes (These are remedial classes such as Math 097, 098 or 099.)
- If prerequisite classes are required, check Yes and enter the beginning and ending dates of the prerequisite classes (These are specific classes required to be completed before the student is accepted into a specific program – not regular Core classes.)

**Career Facilitator Certification**

- Check Yes or No for each training criterion. Pay special attention to the first one, "Suitable employment is not available to the worker." Remember, if you check "Yes," you are agreeing with the statement. If you check "No," that means that suitable employment is available and the customer will not be eligible for training.
- Check the appropriate statement for recommendation. If you do not recommend the training, provide supporting documentation or notation.

- Sign and date the form and supply your email address and phone number.

Page Two

### **Other Training Information**

- Enter the number of miles from the applicant's home to school (If 10 or over, complete DOL-2429 form and submit with DOL-2417)
- Check whether training will be part-time or full-time to start. (Use the DOL-2410 to change part-time status to full-time status, or vice versa, as appropriate.)
- Check yes if any part of the training will be online.
- Have the customer read and initial each statement that follows.

### **Remedial Benchmarks**

- Enter the Grade Equivalent for the customer's reading and math scores.
- Check the box under "Attendance," if appropriate.
- For students in GED classes, check the appropriate benchmarks.
- For students in ESL classes, check the appropriate benchmarks.
- For students in Developmental/Learning Support classes, check the box and enter the targeted completion date.

### **Occupational Benchmarks**

- Check the appropriate boxes.

### **Additional Benchmarks**

- Add any other appropriate benchmarks.
- Provide any comments concerning the additional benchmark(s).

### **Acknowledgement**

- Have the customer read the statement carefully, then sign and date. (If the customer refuses to sign, notate in GWS and on the form.)
- The staff should sign and date.

Enter email address and phone number of case manager. (Please ensure legibility!)



Fax the completed form and any additional forms required to the TAA Unit at 404-232-3508.

**DOL-2417-OJT (R-5/13)**  
**TAA APPLICATION FOR ON-THE-JOB TRAINING**

**Purpose and Use**

The DOL-2417-OJT form is used by staff enrolling customers in TAA OJT. In addition to the DOL-2417-OJT, a TAA OJT contract must be signed by the OJT employer.

Fax to: (404) 232-3508

**GEORGIA DEPARTMENT OF LABOR  
TRADE ACT APPLICATION FOR ON-THE-JOB TRAINING**

Name of Applicant _____		SSN _____
First	Last	
Petition Number _____	MRQS _____	Hourly Wage _____ Tenure (Months) _____
WIA Name/Number _____		

**OJT INFORMATION**

Begin Date _____	End Date _____	No. of Weeks or Hours _____	No. of Hrs. Per Wk. _____
Hourly Wage \$ _____		Projected Cost of Training (No. Wks. X No. Hrs. X Hrly. Wage X .5) \$ _____	
Employer _____		Location _____	
Will classroom training relevant to the OJT be necessary? ____ Yes ____ No    O*Net Code _____			
If so, and the classroom training will not be provided as part of the OJT, complete a DOL-2417 form and submit to the TAA Unit.			

**OTHER TRAINING**

Has the applicant received other training funded by the Trade Act under this petition? ____ Yes ____ No    O*Net Code _____	
If Yes, how many weeks of training have already been received? _____	
Did the training take place in Georgia? ____ Yes ____ No If not, where did training take place? _____	

**APPLICANT CERTIFICATION**

<input type="checkbox"/> I understand that any OJT wages I receive will be deducted from my potential weekly TRA amount.
<input type="checkbox"/> I understand that, if I do not qualify to receive TRA benefits, I will not qualify for the Health Coverage Tax Credit (HCTC).
<input type="checkbox"/> The distance I drive from home to the OJT worksite (one way) is _____ miles.
Applicant Signature _____ Application Date _____

**CAREER FACILITATOR CERTIFICATION**

<input type="checkbox"/> The above training meets all six of the criteria required for approval by TAA. Additionally, assessment of the individual's skills, experience, interests and aptitudes indicates that the training is appropriate for the individual. Therefore, this training is recommended for this student.
<input type="checkbox"/> The individual is co-enrolled in WIA for case management or supportive services purposes.
<input type="checkbox"/> Cost commitment submitted.
Career Facilitator Signature _____ Phone Number _____ Date _____
Email Address _____

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	FY _____ /1700    6836 \$ _____
Initials _____	Initials _____    6838 \$ _____
Date _____	Date _____    7810 \$ _____

DOL-2417-OJT (R-5/13)



**Instructions for Completing the DOL-2417-OJT form**

Section A Self-explanatory

Section B Enter the begin date and the end date of the on-the-job training.  
Enter the number of weeks (cannot exceed 104) the training will last and the number of hours per week the participant will be in training.  
Enter the hourly wage the participant will be earning during the OJT.  
Multiply the number of weeks times the number of hours per week times the hourly wage to get the projected cost of training and enter it as indicated.  
Enter the name and location of the employer providing the OJT.  
If the participant will also receive classroom training in addition to the OJT, check Yes. Be sure to submit a DOL-2417 (either 02 or 09 version, as appropriate) for the additional training.

Section C If the applicant has already received training funded by the Trade Act under this same petition, check Yes and enter the number of weeks training already received. Check Yes if the training took place in Georgia. Otherwise, enter the name of the state where the training took place.

Section D Have the applicant read and check each statement, then sign and date the form.

Section E Staff should check any that apply, then sign and date the form, supplying a phone number and email address where s/he can be reached if TAA staff have questions.



Fax the completed form to the TAA Unit at (404) 232-3508.

**DOL-2424  
WAIVER OF TRAINING REQUIREMENTS**

**Purpose and Use**

This form is used when an individual requests that the training requirement be waived.



**TAA 2002**

The waiver must be reviewed every 30 days to determine if the circumstances warranting the waiver to be issued have changed. If so, the waiver should be revoked.



**TAA 2009**

The waiver must be reviewed within 90 days of issuance, then every 30 days thereafter, to determine if the circumstances warranting the waiver have changed. If so, the waiver should be revoked.



**Take Note!**

The DOL-2446 form is used for TAAEA 2011 customers.

GEORGIA DEPARTMENT OF LABOR  <b>TRADE ACT</b> <b>WAIVER OF TRAINING REQUIREMENTS</b>					
Name _____		SSN _____			
GDOL Career Center _____		Petition Certification No. _____			
Most Recent Qualified Separation Date _____		Petition Certification Date _____			
<p><input type="checkbox"/> 1. The firm plans to recall the worker in the reasonably foreseeable future. (GDOL staff must confirm.)</p> <p><input type="checkbox"/> 2. The individual possesses skills for suitable employment and there is a reasonable expectation of employment at <u>equivalent wages</u> in the foreseeable future. (GDOL staff must refer to suitable work or provide proof that such employment opportunities are available.)</p> <p><input type="checkbox"/> 3. The worker is within 2 years of meeting all requirements for entitlement to either:                  a. Age-related insurance benefits under Title II of the Social Security Act.                  b. A private pension sponsored by an employer or labor organization. (Documentation required)</p> <p><input type="checkbox"/> 4. The worker is unable to participate in training due to health. (NOTE: A waiver shall not exempt the worker from availability for work, active search for work, or accepting work.)</p> <p><input type="checkbox"/> 5. There is a delay in the first available enrollment date for training.</p> <p><input type="checkbox"/> 6. Training is not reasonably available, not available at a reasonable cost or there are no training funds available.</p>					
I acknowledge receipt of the Waiver of Training Requirements and have read and/or have had the reason for waiver explained to me. I understand that this waiver will be reviewed by the date indicated below, and may be revoked if these conditions change. I understand that I must make a bona fide search for work every week in which I am covered by a waiver. Failure to do so may result in discontinuance of TRA benefits.					
_____		_____			
Request Date		Signature of Applicant			
_____		_____			
Issue Date		Signature of Career Center Staff			
REVIEWS					
Waiver must be reviewed by:	Date of Review	Continuance Appropriate		Customer Initials	Staff Initials
		Yes	No		
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					

DOL-2424 (R-8/09)

<b>WAIVER DENIAL</b>		
Name _____	SSN _____	
GDOL Career Center _____	Petition Certification No. _____	
Most Recent Qualified Separation Date _____	Petition Certification Date _____	
<p><b>Reason for Denial</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. No recall.</li> <li><input type="checkbox"/> 2. No suitable employment is available or will be available in the local area in the foreseeable future.                             <ul style="list-style-type: none"> <li>a. The individual is unwilling to relocate or commute.</li> <li>b. Suitable employment is not available in the area (s) to which the individual is willing to relocate or commute.</li> </ul> </li> <li><input type="checkbox"/> 3. The worker is not within 2 years of retirement age.</li> <li><input type="checkbox"/> 4. The worker has no health issues to keep him/her from going to school.</li> <li><input type="checkbox"/> 5. Training is reasonably available.</li> <li><input type="checkbox"/> 6. The request date is after the deadline for being enrolled in approved training.</li> </ul>		
_____	_____	_____
Date Denied	Date Mailed/Given to Customer	Signature of Career Center Staff
<p>I have received a copy of this denial. _____</p> <p style="text-align: center; margin-left: 150px;">Signature of Customer</p> <p style="text-align: right; margin-right: 150px;">Date Denied</p>		
<b>WAIVER REVOCATION</b>		
<p><b>Reason for Revocation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. No recall.</li> <li><input type="checkbox"/> 2. No suitable employment is available or will be available in the local area in the foreseeable future.                             <ul style="list-style-type: none"> <li>a. The individual is unwilling to relocate or commute.</li> <li>b. Suitable employment is not available in the area (s) to which the individual is willing to relocate or commute.</li> </ul> </li> <li><input type="checkbox"/> 3. The worker is not within 2 years of retirement age.</li> <li><input type="checkbox"/> 4. The worker has no health issues to keep him/her from going to school.</li> <li><input type="checkbox"/> 5. Training is reasonably available.</li> </ul>		
_____	_____	_____
Date Revoked	Date Mailed/Given to Customer	Signature of Career Center Staff
<p>I have received a copy of this revocation. _____</p> <p style="text-align: center; margin-left: 150px;">Signature of Customer</p> <p style="text-align: right; margin-right: 150px;">Date Revoked</p>		
<b>APPEAL RIGHTS</b>		
<p>If you disagree with this determination, you have the right to appeal. The appeal must be filed in writing either in person or by mail to this Georgia Department of Labor Career Center.</p> <p>The deadline for filing an appeal is _____.</p>		
<b>GDOL Staff Only:</b>		
<input type="checkbox"/> Waiver entered into system	<input type="checkbox"/> Denial entered into system	<input type="checkbox"/> Revocation entered into system

DOL-2424 (R-8/09):p2

<p style="text-align: center;"><b>DOL-2446A</b> <b>Waiver of Training Requirements (2011)</b></p>
---

**Purpose and Use**

This form is used when an individual covered under TAAEA 2011 requests that the training requirement be waived.

The waiver must be reviewed within 90 days of issuance, then every 30 days thereafter, to determine if the circumstances warranting the waiver have changed. If so, the waiver should be revoked.

<p><b>GEORGIA DEPARTMENT OF LABOR</b></p> <p><b>TRADE ADJUSTMENT ASSISTANCE EXTENSION ACT OF 2011</b></p> <p><b>WAIVER OF TRAINING REQUIREMENTS</b></p>	
Name _____ SSN _____	
GDOL Career Center _____ Petition Number (81,000 & Above) _____	
Most Recent Qualified Separation Date _____ Petition Certification Date _____	
<p><input type="checkbox"/> 1. The worker is unable to participate in training due to health. (NOTE: A waiver shall not exempt the worker from availability for work, active search for work, or accepting work.</p> <p><input type="checkbox"/> 2. There is a delay in the first available enrollment date of training.</p> <p><input type="checkbox"/> 3. Training is not reasonably available, not available at a reasonable cost or there are no training funds available.</p>	
<p>I acknowledge receipt of the Waiver of Training Requirements and have read and/or have had the reason for waiver explained to me. I understand that this waiver will be reviewed by the date indicated below and may be revoked if these conditions change. I understand that I must make a bona fide search for work each week in which I am covered by a waiver. Failure to do so may result in discontinuance of TRA benefits.</p>	
_____ Request Date	_____ Signature of Applicant
_____ Issue Date	_____ Signature of Career Center Staff

**Reviews**

Waiver must be reviewed by:	Date of Review	Continuance Appropriate		Customer Initials	Staff Initials
		Yes	No		
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					

DOL 2446A (2/13)

<b>WAIVER DENIAL</b>		
Name _____	SSN _____	
GDOL Career Center _____	Petition Number (81,000 & Above) _____	
Most Recent Qualified Separation Date _____	Petition Certification Date _____	
<b>Reason for Denial</b>		
<input type="checkbox"/> 1. The worker has no health issues to keep him/her from going to school.		
<input type="checkbox"/> 2. Training is reasonably available.		
<input type="checkbox"/> 3. The request date is after the deadline for being enrolled in approved training.		
_____	_____	_____
Date Denied	Date Mailed/Given to Customer	Signature of Career Center Staff
I have received a copy of this denial. _____		
Signature of Customer		Date Denied
<b>WAIVER REVOCATION</b>		
<b>Reason for Revocation</b>		
<input type="checkbox"/> 1. The worker has no health issues to keep him/her from going to school.		
<input type="checkbox"/> 2. Training reasonably available.		
_____	_____	_____
Date Denied	Date Mailed/Given to Customer	Signature of Career Center Staff
I have received a copy of this revocation. _____		
Signature of Customer		Date Denied
<b>APPEAL RIGHTS</b>		
If you disagree with this determination, you have the right to appeal. The appeal must be filed in writing either in person or by mail to this Georgia Department of Labor Career Center.		
The deadline for filing an appeal is _____		
<b>GDOL Staff Only:</b>		
<input type="checkbox"/> Waiver entered into system	<input type="checkbox"/> Denial entered into system	<input type="checkbox"/> Revocation entered into system
Page 2		DOL 2446A (2/13)

Instructions for Completing the DOL-2424 & DOL-2446A Form**To Issue a Waiver**

1. Complete the top section of the form.
2. Check the reason for issuing the waiver and sign and date the form. Have the customer sign and date the form.
3. At the bottom of the form, enter the next review date (see below) and instruct the customer to return to the Career Center on or before that date for a review of the waiver. Ask the customer to bring a record of his/her work search for the period of time between the Issue Date of the waiver and the date s/he returns for the review.
4. Make a copy of the waiver for the customer to take home as a reminder of when s/he must come back in for a review.
5. Keep the original waiver in the customer's file. This may be the Claim Record Card or a separate file in which the customer's waiver and other documents are kept.
6. If the customer's TRA claim is in another state, send a copy of the waiver to the other state. For contact information for all states, go to [www.doleta.gov/tradeact..](http://www.doleta.gov/tradeact..)



Enter the waiver on the Waiver Entry Page (GR12) of the GWS. Be sure that the Customer Service Plan is updated.



**To Deny a Waiver**

1. Complete the top section of the back of the form.
2. Check the reason for the denial.
3. Enter the date denied and the date the denial was mailed or given to the customer.
4. Sign the form.
5. Have the customer sign and date the form to acknowledge the denial.
6. Enter the deadline for appeal rights at the bottom of the form. The applicant has 15 calendar days from the date of the denial to appeal in writing.
7. Give the customer a copy of the completed form and explain his/her appeal rights.
8. If the customer's TRA claim is in another state, send a copy of the waiver to the other state. For contact information for all states, go to [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact). The appeal would go to the other state as well.



Enter the denial on the Waiver Entry page (GR12) of the GWS. Make sure the Customer Service Plan is updated with the reason for denial of the waiver notated.

**To Review a Waiver:**

1. At the bottom of the original waiver form, enter the date of the review. Indicate whether it is appropriate to continue the waiver for another 30 days by checking the appropriate box. Customer and staff should initial to indicate the review was done.
2. Enter the next review date and instruct the customer to return on or before that date.
3. Give the customer a copy of the waiver and file the original.
4. If the customer's TRA claim is in another state, send a copy of the waiver to the other state after each review. For contact information for all states, go to [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact).



Enter the Review Date on the Waiver Update page (GR13) of the GWS. Make sure the Customer Service Plan is updated and services are entered on the Customer Services Entry/Update page in the GWS.

**To Revoke a Waiver:**

1. On the back of the waiver form, check the reason for the revocation.
2. Enter the date revoked and the date the revocation was mailed or given to the customer.
3. Sign the form.
4. Have the customer, if available, sign and date the form to acknowledge the revocation.
5. Enter the deadline for appeal rights at the bottom of the form. The applicant has 15 calendar days from the date of the revocation to appeal in writing.
6. Give (or mail) the customer a copy of the completed form and explain his/her appeal rights.
7. If the customer moved here from another state and the other state is the liable state, send a copy of the form to the other state. If the customer wishes to appeal the revocation, s/he must appeal to the liable state, not Georgia.



Enter the revocation on the Waiver Entry page (GR12) of the GWS. Make sure the Customer Service Plan is updated with the reason for revocation of the waiver notated.

<b>DOL-2428</b> <b>REQUEST FOR JOB SEARCH ALLOWANCES</b>
---

**Purpose and Use**

This form is completed when an individual requests an out-of-area job search allowance.

Forward the completed form and all receipts to the TAA Unit, Suite 440, Sussex. Keep a copy for your records.

GEORGIA DEPARTMENT OF LABOR <b>REQUEST FOR JOB SEARCH ALLOWANCE</b>		
Advance Requested Yes _____ No _____		
PETITION NO.	CAREER CENTER NO.	
<b>A</b> WORKER'S NAME (FIRST, LAST)	SSN	DATE OF APPLICATION
ADDRESS WHERE CHECK IS TO BE MAILED (NO., STREET, STATE, ZIP CODE)	CONTACT TELEPHONE NUMBER	
	SEPARATION DATE	HOURLY WAGE AT SEPARATION

Is this your first request for a job search allowance under the Trade Act? _____ Yes _____ No		
ANTICIPATED NUMBER OF MILES TO BE TRAVELED (ROUND TRIP) _____		
<b>B</b> NAME AND ADDRESS OF FIRM WHERE INTERVIEW IS SCHEDULED	DATE OF DEPARTURE	JOB TITLE FOR WHICH INTERVIEWED
	DATE OF RETURN	DATE OF INTERVIEW
I give this information to support my request for job search allowance under the Trade Act. The information contained in this request is correct 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.		
SIGNATURE OF CUSTOMER		DATE

<b>CAREER CENTER STAFF ONLY</b>		
<b>Suitable employment – At least 80% of pay from Trade affected company.</b>		
<b>C</b> Is suitable employment available in the commuting area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of Career Center Staff _____ Date _____		
<input type="checkbox"/> GWS-11 completed and entered on Job Search/Career Assistance page in GWS		
<input type="checkbox"/> TAA Registration for (DOL-2443) completed and entered in GWS.		

DOL-2428 (R-3/12)

Travel Expenses	Actual Cost	Federal Per Diem Rate	Amt. Reimbursed Petition(s) 70,000 - 79,999 (100%) (TAA Staff Use)	Amt. Reimbursed All Other Petitions (90%) (TAA Staff Use)
Vehicle Rental *	\$	\$	\$	\$
D Commercial Carrier *	\$	\$	\$	\$
Privately Owned Automobile: No. Miles _____ @ _____	\$	\$	\$	\$
Lodging Cost: No. Nights _____ Daily Rate \$ _____	\$	\$	\$	\$
Meals: No. Days _____ @ _____	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$

\*Must be pre-approved by the TAA Unit.

CAREER CENTER STAFF INTERVIEW VERIFICATION		
(This section must be completed and returned to the State TAA Unit before reimbursement of expenses can be made.)		
COMPANY NAME AND PHONE NUMBER	DATE OF INTERVIEW	NAME OF INTERVIEWER
<input type="checkbox"/> I have verified that the above interview was conducted. <input type="checkbox"/> I have been unable to verify that the interview took place.		
SIGNATURE OF CAREER CENTER STAFF		DATE

STATE TAA UNIT STAFF ONLY		
<input type="checkbox"/> Job Search Allowance has been approved.		
<input type="checkbox"/> Job Search Allowance has been denied.		
SIGNATURE OF TAA UNIT STAFF	TITLE	DATE

DOL-2428 (R-3/12)

**Instructions for Completing the DOL-2428****Part A**

- If an advance payment is being requested, check Yes as indicated.
- Enter the requested information.

**Part B**

- Have the customer check Yes or No to answer the question, and enter the number of miles s/he anticipates traveling round trip.
- The customer should enter the information concerning the company and job for which s/he is interviewing.
- The customer should read the statement and sign and date the form, certifying that the information given is true.

**Part C**

- Check Yes or No to indicate whether or not suitable employment is available within the 50 mile commuting area. Document on the Customer Services Entry page in GWS that an order search was made.
- Make sure the customer is registered for employment services.
- Make sure that a TAA Registration Form (DOL-2443) has been completed and entered in GWS.
- Make sure that a GWS-11 How May We Help You? form has been completed and entered on the Job Search/Career Assistance page in the GWS.
- Make sure that a Customer Service Plan has been entered in the GWS and that it mentions looking out of the area for work.
- Sign and date the form, certifying that there is no suitable work in the commuting area.

**Part D**

- The customer should enter the actual costs for each item and provide a receipt for each item except mileage. If the customer is requesting advance payment, estimates of costs may be used. If the customer receives more in advance than the actual expenses turn out to be, s/he must repay the overage.

**Part E**

- The customer must provide a phone number, date of interview, and name of the person conducting the interview.
- Verify with the company that the interview took place.
- Check the appropriate statement, sign and date the form.

Forward the completed form and all receipts to the TAA Unit, Suite 440, Sussex. Keep a copy for your records.

**DOL-2429**  
**APPLICATION FOR MILEAGE ALLOWANCE/  
APPLICATION FOR SUBSISTENCE ALLOWANCE**

**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

This form is used by the applicant to request either mileage allowance or subsistence allowance when it is necessary to attend training 10 miles or more (one way) from home to training. If the applicant will be commuting to school daily, s/he should complete the side of the form entitled "Application for Mileage Allowance." If s/he will be staying in the city (out of the commuting area) where the training is located during the week, s/he should complete the side of the form entitled "Application for Subsistence Allowance."

This form should be submitted with the appropriate DOL-2417 form at the time of training application so that the total cost of training may be considered for approval.



ALL FIELDS MUST BE COMPLETED AND THE FORM SHOULD BE PRINTED, SIGNED AND FAXED

Georgia Department of Labor <b>APPLICATION FOR MILEAGE ALLOWANCE</b> TRADE ACT	
CUSTOMER'S NAME (First, Middle, Last)	SSN
WIA AREA	DATE OF REQUEST

**WORKER REQUEST**

NAME AND ADDRESS OF PARTICIPANT	BEGIN DATE	END DATE
NAME AND ADDRESS OF SCHOOL	DAYS ATTENDING SCHOOL	ROUND TRIP MILES/DAY
	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	
Do any other family members at this address attend training under the Trade Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a copy of each family member's class schedule, in addition to your own.		

**WORKER CERTIFICATION**

I give this information to support my application for travel allowance under the Trade Act. The information in this request is complete and correct to the best of my knowledge. I understand that only one travel allowance will be granted per household where more than one member of the household is attending TAA-approved training at the same location on the same days (regardless of class times for those days). I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

Signature of Customer

Date

**FOR TAA UNIT ONLY**

No. roundtrip miles per day	_____	x	
No. days attending school per week	_____	x	
No. weeks attending	_____	x	
Federal mileage rate	_____	=	
Total mileage allowance			\$ _____
Travel approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____	Date _____	

DOL 2429 (R-03/12)

ALL FIELDS MUST BE COMPLETED AND THE FORM SHOULD BE PRINTED, SIGNED AND FAXED Georgia Department of Labor <b>APPLICATION FOR SUBSISTENCE ALLOWANCE</b> TRADE ACT		
CUSTOMER'S NAME (First, Middle, Last)		SSN
WIA AREA	DATE OF REQUEST	
<b>WORKER REQUEST</b>		
NAME AND ADDRESS OF PARTICIPANT	BEGIN DATE	END DATE
NAME AND ADDRESS OF SCHOOL	DAYS ATTENDING SCHOOL M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	DAYS LODGING NEEDED M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>
ROUNDTRIP MILEAGE		
<b>WORKER CERTIFICATION</b>		
I give this information to support my application for subsistence allowance under the Trade Act. The information contained in this request is complete and correct 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.		
_____ Signature of Customer	_____ Date	
<b>TAA UNIT ONLY</b>		
Lodging costs per day \$ _____ x (Lesser of actual cost or 50% Federal per diem)	No. days eligible per week ____ x	
Total weeks training _____ =	Total lodging for training _____	
Meal allowance per day \$ _____ x (Lesser of actual cost or 50% Federal per diem)	No. days eligible per week ____ x	
Total weeks training _____ =	Total meals for training	\$ _____
Roundtrip miles _____ x federal mileage rate \$ _____ = Mileage allowance \$ _____		
Total subsistence costs \$ _____		
Subsistence approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ Date _____		

DOL 2429 (R-03/12):SUBS

**Instructions for Completing the DOL-2429 Application for Mileage Allowance**

Enter the applicant's name and social security number, the WIA name and/or number, and the date of the request for approval of the mileage allowance.

Enter the name and address of the school the customer is attending.



Take Note!

If the customer will be travelling to different locations for internships, provide information on a separate sheet of paper attached to this form.

Enter the customer's home address.

Enter the begin date and end date of the training.

Circle the days the student will be attending school.



Take Note!

The specific days a student attends school may vary from term to term. Staff should notify the TAA Unit via email or phone if the number of days changes.

Enter the number of miles (round trip) the student will drive from home to school and back home each day. If using the fillable form online, print it out now.

Have the customer read the statement, then sign and date the form.



Fax the form to the TAA Unit at (404) 232-3508.

**Instructions for Completing the Application for Subsistence Allowance (DOL-2429)**

Take Note!

This is the reverse side of the Application for Mileage Allowance.

Enter the customer's name and social security number.

Enter the name and/or number of the WIA area.

Enter the date of the request for approval of subsistence allowance.

Enter the name and address of the school, and the customer's home address.

Enter the begin and end dates of the training.

Circle the days the customer will attend training and the days lodging is needed.



Take Note!

Lodging may be provided one day prior to the first day of classes in a week and one day after the last day of classes, depending on the time classes start and end and how far the student would have to travel from and/or to home. For example, if the customer is attending school Monday through Wednesday, and classes start at 8:00 a.m. and end at 3:00 p.m., lodging would be provided for Sunday through Tuesday night. However, if classes didn't start until 1:00 p.m., Sunday night would not be approved. Similarly, if classes were over at 5:00 p.m., Wednesday night could be approved.

If using the fillable form, print it out now.

Have the customer read the statement, then sign and date the form.



Fax the form to the TAA Unit at (404) 232-3508.

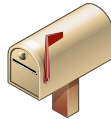
**DOL-2430**  
**REQUEST FOR TRAVEL REIMBURSEMENT/  
REQUEST FOR SUBSISTENCE ALLOWANCE**

**Purpose and Use**

This form is submitted directly to the TAA Unit by students who have been approved for the mileage or subsistence allowance. The student will prepare one form per week claimed and submit all of one month's forms at the same time.

The front of the form is used to request reimbursement for travel (mileage) and the back of the form is used to request reimbursement for subsistence.

Students should mail or fax the completed forms each month to the TAA Unit.



TAA Unit  
Georgia Department of Labor  
Suite 440  
148 Andrew Young International Blvd. NE  
Atlanta, GA 30303

(404) 232-3508

GEORGIA DEPARTMENT OF LABOR <b>REQUEST FOR TRAVEL REIMBURSEMENT</b> TRADE ACT		
CUSTOMER'S NAME <i>(Last, First, Middle)</i>	SOCIAL SECURITY NO.	DATE OF REQUEST
ADDRESS (No., Street, City, State, Zip Code)	COLLEGE/UNIVERSITY NAME	
FOR TRAVEL BEGINNING _____ AND ENDING _____		

**A. CUSTOMER CERTIFICATION**

I give this information to support my application for travel allowance under the Trade Act. The information contained in this request is correct and complete to the best of my knowledge. I understand that only one travel allowance will be granted per household where more than one member of the household is attending TAA-approved training at the same location on the same days (regardless of class times for those days). I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.	
_____ Signature of Customer	_____ Date

**B. AUTOMOBILE MILEAGE RECORD**

DAY <i>(Circle One)</i>	DATE		ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	INITIALS
	Mo.	Day						
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
M T W Th F								
<b>TOTAL AMOUNTS</b>								
Did you carpool? Yes ___ No ___				If Yes, with whom? _____				

**C. STATE APPROVAL**

Approved For _____	Approved By _____
\$ _____	Title _____

DOL- 2430 (R-5/11)

GEORGIA DEPARTMENT OF LABOR <b>REQUEST FOR SUBSISTENCE REIMBURSEMENT</b> TRADE ACT			
CUSTOMER'S NAME <i>(Last, First, Middle)</i>	SOCIAL SECURITY NO.	C. C. NO.	DATE OF REQUEST
ADDRESS <i>(No., Street, City, State, ZIP Code)</i>	PETITION NO./COMPANY NAME	MOST RECENT QUALIFYING SEPARATION DATE	
FOR WEEK BEGINNING _____ AND ENDING _____			

**A. CUSTOMER CERTIFICATION**

I give this information to support my request for payment of subsistence under the TRADE ACT. 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.

SIGNATURE OF CUSTOMER	DATE SIGNED <i>(Mo., Day, Yr.)</i>
-----------------------	------------------------------------

**B. SUBSISTENCE EXPENSES**

DATE		ATTENDED TRAINING		BREAKFAST		LUNCH		DINNER		LODGING		TOTALS
Mo.	Day	Y	N	Federal per diem \$								
				Location	Amount	Location	Amount	Location	Amount	Location	Amount	
					\$		\$		\$		\$	
TOTAL SUBSISTENCE .....												
MILEAGE                      MILES AT .365 CENTS PER MILE .....												
<b>TOTAL EXPENDITURES</b>												

**C. STATE APPROVAL**

Approved For _____	Approved By _____
\$ _____	Title _____

**D. APPEAL RIGHTS**

If you disagree with this determination, you have the right to appeal. The appeal may be personally filed in or be mailed to the career center where the claim was filed.

The 15 days here are measured from the determination 'release date' shown below, and not the date you receive it in the mail.

Determination release date \_\_\_\_\_ Deadline for filing appeal (15 days after release date) \_\_\_\_\_

**DOL-2431**  
**REQUEST FOR DETERMINATION OF ENTITLEMENT TO**  
**ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (ATAA)**

**Purpose and Use**

This form is used to apply for ATAA benefits when a qualified individual has become reemployed full-time at a wage lower than his/her Trade-affected employment and is expected to earn less than \$50,000 per year at the new job.

The individual must submit written documentation to verify the beginning date of the job, the number of hours s/he is expected to work, and the hourly pay. See Chapter 8 for more information.



**GEORGIA DEPARTMENT OF LABOR  
REQUEST FOR DETERMINATION OF ENTITLEMENT TO  
ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (ATAA)  
TRADE ACT OF 2002**

WORKER'S NAME <small>LAST FIRST MIDDLE</small>		SSN	DATE OF BIRTH <small>MONTH DAY YEAR</small>	CAREER CENTER NO.
ADDRESS (No. Street, City, State, ZIP Code)			NEEDS INTERPRETER <input type="checkbox"/> Y <input type="checkbox"/> N IN WHAT LANGUAGE: _____	
<b>A. SEPARATION AND WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT</b>				
1. NAME OF FIRM		2. PETITION NO.	3. IMPACT DATE	
4. ADDRESS OF FIRM				
5. SEPARATION DATE	6. WAGES PER HOUR	7. HOURS WORKED PER WEEK <small>(actual work worked)</small>		
<b>B. REEMPLOYMENT INFORMATION</b>				
1. NAME OF FIRM		2. ADDRESS OF FIRM <small>STREET CITY STATE ZIP CODE</small>		
3. EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <small>(20 Hours Minimum)</small> <input type="checkbox"/> PART TIME	4. HOURLY PAY	5. EXPECTED WEEKLY SALARY <small>(Excluding Overtime)</small>	6. FIRST DAY WORKED	
7. EMPLOYER CONTACT		8. TITLE		
9. DATE COMPLETED		10. TELEPHONE NUMBER		
I certify that the above information is true and correct. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.				
SIGNATURE OF WORKER			DATE	
SIGNATURE OF STATE REPRESENTATIVE			DATE	

DOL-2431 (R-01/08)

**Instructions for Completing DOL-2431 Form**

Enter the individual's name, SSN, date of birth and address.

Enter the Career Center Number.

If the individual needs an interpreter, check Yes and indicate what language s/he speaks.

**Part A** Enter the name and address of the Trade-affected company.  
Enter the petition number and the impact date of the Trade certification.  
Enter the date the individual was laid off from the Trade-affected company as well as the wages per hour and the number of hours per week for the last full week worked at the company.

**Part B** Enter the name and address of the new employer.  
Check Full Time or Part Time as appropriate.  
Enter the hourly pay and the expected weekly salary for the new job.  
Enter the first day worked (or expected to work), and the name, title, and telephone number of an employer contact.  
Enter the date the form is completed.

Have the applicant read the statement, then sign and date the form, certifying that the information is correct.

Career Center staff should sign and date the form.

The individual must also complete the DOL-2432 TAA/ATAA Option Statement.



Send completed forms (DOL-2431 and DOL-2432) and supporting documentation via blue bag to the TRA Payment Unit, Room 900, Sussex Place.

**DOL-2432  
TAA/ATAA OPTION STATEMENT****Purpose and Use**

TAA 2002 states that an individual who receives job search assistance and/or retraining benefits is not eligible to receive ATAA benefits, and vice versa. Staff must carefully explain this to all qualified individuals who may apply for any of the above benefits, then have the individual complete the TAA/ATAA Option Statement. The individual may change his/her mind at any time UNTIL BENEFITS ARE PAID (e.g., the individual receives a TRA check due to being in approved training, approved training costs are incurred by TAA, the individual receives a job search allowance, or the individual receives an ATAA check). However, once ATAA benefits are paid, the individual is no longer entitled to the other benefits listed and vice versa.



The form should be forwarded to the appropriate unit along with:

- The DOL-2431 if the individual is applying for ATAA benefits (to TRA Payment Unit, Suite 900); or
- The DOL-2417 if the individual is at least 50 years old and is applying for training (to TAA Unit, Suite 440); or
- The DOL-2428 if the individual is at least 50 years old and is applying for job search assistance (to TAA Unit, Suite 440).

**GEORGIA DEPARTMENT OF LABOR  
TAA/ATIA OPTION STATEMENT**

Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) have been approved. Benefits are potentially available under either program as a result.

I certify that I have been advised of the benefits and requirements of both programs. I understand once I enroll in training I no longer qualify for future ATAA benefits. I also understand that once I begin receiving payments under the ATAA program that I cannot receive future TAA/TRA benefits or services except for relocation allowances and the Health Coverage Tax Credit (HCTC).

I hereby elect to file for potential benefits under the regular TAA program.

I hereby elect to file for potential benefits under the ATAA program.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative's Signature

**GEORGIA DEPARTMENT OF LABOR  
TAA/ATIA OPTION STATEMENT**

Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) have been approved. Benefits are potentially available under either program as a result.

I certify that I have been advised of the benefits and requirements of both programs. I understand once I enroll in training I no longer qualify for future ATAA benefits. I also understand that once I begin receiving payments under the ATAA program that I cannot receive future TAA/TRA benefits or services except for relocation allowances and the Health Coverage Tax Credit (HCTC).

I hereby elect to file for potential benefits under the regular TAA program.

I hereby elect to file for potential benefits under the ATAA program.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative's Signature

**DOL-2433  
ATAA MONTHLY CERTIFICATION****Purpose and Use**

The DOL-2433 form is used by an individual to certify for the ATAA wage supplement. The form is submitted once a month to the Career Center. Career Center staff must verify and attach documentation for the hours worked and the current wages.

**Take Note!**

If the individual is receiving or is planning to receive the Health Coverage Tax Credit (HCTC) or the HCTC Bridge payments, instruct him/her to submit the form and documentation at the beginning of every month. Eligibility for HCTC is triggered by the individual receiving a payment from GDOL for UI, EUC, SEB, TRA, ATAA, or RTAA. If the individual submits payment requests near the end of the month and no check is issued for the month in question, s/he will not be deemed eligible for HCTC for that month.

GEORGIA DEPARTMENT OF LABOR  
ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (ATAA)  
MONTHLY CERTIFICATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PETITION NO. : \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

1. Current Employer Name: \_\_\_\_\_

2. Worker's current wage per hour: \$ \_\_\_\_\_

3. If separated, enter last date worked: \_\_\_\_\_

WEEK 1

Week ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 2

Week ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 3

Week ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 4

Week ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

Employer Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Telephone: \_\_\_\_\_

WORKER CERTIFICATION

I give this information to support my entitlement for an ATAA wage supplement under the Trade Act of 2002. The information contained in this request is correct 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.

Worker Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Agency Representative's Signature \_\_\_\_\_

Career Center \_\_\_\_\_

DOL-2433 (1/04)

<p style="text-align: center;"><b>DOL-2439</b> <b>HEALTH COVERAGE TAX CREDIT BRIDGE PAYMENT REQUEST (HCTC)</b></p>
--

**Purpose and Use**

The DOL-2439 is used by Career Center staff when a customer wishes to apply for the HCTC Bridge.

**GEORGIA  
DEPARTMENT OF LABOR**

**HEALTH COVERAGE TAX CREDIT BRIDGE PAYMENT REQUEST (HCTC)**

Name (First, Middle Initial, Last)		Social Security Number	Petition Number	Date of Application
Street Address		Date of Birth	PBGC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code	Career Center Name	Career Center Number

<b>A. QUALIFYING HEALTH COVERAGE</b>	
I am providing an invoice to reflect that I have the following qualified health coverage:	
<input type="checkbox"/> COBRA continuation coverage: HCTC Program Only (72.5%)	
<input type="checkbox"/> Individual (non-group) coverage in effect 30 days prior to separation from Trade-affected employer Separation Date: _____ Enrollment Date: _____	
<input type="checkbox"/> Blue Value Select HCTC coverage	

<b>B. NEG/HCTC BRIDGE GRANT INFORMATION</b>	
Do any of the following apply to you?	
<input type="checkbox"/> I am enrolled in a health plan maintained by an employer or former employer that pays at least 50% of the coverage.	
<input type="checkbox"/> I am entitled to Medicare Part A or enrolled in Medicare Part B.	
<input type="checkbox"/> I am enrolled in the Federal Employees Health Benefit Program (FEHBP).	
<input type="checkbox"/> I am enrolled in Georgia's Medicaid Insurance Program.	
<input type="checkbox"/> I am entitled to health coverage through the U. S. Military Health System (TRICARE/CHAMPUS).	
<input type="checkbox"/> I have already begun receiving the advance HCTC payment from the Department of the Treasury (IRS).	

<b>C. WORKER CERTIFICATION</b>	
I am supplying the above information to support my request for the HCTC Bridge payment. The information is correct and complete to the best of my knowledge. I understand that 72.5% of my monthly health care premium will be paid while I am in the process of applying for the advance payment through the U.S. Department of the Treasury (IRS). I understand that making a false statement, misrepresenting material facts or failing to disclose a material fact to obtain or increase benefits could result in an overpayment or possible fraud, with penalties as provided for by law.	
SIGNATURE OF WORKER	DATE SIGNED

<b>D. PAYMENT INFORMATION (STAFF ONLY)</b>	
Name of Payee from Invoice:	
Policy No.:	Monthly Insurance Premium: \$
Coverage Month:	
SIGNATURE OF GDOL REPRESENTATIVE	DATE

DOL-2439 (R-2-13)



**Instructions for Completing the DOL-2439 Form**

- Only one item in Section A should be checked.
  - If Individual Coverage is checked, staff must verify that the insurance policy was not obtained through the employer or another group and was in effect at least 30 days prior to separation.
  - Blue Value Select HCTC coverage is the Georgia State-Qualified Plan and cannot be obtained through any Blue Cross/Blue Shield company of any state other than Georgia. However, other states may have other State-Qualified Plans available through Blue Cross/Blue Shield or other insurance carriers.
- If any item in Section B is checked, the customer is not eligible for the HCTC Bridge payment.
- The customer should read the certification in Section C, then sign and date the form.
- Career Center staff should complete Section D, then sign and date the form.
  - The Name of Insurance Company should be the entity to whom the health insurance premium payment should be made. In the case of COBRA, it is often the company or a special agent of the company, not the insurance company itself. Read the COBRA election letter carefully to determine to whom the check should be made out.
  - If the customer has applied for the Blue Value Select coverage, pending payment receipt by Blue Cross/Blue Shield of Georgia (BC/BSGA), put the customer's application number (on the document received from BC/BSGA) in the Policy No. field.
  - Enter the total Monthly Insurance Premium. The computer will calculate the proper amount (80%) of the payment to be made.
  - Enter the month and year of the payment being made.

**DOL-2441**  
**HEALTH COVERAGE TAX CREDIT (HCTC)**  
**BRIDGE PAYMENT INFORMATION**

**Purpose and Use**

The DOL-2441 form is given to customers applying for HCTC Bridge, and provides important information concerning HCTC Bridge.

GEORGIA DEPARTMENT OF LABOR  
**HEALTH COVERAGE TAX CREDIT (HCTC)**  
**BRIDGE PAYMENT INFORMATION**

The Health Coverage Tax Credit (HCTC) Bridge Payment Program is designed to help Trade-eligible individuals pay health insurance premiums while waiting to receive advance HCTC payments from the IRS. You may receive up to three bridge payments, if you meet the qualifications below:

- You must apply to the IRS to start the process for the advance tax credit;
- You must be enrolled in one of the following qualified health plans:
  - COBRA continuation coverage
  - Individual (non-group) health plan that began at least 30 days prior to separation from Trade affected employment
  - Blue Value Select (HCTC) from Blue Cross/Blue Shield of Georgia (Call 1-800-718-8831 for information about Blue Value Select (HCTC))

**NOTE:**HCTC only covers the major medical insurance option. Other insurance options, such as vision or dental, are not covered.

- You cannot be:
  - Entitled to Medicare Part A or enrolled in Medicare Part B; or
  - Enrolled in Medicaid or PeachCare; or
  - Enrolled in any health plan maintained by an employer, former employer, or spouse's employer that pays at least 50% of the cost of the coverage; or
  - Enrolled in a plan in the Federal Employees Health Benefit Program; or
  - Entitled to coverage through the U.S. military health system (TRICARE/CHAMPUS); or
  - Imprisoned under federal, state, or local authority; or
  - Claimed as a dependent on someone else's federal tax return for the current year.

#### GETTING YOUR BRIDGE PAYMENT STARTED

- Call (404) 232-3505 to find out where you can apply for the bridge payment.
- Bring your monthly invoice or coupon for your health insurance premium.
- If you are a Pension Benefit Guaranty Corporation (PBGC) recipient, bring verification of age (driver's license, birth certificate, etc.) and the letter the IRS sent you with the HCTC Information kit, stating that you have been identified as potentially eligible for the HCTC.
- Meet with Georgia Department of Labor staff to complete your application for the HCTC bridge payment. If everything is in order, a check made out to the health insurance company for 72.5% of your monthly premium will be mailed to you the following business day.
- Send this check along with your payment for the remaining 27.5% of the monthly premium to the name of the payee from the invoice. Any other use of this check is prohibited and may cause you to have to pay the money back to the Georgia Department of Labor.
- If you decide for any reason not to submit your Advance HCTC application to the IRS after you have received a bridge payment check from the Georgia Department of Labor, you must return the check to the Department.

**NOTE:** DO NOT deposit this check in your personal checking account.

#### SECOND AND THIRD BRIDGE PAYMENTS

Trade-eligible individuals may receive up to three bridge payments, depending upon the length of time it takes the IRS to process the request for the advance HCTC payment. Separate applications are required for each additional bridge payment. If additional bridge payments are needed, follow the steps listed above to apply for each additional bridge payment. Please note that you may not receive the third bridge payment if, at the time of application for the third bridge payment, the IRS has not yet received your advance HCTC application.

I have read and understand the above information.

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

DOL-2441 (R-2/13)

**Instructions for Completing the DOL-2441**

The customer should read the information, then print his/her name, sign and date the form.

Staff should make a copy of the form for the customer to take with him/her, keep the original in the customer's file, and forward a copy to the TAA Unit, along with the DOL-2439 form and other documents listed in the instructions for the DOL-2439 form.



TAA Unit  
Suite 440, Sussex

Or



(404) 232-3508

<b>DOL-2442 COST COMMITMENT SHEET</b>
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**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

The DOL-2442 form is used by WIA staff to provide a complete picture of the cost of training for which an individual is applying. The form is optional in that WIA staff may use a form of their own design that contains the same information or they may enter cost commitment into the WIA/TAA Tracking and Reporting system, if preferred.

ALL FIELDS MUST BE COMPLETED AND FORM SHOULD BE PRINTED, SIGNED AND FAXED

**COST COMMITMENT SHEET**

Petition # \_\_\_\_\_

Applicant Name \_\_\_\_\_  
First Last SSN \_\_\_\_\_

TRAINING			
Eligible Training Provider	Program of Study	Start Date	End Date

TRAINING COSTS	TERM 1	TERM 2	TERM 3	TERM 4
Beginning & Ending Dates				
Tuition & Fees				
Books & Supplies				
Uniforms				
Travel	<b>COMPLETE FORM DOL-2429 IF TRAVELING 26 MILES OR MORE ONE WAY</b>			
Subsistence				
Other (Specify)				
<b>TOTAL</b>				

TRAINING COSTS	TERM 5	TERM 6	TERM 7	TERM 8
Beginning & Ending Dates				
Tuition & Fees				
Books & Supplies				
Uniforms				
Travel	<b>COMPLETE FORM DOL-2429 IF TRAVELING 26 MILES OR MORE ONE WAY</b>			
Subsistence				
Other (Specify)				
<b>TOTAL</b>				

FUNDING STREAM & COMMITMENT AMOUNT (Not including support)	TAA	WIA	HOPE	PELL	OTHER	TOTAL
				*		

\* Enter amount of Pell Award participant is willing to contribute to the cost of the training (if necessary).

Fax DOL-2442 and DOL-2417 to (404) 232-3508.

DOL-2442 (R-03-12)

**COST COMMITMENT SHEET INSTRUCTIONS**

**Petition #:** Enter the five-digit US Department of Labor certified petition number for the company that was affected by Trade and from which applicant was laid off.

**Applicant Name & SSN:** Enter student's first and last name and social security number.

**Training Section:** Enter the school name, program of study and start and end date for the program of study.

**Training Costs:** For each Term (Semester/Quarter/Other), enter the start and end dates and cost for each line item (tuition & fees, books & supplies, etc.). Include all fees such as technology, graduation, testing, etc.

**Funding Stream & Commitment Amount:** Enter the expected funding amount under each funding source and the total commitment amount.

**NOTES:** Students should send receipts (include name and lost SSN) to Suite 440, 148 Andrew Young International Blvd., N.E., Atlanta, Georgia 30303-1751.

If the student is requesting reimbursement for materials required of all students in the training program, a list of required items should accompany this form. Examples of costs which may be reimbursable directly to the trainee include items such as tools, uniforms, physicals, shots, school supplies, and books.

If the student is attending school 10 miles or more from home, the DOL-2429, Application for Mileage Form, must be submitted at the same time as the DOL-2417.

Fax completed DOL-2442 and DOL-2417 to: (404) 232-3508

<b>DOL-2443 TAA REGISTRATION FORM</b>
---

**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

The DOL-2443 form is used to collect information required for federal reporting purposes on all Trade-eligible applicants. It will generally be given to customers when the TRA claim is taken in a group session, along with the GWS-11 How May We Help You? form. If no group session is held or the customer does not attend the group session, the form should be completed the first time the customer applies for **any Trade Act service**; i.e., TRA, ATAA, RTAA, training, waiver of training requirement, job search allowance, relocation allowance, or HCTC Bridge.

If not in a group session, staff should check GR10 (TAA Main Page) in the GWS to see if a TAA Registration has been entered. If a TAA Registration exists, staff should check to ensure that all fields have been completed, as changes were made to the system and records were converted without all required information. If any information is missing, the DOL-2443 should be completed and information entered into the TAA Registration page (GR11). If there is a TAA Registration and all information has been entered, there is no need for a new DOL-2443 form.



ALL FIELDS MUST BE COMPLETED AND FORM SHOULD BE PRINTED AND FAXED  
 GEORGIA DEPARTMENT OF LABOR  
**TAA REGISTRATION**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Petition # \_\_\_\_\_ MRQS Date \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Tenure (Months) \_\_\_\_\_

Layoff Status:  
 Laid Off  
 Layoff Threatened - Potential layoff date (if known) \_\_\_\_\_

Were you laid off from a company in Georgia?  Yes  No; If not, what state? \_\_\_\_\_  
 Do you have a UI or TRA claim in Georgia?  Yes  No  
 Are you a U.S. citizen or national?  Yes  No  
 If Not: Alien Registration Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Did you attend a meeting at your company where someone from the [Rapid Response Unit of the Georgia Department of Labor (GDOL)] provided information about services available to you and your co-workers?  Yes  No

Did the (GDOL) set up a transition center for you and your co-workers to access services of the GDOL especially for workers at your company, either on-site at your company or at another location?  Yes  No

If Yes, did you use the transition center?  Yes  No

Have you received any of the following in the last six months? (Check all that apply.)  
 TANF  
 Food stamps  
 SSI/SSDI  
 Other public assistance

I received the GWS-11 Employment Services Request and Needs Assessment form and have indicated the types of services I would like to receive.

\_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For staff use only**

\_\_\_\_ Registered for ES  
 \_\_\_\_ Work history updated  
 \_\_\_\_ Customer service plan started  
 \_\_\_\_ Employment and case management services offered

DOL-2443 (R-03/12)

**Instructions for Completing the DOL-2443 form**

The customer should enter his/her name, SSN, Trade Act petition number, most recent qualifying separation date, hourly wage and tenure at the Trade-affected employment.

If the customer has been laid off from the Trade-affected employer, check Laid Off.

If the customer is still working for the Trade-affected employer but has been notified of impending layoff, check Layoff Threatened (only applicable for 2009 and 2011 Act customers). If the customer has been given a date of layoff, enter that date as indicated.

If the customer worked for a Georgia company, check Yes. If not, check No and enter the state s/he worked in. This is the state where the wages were reported.

If the customer has filed a UI and/or TRA claim in Georgia, check Yes. Otherwise, check No.

If the customer is a U.S. citizen or national, check Yes. If not, check No and enter his/her alien registration number and expiration date.

The next two questions have to do with Rapid Response services the customer may have received.

The first question asks if the customer attended a Rapid Response employee information session. These sessions are usually, but not always, held on-site at the Trade-affected company and include representatives from Rapid Response, the Career Center, and WIA. If the customer doesn't know, check No.

The second question is a two-part question:

1. Did GDOL establish a transition center either on-site or at another location for workers of the Trade-affected company? This may have consisted only of a Resource Room, or it may have been a full equipped center with computers for job search and staff to assist with job search activities, training requests and other services. Transition centers do not generally take UI claims.
2. If the customer answered Yes to the first part of this question, s/he is now asked if s/he took advantage of the transition center. In other words, did s/he use the services there?

Check any of the public assistance options that the customer received **during the last six months only**.

Staff should give the customer a GWS-11 How May We Help You? form to complete at the same time.

Once completed, the TAA Registration information should be entered into the GWS on GR11 (TAA Registration Page).

**Take Note!**

In order to enter the TAA Registration into the system, the customer must be on the TAA Petition Affected Employee Listing (GR04) in the GWS and must be registered for ES.

**DOL-2444**  
**APPLICATION FOR TAA ONLINE LEARNING APPROVAL**

**Purpose and Use**

The DOL-2444 form is used in conjunction with the appropriate DOL-2417 form when a customer wishes to take part of all of his/her training online. The prevalence of online training necessitates that TAA be open to this type of training, but at the same time, TAA must do everything possible to ensure the successful completion of training.

Some students do well at online learning; others do not. Before approving online training, students must complete the **Smarter Measure Learning Readiness Indicator** assessment offered through the Georgia Virtual Technical College at <http://www.gvtc.org/Resources/smartermeasure.aspx>. Once completed, s/he must take the results of the assessment to the WIA Career Advisor and complete the DOL-2444. Depending on the assessment results, the career advisor will recommend either approval or denial of online training.

ALL FIELDS MUST BE COMPLETED AND FORM SHOULD BE PRINTED, SIGNED AND FAXED  
 Georgia Department of Labor

**APPLICATION FOR TAA ONLINE LEARNING APPROVAL**

Name: _____	SSN: _____
Career Advisor: _____	WIA Area: _____
School: _____	Program of Study: _____
Begin Date of Online Learning: _____	End Date of Online Learning: _____

I am requesting online training because: (Check all that apply.)

- No training is available within a reasonable commuting distance.
- Course is not offered on campus – only online.
- Personal preference
  - Child care issues
  - No transportation
  - Other \_\_\_\_\_

Have you taken online courses before?  Yes  No  
 If yes, how many courses and what was your average grade? \_\_\_\_\_  
 How much of your total training program will be online?  
 All       Only the current term       Only the current course  
 Other \_\_\_\_\_

Before we can approve your request for online training approval, you must complete the online learning self-assessment at <http://www.gvtc.org/resources/smartermeasure.aspx>. Once you have completed the entire assessment, bring a printout of your results to your career advisor who will go over them with you and make a recommendation to the State TAA Coordinator to approve or deny your request.

Student certification:	
<input type="checkbox"/> I understand that I will receive no travel allowance from TAA for any day I was not required to report to campus by my instructor. If I wish to receive a travel allowance for such an activity, I must submit a signed statement from my instructor that my presence was required on campus for the day(s) in question.	
<input type="checkbox"/> I understand that TAA will not pay for me to repeat online any courses that I did not pass.	
<input type="checkbox"/> I understand that my online learning approval must be reviewed each quarter/semester.	
<input type="checkbox"/> I understand that it is my responsibility to get my attendance certification form (DOL-2403) signed by the instructor the last week of each month that I receive TRA benefits.	
_____	_____
Student Signature	Date

<b>FOR WIA CAREER ADVISOR ONLY</b>	
<input type="checkbox"/> Based on the online assessment and past performance, if any, the customer has the means and the ability to successfully engage in online learning and I recommend that it be approved.	
<input type="checkbox"/> Based on the online assessment and past performance, if any, I do not recommend that online learning be approved.	
_____	_____
Career Advisor Signature	Date

DOL-2444 (R-03/12)

**DOL-2445  
TAA BUDGET FORM  
SUPPORT WHILE IN TRAINING**

**Purpose and Use**

This is a fillable form, meaning that it may be accessed electronically, completed on the computer, then printed and signed. It is, of course, also fine to complete the form in ink.

This form is used to document a customer's household expenses and income, **excluding UI and TRA benefits**, when the training requested by the customer will outlast the customer's benefits. If the customer does not have income to balance expenses when UI and TRA are exhausted, training extending beyond exhaustion of the benefits cannot be approved.



**Take Note!**

If the customer's training is not expected to outlast his/her benefits, the DOL-2445 need not be completed.

ALL FIELDS MUST BE COMPLETED AND FORM SHOULD BE PRINTED, SIGNED AND FAXED

**TAA BUDGET FORM**  
**SUPPORT WHILE IN TRAINING**

NAME \_\_\_\_\_ SSN \_\_\_\_\_

HOUSEHOLD EXPENSES (monthly)		INCOME/SUPPORT RESOURCES	
Housing	\$ _____	Savings	\$ _____
Food	\$ _____	Spousal income (monthly)	\$ _____
Utilities	\$ _____	Pell Grant	\$ _____
Other	\$ _____	Wages	\$ _____
Total	\$ _____	Other	\$ _____
		Total	\$ _____

The above represents my financial situation at this time.

\_\_\_\_\_  
Participant's Signature                      \_\_\_\_\_  
Date

**Instructions for Completing the DOL-2445 form**

The customer should enter the approximate amount of monthly expenses for each category. "Other" may include clothing, medical and any other vital expenses the customer has.

The customer should enter the amount of savings (prorated so as to give a monthly income) or other income s/he may have to use as living expenses.

No documentation of either expenses or income is required.

The customer should sign and date the form and the form should be submitted with the appropriate DOL-2417 form.



**DOL-2456  
Benchmark Review****Purpose and Use**

The DOL-2456 form is used to document benchmark reviews under TAAEA 2011. Reviews must be done a minimum of every 60 days. Benchmarks are established with the DOL-2417 form and may be updated as needed. Failure to meet benchmarks may lead to revocation of training approval and cause an individual to become ineligible for TRA payments.

GEORGIA DEPARTMENT OF LABOR
TRADE ADJUSTMENT ASSISTANCE TRAINING PLAN REVIEW

Name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_ School/Campus: \_\_\_\_\_
Career Facilitator's Name (Print): \_\_\_\_\_ Credential: [ ] Associate's [ ] Bachelor's [ ] Certificate [ ] Diploma [ ] Master's
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

REMEDIAL BENCHMARKS

Table with columns: TABE SCORES, Reading, Math, Date Tested, TABE Score Notes. Rows include Original, 6 Month, 12 Month.

GED

- Increase original reading and math TABE scores by at least 3 grade levels (combined) at the 6-month mark.
Completed components: Writing Social Studies Science Reading Math
Pass GED If yes, date: \_\_\_\_\_

ESL

- Increase use of English, speaking and writing, as attested by instructor, at 3-month mark.
Increase use of English, speaking and writing, as attested by instructor, at 12-month mark.
Completed components: Writing Social Studies Science Reading Math
Pass GED If yes, date: \_\_\_\_\_

DEVELOPMENTAL

- Complete and pass all developmental courses by \_\_\_\_\_ Date

OCCUPATIONAL BENCHMARKS

- Complete a full load of classes each semester (at least 12 credit hours as defined by the school)
Maintain at least a 2.0 GPA in all classes/or at least a \_\_\_\_\_ GPA as required by my program
Attend classes as required (submit attendance forms)
Complete program requirements by TAA approved end date

(Note: If participant is not on track, describe steps, changes to the training plan or resources needed to complete training by the approved end date on a separate form.)

ACKNOWLEDGEMENT

I understand that the stipulations of my training plan are to submit all necessary or requested documents, and meet with a Career Facilitator at least every 60 days to review my progress and academic standing. I further understand that if I make any changes to my program without prior approval or if I fail to meet established benchmarks or other requirements of my plan, I may not be eligible for Completion TAA benefits and my training approval under the Trade Act may be terminated.
My next review is scheduled for \_\_\_\_\_ Date

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Career Facilitator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE DOL-2456 TAA TRAINING PLAN REVIEW**

- Print participant's name
- Enter participant's SSN
- Enter name of school attending and campus location
- Enter program of study and check off the appropriate credential level pursuing
- Enter career facilitator's name, e-mail address, and phone number

**REMEDIAL TRAINING - On the left, check only benchmarks established on training plan.****TABE**

- Enter new TABE scores and the date tested for the appropriate testing point.
- Enter TABE score notes, if applicable

**GED**

- Verify progress for 6-month mark and check benchmark status (increased 3 grade levels reading and math combined)
- Verify 4 of 5 GED components completed by 12-month mark and check benchmark status
- Mark GED components completed
- Enter date GED was obtained and check benchmark status

**ESL**

- Verify 6-month progress and check benchmark status
- Verify 12-month progress and check benchmark status
- Verify 3 of 5 GED components completed by 12-month mark (if pursuing) and check benchmark status
- Enter date GED was obtained (if pursuing)

**DEVELOPMENTAL**

- Verify progress then check benchmark status
- Enter targeted date for exiting all required developmental courses

**OCCUPATIONAL TRAINING - On the left, check only benchmarks established on training plan.**

(These benchmarks may be revised if changes to the training plan are approved by State TAA staff.)

- Verify enrollment status (full-time/part-time) and check benchmark status  
With part-time enrollment, participants must be on track to complete training by TAA approved end date. Participants enrolled less than fulltime will not qualify for TRA benefits.
- Verify GPA and check appropriate benchmark status
- Review attendance form and check benchmark status
- Evaluate training progress and check benchmark status
- Upon completion, submit verification or copy of credential to the TAA Unit at (404) 232-3508

**ADDITIONAL BENCHMARKS**

- Verify progress and check appropriate status for additional benchmark(s)

**NOTE**

- Utilizing a separate form, please provide additional information regarding the training plan or resources needed to complete training

**ACKNOWLEDGEMENT**

- Enter next review date
- Have participant read statement, sign and date
- Career Advisor must sign and date

Give a Copy of Review to Participant

**FAX COMPLETED REVIEW FORM AND DOCUMENTS, TRANSCRIPTS AND SCHEDULES USED TO VERIFY BENCHMARKS STATUS TO THE TAA Unit at (404) 232-3508**

<p style="text-align: center;"><b>DOL-2905</b> <b>Election of TRA or UI Benefits</b></p>
--

**Purpose and Use**

The DOL-2905 is used to document the customer's choice of whether to keep receiving TRA benefits or to receive UI benefits under a new claim year. See p. 189 for more information about this option.

When completed, the form should be faxed to the TRA Payment Unit at (404) 232-3029.

GEORGIA DEPARTMENT OF LABOR

ELECTION OF TRADE READJUSTMENT ALLOWANCE (TRA)
OR
UNEMPLOYMENT INSURANCE BENEFITS (UI)

The Trade and Globalization Adjustment Assistance Act of 2009 provides that you may elect either to continue receiving Trade Readjustment Allowance (TRA) with a weekly benefit amount of \$ \_\_\_\_\_

NOTE: If you elect to receive TRA, you must report earnings. However, individuals attending approved full time training will not have their weekly payment reduced for earnings which are equal to or less than their weekly benefit amount (WBA) plus \$50.

OR

You may elect to receive unemployment insurance benefits (UI) on your NEW Benefit Year with a weekly benefit amount of \$ \_\_\_\_\_ and a maximum benefit amount of \$ \_\_\_\_\_.

NOTE: If you elect to receive UI, you must report earnings and your WBA will be reduced in accordance with state law requirements.

If you elect to receive TRA and exhaust all your TRA benefits, you may be entitled to the UI benefits.

If you elect to receive UI and exhaust all UI benefits, including any available federal and state extended benefits, you may be entitled to the remaining TRA benefits.

CERTIFICATION:

I certify that I have been advised of the benefit options and the requirements of both programs. I understand this is a one time election. Once the benefits of the elected program have been exhausted, I should contact my local Career Center to determine if any additional benefits are available.

MARK ONLY ONE CHOICE:

[ ] I hereby elect to receive benefits under TRA.

OR

[ ] I hereby elect to receive benefits under UI.

\_\_\_\_\_
Date

\_\_\_\_\_
Claimant Social Security Number

\_\_\_\_\_
Claimant Name

\_\_\_\_\_
Agency Representative Signature

\_\_\_\_\_
Claimant Signature

DISTRIBUTION:
Original to Claim Record Card (CRC)
One copy to
Claimant
Fax to Imaging

DOL-2905 (9/09)

<p style="text-align: center;"><b>DOL-2906</b> <b>ELECTION OF RTAA AND WAIVER OF TRA</b></p>
--

**Purpose and Use**

The DOL-2906 must be completed when a customer, otherwise eligible for TRA, elects to receive RTAA instead.

The original, signed form should be kept in the claim record card. A copy should be given to the customer and a copy should be faxed to Imaging at (404) 656-2304.

**GEORGIA DEPARTMENT OF LABOR**

**ELECTION OF REEMPLOYMENT TRADE ADJUSTMENT  
ALLOWANCE AND WAIVER OF TRADE READJUSTMENT  
ALLOWANCE**

You are covered by a petition which has been approved for both Trade Readjustment Allowance (TRA) and Reemployment Trade Adjustment Allowance (RTAA). Benefits are potentially available under either program.

**CERTIFICATION:**

I certify that I have been advised of the benefits and the requirements of both programs. I understand that once I elect to receive RTAA, I am no longer eligible to receive TRA benefits. If I have received any payment of TRA benefits, my RTAA benefits will be reduced accordingly. I also understand I may be entitled to receive training funds, if I am enrolled in approved training.

[ ] I hereby elect to file for potential benefits under the RTAA program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant Name

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Claimant Social Security Number

\_\_\_\_\_  
Agency Representative Signature

DISTRIBUTION:  
Original to Claim Record Card (CRC)  
One copy to  
Claimant  
Fax to Imaging

DOL-2906 (9/09)

**DOL-2910**  
**Request for Determination of Entitlement to RTAA**

**Purpose and Use**

This form is used to apply for RTAA benefits when a qualified individual has become reemployed full-time at a wage lower than his/her Trade-affected employment and is expected to earn less than \$55,000 (TAA 2009) or \$05,000 (TAAEA 2011) per year at the new job.

The individual must submit written documentation to verify the beginning date of the job, the number of hours s/he is expected to work, and the hourly pay. See Chapter 9 for more information.



**GEORGIA DEPARTMENT OF LABOR (GDOL)  
REQUEST FOR DETERMINATION OF ENTITLEMENT  
TO REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE (RTAA)**

**TRADE ACT OF 2009**

WORKER'S NAME			SSN	DATE OF BIRTH	CAREER CENTER NO.
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>		<small>MONTH</small>	<small>DAY</small> <small>YEAR</small>
ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)			NEEDS INTERPRETER: <input type="checkbox"/> Y <input type="checkbox"/> N		
			IN WHAT LANGUAGE: _____		
<b>A. SEPARATION AND WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT</b>					
1. NAME OF FIRM			2. PETITION NO.	3. IMPACT DATE	
4. ADDRESS OF FIRM					
5. SEPARATION DATE			6. WAGES PER HOUR	7. HOURS WORKED PER WEEK <small>(Last full week worked)</small>	
<b>B. REEMPLOYMENT INFORMATION</b>					
1. NAME OF FIRM			2. ADDRESS OF FIRM		
			<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP CODE</small>
3. EMPLOYMENT STATUS		4. HOURLY PAY	5. EXPECTED WEEKLY SALARY <small>(Excluding Overtime)</small>		6. FIRST DAY WORKED
<input type="checkbox"/> FULL TIME <small>(30 Hours Minimum)</small> <input type="checkbox"/> PART TIME <small>(20 Hours minimum with approved training)</small>					
7. EMPLOYER CONTACT			8. TITLE		
9. DATE COMPLETED			10. TELEPHONE NUMBER		
RTAA benefits must be reported on your Federal and State income tax returns. You may elect to have the GDOL withhold Federal and State taxes.					
Do you want Federal Income tax withheld? <small>(Federal tax withheld at 10%)</small>			Do you want State Income tax withheld? <small>(State tax withheld at 6%)</small>		
<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		

I certify that the above information is true and correct. I understand that penalties are provided for any willful misrepresentation made to obtain allowances to which I am not entitled.

SIGNATURE OF WORKER	DATE
SIGNATURE OF GDOL REPRESENTATIVE	DATE

DOL-2910 (11/11)

**DOL-2911**  
**RTAA Monthly Certification**

**Purpose and Use**

The DOL-2433 form is used by an individual to certify for the RTAA wage supplement. The form is submitted once a month to the Career Center. Career Center staff must verify and attach documentation for the hours worked and the current wages.



**Take Note!**

If the individual is receiving or is planning to receive the Health Coverage Tax Credit (HCTC) or the HCTC Bridge payments, instruct him/her to submit the form and documentation at the beginning of every month. Eligibility for HCTC is triggered by the individual receiving a payment from GDOL for UI, EUC, SEB, TRA, ATAA, or RTAA. If the individual submits payment requests near the end of the month and no check is issued for the month in question, s/he will not be deemed eligible for HCTC for that month.

GEORGIA DEPARTMENT OF LABOR  
REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE (RTAA)  
MONTHLY CERTIFICATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PETITION NO.: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

- 1. Current Employer Name: \_\_\_\_\_
- 2. Worker's current wage per hour: \$ \_\_\_\_\_
- 3. If separated, enter last date worked: \_\_\_\_\_

If you have been separated, you may be eligible for unemployment. You should report to your local career center to file for benefits.

WEEK 1

Week-ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 2

Week-ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 3

Week-ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

WEEK 4

Week-ending date: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Documentation: \_\_\_\_\_

Employer Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Telephone: \_\_\_\_\_

WORKER CERTIFICATION

I am providing this information in support of my entitlement for a RTAA wage supplement under the Trade Act of 2009. The information contained in this request is correct to the best of my knowledge. I understand that penalties are provided for any willful misrepresentation made to obtain allowances to which I am not entitled.

Worker Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Agency Representative's Signature \_\_\_\_\_

Career Center \_\_\_\_\_

DOL-2911 (11/11)

**DOL-2911A**  
**RTAA Monthly Certification Supplemental Training Form**

**Purpose and Use**

This form is used by an individual to certify for the RTAA wage supplement when s/he is working part-time and going to full-time approved training. The form is submitted once a month to the Career Center. Career Center staff must verify and attach documentation for the hours worked and the current wages.



**Take Note!**

If the individual is receiving or is planning to receive the Health Coverage Tax Credit (HCTC) or the HCTC Bridge payments, instruct him/her to submit the form and documentation at the beginning of every month. Eligibility for HCTC is triggered by the individual receiving a payment from GDOL for UI, EUC, SEB, TRA, ATAA, or RTAA. If the individual submits payment requests near the end of the month and no check is issued for the month in question, s/he will not be deemed eligible for HCTC for that month.

GEORGIA DEPARTMENT OF LABOR  
REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE (RTAA)  
MONTHLY CERTIFICATION SUPPLEMENTAL TRAINING FORM

Individuals attending training must complete and submit this form along with their monthly certification for RTAA payment. This form must be signed by a representative of the training facility or your Workforce Investment Act (WIA) Career Advisor.

---

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PETITION NO.: \_\_\_\_\_ TRAINING FACILITY: \_\_\_\_\_

---

WEEK 1

Week-ending date: \_\_\_\_\_ Did you attend full-time training during the week?: \_\_\_\_\_  
If no, explain: \_\_\_\_\_

WEEK 2

Week-ending date: \_\_\_\_\_ Did you attend full-time training during the week?: \_\_\_\_\_  
If no, explain: \_\_\_\_\_

WEEK 3

Week-ending date: \_\_\_\_\_ Did you attend full-time training during the week?: \_\_\_\_\_  
If no, explain: \_\_\_\_\_

WEEK 4

Week-ending date: \_\_\_\_\_ Did you attend full-time training during the week?: \_\_\_\_\_  
If no, explain: \_\_\_\_\_

---

**To Be Completed by Training Facility Representative or Workforce Investment Act (WIA) Career Advisor**  
During the weeks listed above did the individual attend classes and make satisfactory progress? \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date Completed \_\_\_\_\_ Telephone \_\_\_\_\_

---

WORKER CERTIFICATION

I am providing this information in support of my entitlement for a RTAA wage supplement under the Trade Act of 2009. The information contained in this request is correct to the best of my knowledge. I understand that penalties are provided for any willful misrepresentation made to obtain allowances to which I am not entitled.

Worker Signature \_\_\_\_\_ Date Completed \_\_\_\_\_  
Agency Representative's Signature \_\_\_\_\_

DOL-2911A (11/11)

**ETA 8-55**  
**REQUEST FOR DETERMINATION OF ENTITLEMENT TO TAA/TRA**

**Purpose and Use**

Form ETA 8-55 (R-1/08) will be prepared by Career Center staff for each individual who wishes to file a claim for TRA following the first separation after the impact date from adversely affected employment. At the time of initial TRA claims taking, if more than one separation has occurred, an ETA 8-55 should be prepared for the first qualifying separation and for the most recent qualifying separation. The original form(s) should be sent to the TRA Payment Unit. A copy should be kept in the claimant's file.



**Take Note!**

TRA claims paperwork may be kept in the regular Claim Record Card (CRC) or in a separate TRA file. If filed in the CRC, the CRC must be clearly marked "TRA" so that screeners will know to keep the file for the required three years.

GEORGIA DEPARTMENT OF LABOR <b>REQUEST FOR DETERMINATION OF ENTITLEMENT TO TAA/TRA                  TRADE ACT OF 2002</b>		<b>FOR OFFICE USE</b> CHECK ONE: <input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> TRA Entitlement		
WORKER'S NAME (Last, First, Middle) _____		SOCIAL SECURITY NO. _____	1. S _____ 2. R _____	PETITION NO. _____ TA-W- _____
ADDRESS (No., Street, City or County, State, Zip Code) _____		CC NO. _____	IMPACT DATE _____	EXPIRATION DATE _____
QUALIFYING PERIOD: BEGINNING DATE _____ ENDING DATE _____ (Dates to be entered for the previous 52 week period including the week of separation.)		DATE OF BIRTH (Mo., Day, Year) _____	DO YOU HAVE A DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NEEDS INTERPRETER <input type="checkbox"/> Yes <input type="checkbox"/> No			IN WHAT LANGUAGE: _____	
<b>A. SEPARATION AND WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT</b> (To be completed only for the qualifying period shown above.)				
1. NAME OF FIRM _____ SUBDIVISION: _____		2. ADDRESS OF FIRM (No., Street, City, State, Zip Code) _____		
3. DATES OF EMPLOYMENT FROM _____ TO _____				
4. NO. WEEKS WORKED _____	5. NO. WEEKS WORKED AND EARNED \$30 OR MORE _____	6. ARE YOU RECEIVING A PENSION OR SOCIAL SECURITY (OTHER THAN WIDOW'S BENEFITS)? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. IF YES, TYPE _____ AMOUNT \$ _____	
8. ANSWER ONLY IF THE NUMBER OF WEEKS SHOWN IN ITEM 5 ABOVE ARE MORE THAN 26. NO. WEEKS OF AUTHORIZED LEAVE (vacation, sickness, injury, maternity, inactive duty military service for training), disability compensable under workers' compensation law, employment interruption to serve full time as representative of labor organization. _____ Weeks of Authorized Leave described above (other than weeks of disability compensable under Workers' Compensation Law) _____ Weeks of Disability compensable under Workers' Compensation Law.				
9. DATE OF SEPARATION _____	10. STATE IN WHICH SEPARATION OCCURRED _____	11. REASON FOR SEPARATION CHECK ONE: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER		
12. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN           				
<b>B. ADDITIONAL INFORMATION REGARDING PRIOR TRA CLAIM (COMPLETE FOR SUBSEQUENT SEPARATION ONLY)</b>				
1. STATE IN WHICH PRIOR TRA CLAIM WAS FILED _____	2. DATE TRA CLAIM FILED _____	3. NAME OF PAYING STATE _____	4. TYPE OF SEPARATION CHECK ONE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	
5. BENEFIT PERIOD ENDING DATE OF TRA CLAIM _____		6. WEEK FOR WHICH LAST TRA CLAIM FILED _____		

<b>D. OTHER QUALIFYING INFORMATION</b>		
(To be completed by worker by checking appropriate boxes. All "Yes" answers must be explained.)		
1. DID YOU WORK FOR ANY OTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN IN SECTION A?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYER NAME _____ ADDRESS _____ DATE OF SEPARATION _____ REASON FOR SEPARATION _____ EMPLOYER NAME _____ ADDRESS _____ DATE OF SEPARATION _____ REASON FOR SEPARATION _____		
2. HAVE YOU FILED A REQUEST FOR A DETERMINATION OF ENTITLEMENT TO TRADE READJUSTMENT ALLOWANCE PRIOR TO THIS APPLICATION?	<input type="checkbox"/>	<input type="checkbox"/>
STATE IN WHICH FILED _____ DATE FILED _____		
3. DO YOU HAVE ENTITLEMENT TO UNEMPLOYMENT INSURANCE BENEFITS?	<input type="checkbox"/>	<input type="checkbox"/>
PAYING STATE _____		
4. HAVE YOU RECEIVED UNEMPLOYMENT INSURANCE BENEFITS OR TRAINING ALLOWANCES SINCE THE EMPLOYMENT SHOWN IN SECTION A?	<input type="checkbox"/>	<input type="checkbox"/>
PAYING STATE _____ NAME OF PROGRAM _____		
5. SINCE THE EMPLOYMENT SHOWN IN SECTION A, HAVE YOU REFUSED TO ACCEPT REFERRAL TO, OR HAVE YOU FAILED TO REPORT TO A REFERRED TRAINING PROGRAM, OR HAVE YOU BEEN TERMINATED FROM ANY TRAINING PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
STATE IN WHICH OCCURRED _____ NAME OF PROGRAM _____		
6. ARE YOU NOW RECEIVING ANY TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>
STATE IN WHICH TRAINING IS BEING CONDUCTED _____ NAME OF PROGRAM _____		
7. ARE YOU CURRENTLY UNEMPLOYED?	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. WORKER CERTIFICATION</b>		
I give this information to support my request for a determination of entitlement to Trade Readjustment Allowances. 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.		
SIGNATURE OF WORKER _____		DATE OF THIS REQUEST _____
<b>F. STATE AGENCY CERTIFICATION</b>		
I have witnessed the worker's signature shown and have discussed with the worker the statements made. Based upon my knowledge of the facts and the evidence submitted, the statements appear to be correct.		
SIGNATURE OF STATE AGENCY REPRESENTATIVE _____	DATE _____	INDICATE THE DOCUMENTARY EVIDENCE EXAMINED: _____
FOR OFFICE USE: PAYING STATE IS _____ BASED ON:		
<input type="checkbox"/> STATE OF SEPARATION <input type="checkbox"/> STATE OF UI ENTITLEMENT		



### **Instructions for Completing ETA-8-55**

#### **Upper Right Hand Box (For Office Use)**

- The items marked with an asterisk (\*) may be completed before the TRA claim is taken, then the form copied for use with all customers for this petition.
- Check both Trade Adjustment Assistance and TRA Entitlement.\*
- 1.S – Enter 1 for Male, 2 for Female.
- 2.R – Enter 1 for White, 2 for Black, 3 for Hispanic, 4 for Native North American, 5 for Asian.
- Petition No. TA-W- Enter the 5-digit petition number (do not enter a zero at the beginning of the number) and any letters associated with the petition number.  
Example: 75897A
- Enter the Impact Date of the petition. The Impact Date can be found on the petition determination document or on the TAA Petition Inquiry (GR03) in GWS.
- Enter the Expiration Date of the petition. The Impact Date can be found on the petition determination document or on the TAA Petition Inquiry (GR03) in GWS.

#### **Worker Information**

- Enter worker's Last Name, First Name and Middle Initial.
- Enter worker's SSN.
- Enter worker's address.
- Enter the Career Center number.
- Enter the worker's Date of Birth.
- Check Yes if the worker has a disability s/he wishes to disclose. Check No if the worker has no disability. Leave blank if the worker does not choose to disclose.
- Qualifying Period

At the time of certification, a UI Special Lookup Printout (see example following these instructions) and a chart to calculate the 52-calendar week qualifying period (see example following these instructions) will be provided to career center staff by the TAA coordinator. By reviewing the UI Special Lookup Printout and the chart, enter the beginning and ending dates of the qualifying period ending with the claimant's first separation from the adversely affected employer after the Impact Date. Generally, this would be the first UI week with 0 earnings unless the separation occurred prior to the Impact Date. A new application with a new qualifying period must be completed for the most recent separation from the affected employer. Only one ETA 8-55 should be completed if there was only one separation from the affected employer after the Impact Date.

#### **Highlighting Special Lookup Sheets to Find First and Last Separation Dates for TRA**

Form ETA 8-55 must be completed for the first qualifying separation from the Trade-affected employer after the Impact Date (this establishes the TRA weekly benefit amount) and for the last qualifying separation (this establishes the 2-year

TRA eligibility period). Special lookups are used to assist in locating the appropriate separations.

1. Get the Impact Date from the GR03 transaction in GWS.
2. On the Special Lookup, find the first non-consecutive week with 0 (zero) earnings (EARN.) occurring after the Impact Date. This could be a partial week with zero earnings. Highlight this week ending date. This separation will determine the TRA weekly benefit amount.
3. Using the TRA Qualifying Period Chart located at <http://intranet/ui> under "Quick Links," (see example following these instructions), find the Week Ending Date (WED) highlighted on the Special Lookup and go back one WED to the last WED worked. Enter the beginning and ending dates for the 52-week qualifying period found on the chart for this "Separation Week" on the ETA 8-55.
4. Repeat Step 2 and Step 3 for the last separation found. A second ETA 8-55 should be completed using the same method as in Step 3 for this separation. This determines the TRA 2-year eligibility period.

NOTE: If there is only one separation after the Impact Date, that separation serves as both the first and the last and will be used to calculate both the weekly TRA benefit amount and the 2-year eligibility period.

#### Frequently Asked Questions

- 1. What should I do if the first separation occurs before the Impact Date?**  
First check to make sure that the separation in question is with the Trade-certified company. If it is, continue looking for a subsequent separation. If there has been no separation since the Impact Date, the individual is not qualified under that specific petition.
- 2. What if there isn't any data on the Special Lookup for the individual?**  
Check the social security number to make sure it is correct. If there isn't any data, make sure that the individual has been totally separated from the employer covered under the certified petition, as an individual is not covered unless s/he has been fully separated from the employer. The Special Lookup may also have been run before the worker filed for UI. (File an ETA 8-55 for the last separation per information from the claimant and employer if this is the case.)
- 3. What should I do if the individual has only one separation?**  
That separation will count as both the first and the last separation and only one ETA 8-55 must be completed.
- 4. What should we do if we did not receive a Special Lookup for the individual?**

Sign on to CICS and access transaction BP99 and enter the individual's SSN and BYE. This will give you the needed information to find the first and last separation dates. Remember that, unlike the Special Lookups, BP99 does not include all BYEs, so be sure to look at all years to find the last separation.

**5. What should I do if the individual was recalled and then laid off again from the Trade-affected employer?**

Another ETA 8-55 should be completed as the last separation date has now changed. This will change the 2-year eligibility period.

Continuing Instructions for ETA 8-55 Form

Part A

- |                      |   |
|----------------------|---|
| <u>Items 1 and 2</u> | Enter the name, the subdivision (if any), and the address of the adversely affected firm where the claimant's last total or partial separation occurred.  |
| <u>Item 3</u>        | Enter the beginning and ending dates of employment with the adversely affected firm.  |
| <u>Item 4</u>        | Enter the number of weeks worked during the <u>qualifying period</u> . (This cannot be more than 52 weeks.)   |
| <u>Item 5</u>        | Enter the number of weeks worked with earnings of \$30 or more during the qualifying period.  |
| <u>Items 6 and 7</u> | Self-explanatory  |
| <u>Item 8</u>        | Enter the number of weeks of authorized leave. (Use only if Item 5 is less than 26. See Chapter 4, Section 100.)  |
| <u>Item 9</u>        | Enter the date of the first separation on or after the Impact Date. (Complete a separate ETA 8-55 for the most recent separation.)  |
| <u>Item 10</u>       | Enter the name of the state in which the claimant was separated.  |
| <u>Item 11</u>       | Enter the reason for separation.  |
| <u>Item 12</u>       | If Item 11 is other than "lack of work," explain here. Also use Item 12 to explain any retirement deductions. Make a determination to cover any TRA weeks. Enter the determination on BR44 (the decision must cover retroactive weeks certified). |

Part B To be completed only if the claimant has a prior TRA claim. Questions are self-explanatory.

Part C There is no Part C on the form.

Part D

Item 1

Check the appropriate box. If the answer is "Yes," complete the items on the right-hand side of the form, indicating the employer name, address, dates of employment (from and to), and reason for separation. A decision on subsequent employment will be needed for TRA purposes.

Item 2

Check the appropriate box. If "Yes" is checked, complete the items on the right-hand side of the form, indicating the state in which the claim was filed and the date filed. Question the claimant, review her/his identification booklet and work history regarding her/his previously determined paying state in order to ascertain if that state is still the paying state. If there is no change in the paying state, the claimant will continue to file TRA claims against such state. If the first request was an interstate claim, complete the form and refer to Interstate Claims for further processing of the claim. If, at the time of filing, the claimant is eligible for UI benefits in a state other than the previously determined state, the claimant's TRA records will be transferred to that state.

Item 3

Check the appropriate box to indicate whether the claimant has or could qualify for UI entitlement (whether or not the claimant has filed a UI claim). If the answer is "Yes," on the right-hand side of the form indicate the name of the state in which the claimant has such actual or potential entitlement. The purpose of this item is to determine the paying state. If, as of the beginning of the individual's TRA benefit period, the claimant has UI entitlement in a state, such state becomes the paying state.

If the claimant is not entitled to UCFE/UCX benefits or state UI, but is entitled to RRUI (Railroad Unemployment) as of the beginning of the claimant's TRA benefit period, the paying state will be the state in which the worker was most recently totally separated.

When a claimant acquires a new paying state by reason of UI entitlement, the claimant's records will be transferred to such paying state.

- Item 4 Check the appropriate box to indicate whether the TRA claimant has received UI (state, UCFE/UCX, or RRUI) or a training allowance since the TRA claimant's total or partial separation as shown in Part A, Item 4, and enter the name of the state (or if RRUI, the Railroad Retirement Board Office) which paid such UI or training allowances. The purpose of this item is to obtain information necessary to: (a) charge a week of TRA for each week of UI or training allowance benefits payable, and (b) pay reduced TRA where appropriate.
- Item 5 Check the appropriate box to indicate if the adversely affected worker has refused to accept referral to, or failed to report to a training program to which referred, or has been terminated from any training program, since the worker's date of separation. If the "Yes" box is checked, information must be obtained regarding the state that referred the worker to training and the name of the training program. The paying state will determine if a disqualification is to be imposed. Necessary facts should be obtained via NM47 or form DOL-407.
- Item 6 Check the appropriate box to indicate whether the claimant is now attending training. If the "Yes" box is checked, indicate the state in which training is being conducted and the name of the training program.
- Item 7 Check the appropriate box to indicate if the adversely affected worker is currently unemployed.
- Part E The claimant will read the certification and sign and date the form.
- Part F The department representative will sign and date the form and will indicate the documentary evidence used to support the claimant's statement, such as agency records, Form W-2, pay check stubs, union records, company records, tax returns, or statement of fellow workers.
- For Office Use The department representative will enter the name of the paying state and check the appropriate box to indicate the basis for determination. The TRA paying state shall be the state in which the claimant has UI entitlement. If the claimant has no UI entitlement, either interstate, intrastate, or combined wage claim, the paying state shall be the state

of the worker's last total or partial separation from adversely affected employment.

Attach the Special Lookup to each individual's ETA 8-55 and send to the TRA Payment Unit, Room 900, Sussex Place.

MDO37L1

SPECIAL - LOOK-UPS

05/17/13  
22:41:28  
PAGE 84

S.S. NO		BYE I		CLAIMANT NAME	B Y B	B Y E	F50	TOT	TOT	PAID	TOT	TOT	NOT	ELIG	N/E	CF
YR	D	YR	D					MBA	WBA	MBA TO/DTE	BAL	DISO	BGN	DATE	CODE	CC
255-23-9889	03	REG	V	PEEPLES	09/14/02	09/13/03	0440	1212	101	0	303	909	0	0	0	01
	06	REG	V	VALERIE R PEEPLES	06/03/05	06/02/06	4200	4431	211	0	1688	2743	0	0	0	00
	08	REG	V	PEEPLES	04/21/07	04/20/08	0440	4179	199	0	855	3274	0	0	0	01
	09	REG	V	PEEPLES	05/17/08	05/16/09	0440	3834	213	0	852	2982	0	0	0	01
	10	REG	V	PEEPLES	06/27/09	06/26/10	0440	4104	216	0	432	3672	0	0	0	01
	12	REG	V	PEEPLES	06/18/11	06/17/12	0440	3914	206	0	206	3708	0	0	0	01
	13	REG	V	VALERIE R PEEPLES	11/27/12	11/26/13	4200	4161	219	0	3066	1095	0	0	0	20

BYE I		W E D		CK DTE	CK #	TOT	EARN.	STATUS	DTE	PAY		BYE I		W E D		CK DTE	CK #	TOT	EARN.	STATUS	DTE	
YR	D	YR	D			AMT				I	D	I	YR	D	YR	D			AMT			
03	REG	09/14/02	09/18/02	81834938	101	0	0	09/30/02	REG	09/21/02	09/25/02	81908811	101	0	10/01/02							
03	REG	04/26/03	04/30/03	84313546	101	0	0	06/06/03	REG	06/11/05	06/14/05	90610484	211	0	06/21/05							
06	REG	06/04/05	06/07/05	90566141	211	0	0	06/21/05	REG	06/25/05	06/28/05	90695184	211	0	07/06/05							
06	REG	06/18/05	06/21/05	90653237	211	0	0	06/28/05	REG	07/09/05	07/12/05	90781982	211	0	07/19/05							
06	REG	07/02/05	07/06/05	90737961	211	0	0	07/19/05	REG	07/23/05	07/26/05	90875371	211	0	08/02/05							
06	REG	07/16/05	07/19/05	90831313	211	0	0	05/28/05	REG	04/28/07	05/01/07	944829124	199	0	05/07/07							
08	REG	04/21/07	04/25/07	94790673	78	171	0	05/29/07	REG	06/02/07	06/05/07	95029990	180	69	06/12/07							
08	REG	05/19/07	05/22/07	94948494	199	0	0	07/31/07	REG	06/14/08	06/17/08	97859049	213	0	06/24/08							
08	REG	07/21/07	07/24/07	95350376	199	0	0	05/23/08	REG	04/18/09	04/22/09	0857862	213	0	04/28/09							
09	REG	05/17/08	05/20/08	97610417	213	0	0	07/23/08	REG	07/18/09	07/21/09	14415455	216	0	07/28/09							
10	REG	06/27/09	06/30/09	12894105	216	0	0	06/28/09	REG	02/09/13	02/14/13	66843287	219	0	02/14/13							
12	REG	06/18/11	06/22/11	53845380	206	0	0	12/06/12	REG	02/22/13	02/26/13	66983941	219	0	02/26/13							
13	REG	02/02/13	11/25/12	00000000	0	0	0	02/19/13	REG	03/08/13	03/12/13	67216331	219	0	03/12/13							
13	REG	02/16/13	02/19/13	66879643	219	0	0	03/05/13	REG	03/22/13	03/26/13	67426158	219	0	03/26/13							
13	REG	03/01/13	03/05/13	67105701	219	0	0	03/19/13	REG	04/05/13	04/09/13	67630155	219	0	04/09/13							
13	REG	03/15/13	03/19/13	67322302	219	0	0	04/02/13	REG	04/19/13	04/24/13	67840309	219	0	04/24/13							
13	REG	03/29/13	04/02/13	67528102	219	0	0	04/18/13	REG	05/03/13	05/07/13	68035828	219	0	05/07/13							
13	REG	04/12/13	04/18/13	67803583	219	0	0	04/30/13	REG					0								
13	REG	04/26/13	04/30/13	67936338	219	0	0	05/14/13	REG					0								
13	REG	05/10/13	05/14/13	68134287	219	0	0															

## TRA 52 Week Qualifying Period for Claim Year 2013

Separation Week	52 weeks Begins	52 weeks Ends
5-Jan-13	7-Jan-12	5-Jan-13
12-Jan-13	14-Jan-12	12-Jan-13
19-Jan-13	21-Jan-12	19-Jan-13
26-Jan-13	28-Jan-12	26-Jan-13
2-Feb-13	4-Feb-12	2-Feb-13
9-Feb-13	11-Feb-12	9-Feb-13
16-Feb-13	18-Feb-12	16-Feb-13
23-Feb-13	25-Feb-12	23-Feb-13
2-Mar-13	3-Mar-12	2-Mar-13
9-Mar-13	10-Mar-12	9-Mar-13
16-Mar-13	17-Mar-12	16-Mar-13
23-Mar-13	24-Mar-12	23-Mar-13
30-Mar-13	31-Mar-12	30-Mar-13
6-Apr-13	7-Apr-12	6-Apr-13
13-Apr-13	14-Apr-12	13-Apr-13
20-Apr-13	21-Apr-12	20-Apr-13
27-Apr-13	28-Apr-12	27-Apr-13
4-May-13	5-May-12	4-May-13
11-May-13	12-May-12	11-May-13
18-May-13	19-May-12	18-May-13
25-May-13	26-May-12	25-May-13
1-Jun-13	2-Jun-12	1-Jun-13
8-Jun-13	9-Jun-12	8-Jun-13
15-Jun-13	16-Jun-12	15-Jun-13
22-Jun-13	23-Jun-12	22-Jun-13
29-Jun-13	30-Jun-12	29-Jun-13
6-Jul-13	7-Jul-12	6-Jul-13
13-Jul-13	14-Jul-12	13-Jul-13
20-Jul-13	21-Jul-12	20-Jul-13
27-Jul-13	28-Jul-12	27-Jul-13
3-Aug-13	4-Aug-12	3-Aug-13
10-Aug-13	11-Aug-12	10-Aug-13
17-Aug-13	18-Aug-12	17-Aug-13
24-Aug-13	25-Aug-12	24-Aug-13
31-Aug-13	1-Sep-12	31-Aug-13
7-Sep-13	8-Sep-12	7-Sep-13
14-Sep-13	15-Sep-12	14-Sep-13
21-Sep-13	22-Sep-12	21-Sep-13
28-Sep-13	29-Sep-12	28-Sep-13
5-Oct-13	6-Oct-12	5-Oct-13
12-Oct-13	13-Oct-12	12-Oct-13
19-Oct-13	20-Oct-12	19-Oct-13
26-Oct-13	27-Oct-12	26-Oct-13
2-Nov-13	3-Nov-12	2-Nov-13
9-Nov-13	10-Nov-12	9-Nov-13
16-Nov-13	17-Nov-12	16-Nov-13
23-Nov-13	24-Nov-12	23-Nov-13
30-Nov-13	1-Dec-12	30-Nov-13
7-Dec-13	8-Dec-12	7-Dec-13
14-Dec-13	15-Dec-12	14-Dec-13
21-Dec-13	22-Dec-12	21-Dec-13
28-Dec-13	29-Dec-12	28-Dec-13



<b>ETA 8-55A REQUEST FOR EMPLOYMENT INFORMATION</b>
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**Purpose and Use**

Form ETA 8-55A will be used to obtain wage and separation information from the adversely affected employer for whom the claimant worked during the qualifying period, if information collected on the ETA 8-55 indicates that the worker may not have 26 qualifying weeks with that employer. The original form is sent to the employer. A copy should be kept in the claimant's file.

**Print Form**

GEORGIA DEPARTMENT OF LABOR 148 INTERNATIONAL BLVD., N. E., ATLANTA, GEORGIA 30303-1751  <b>REQUEST FOR EMPLOYMENT INFORMATION</b> <b>TRADE ACT OF 1974</b>		DATE OF THIS REQUEST  PETITION NO. TA-W-	
WORKER'S NAME (Last, First, Middle)		SOCIAL SECURITY NO.	LOCAL OFFICE
ADDRESS (No., Street, City or County, State, Zip Code)		BYE DATE AND STATE	LAST OCCUPATION
QUALIFYING PERIOD: BEGINNING DATE _____ ENDING DATE _____ (Dates to be entered by State Agency for the previous 52 week period including the week of separation.)			
<input type="checkbox"/> <b>A. WAGE INFORMATION FOR ADVERSELY AFFECTED EMPLOYMENT</b> (To be completed by employer only for qualifying period shown above.)			
1. NO. WEEKS WORKED	2. NO. WEEKS WORKED AND EARNED \$30 OR MORE	3. TOTAL HOURS OF EMPLOYMENT (Exclude Sick Leave and Vacation)	4. GROSS WAGES PAID \$
ANSWER ONLY IF THE NUMBER OF WEEKS SHOWN IN ITEM 2 ABOVE ARE LESS THAN 26. NO. WEEKS OF AUTHORIZED LEAVE (vacation, sickness, injury, maternity, inactive duty or active duty military service for training), disability compensable under workers' compensation law, employment interruption to serve full time as representative of labor organization. _____ Weeks of Authorized Leave described above (other than weeks of disability compensable under workers' compensation law) _____ Weeks of Disability compensable under workers' compensation law			
<input type="checkbox"/> <b>B. SEPARATION INFORMATION</b> (To be completed by employer.)			
1. DATE OF SEPARATION	2. STATE IN WHICH SEPARATION OCCURRED	3. TYPE OF SEPARATION CHECK ONE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	
4. REASON FOR SEPARATION CHECK ONE: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER	5. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN		
6. WAS THIS WORKER A MEMBER OF A GROUP OF WORKERS OF YOUR FIRM, OR SUBDIVISION OF YOUR FIRM, WHO HAS BEEN CERTIFIED AS ELIGIBLE TO APPLY FOR TRADE READJUSTMENT ALLOWANCES UNDER THE TRADE ACT OF 1974? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "NO," COMPLETE THE FOLLOWING INFORMATION.) a. WAS WORKER'S SEPARATION OR REDUCTION IN HOURS AND WAGES ATTRIBUTABLE TO A LACK OF WORK WHICH WAS DUE TO THE ADVERSE EFFECT OF INCREASED IMPORTS ON YOUR FIRM? <input type="checkbox"/> YES <input type="checkbox"/> NO b. INDICATE TYPE OF WORK THIS WORKER PERFORMED IMMEDIATELY PRIOR TO TOTAL OR PARTIAL SEPARATION: _____ c. NAME OF YOUR FIRM SUBDIVISION WHERE WORKER WAS LAST EMPLOYED: _____ d. INDICATE REASON(S) FOR CONCLUDING THAT THIS WORKER'S SEPARATION OR REDUCTION IN HOURS AND WAGES WAS NOT DUE TO ADVERSE EFFECT OF INCREASED IMPORTS ON YOUR BUSINESS: _____ _____			
<input type="checkbox"/> <b>C. WAGE INFORMATION FOR PARTIAL SEPARATION DURING WEEK:</b> BEGINNING DATE _____ ENDING DATE _____ (Dates to be entered by State Agency. To be completed by employer only for week indicated.)			
1. NO. HOURS WORKED	2. GROSS WAGES PAID \$	3. STATE IN WHICH WORK PERFORMED	
NAME OF FIRM			
SIGNATURE OF EMPLOYER'S REPRESENTATIVE		TITLE	DATE COMPLETED

ETA 8-55A (R-10/81)

**Instructions for Completing ETA 8-55A**

The claims taker will check the box to the left of Part A, B, or C as applicable, to indicate to the employer which items are to be completed.

Following are instructions for completing those items which are not self-explanatory.

Petition Number      Enter the petition number under which the claimant is filing for TRA.

Qualifying Period      Enter the beginning and ending dates for the 52-calendar week period ending with the claimant's first separation.

Part A                      To be completed by the adversely affected employer.

Part B                      To be completed by the adversely affected employer.

Part C                      Enter the beginning and ending dates for the week that the claimant claims to be partially separated.

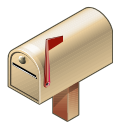
The employer will complete Items 1, 2 and 3, sign and date the form, and return it to the TRA Payment Unit.

**ETA - 9042**  
**PETITION FOR TRADE ADJUSTMENT ASSISTANCE (TAA)**

To be valid, TAA petitions must be properly completed and filed with the appropriate state and federal offices. The TAA petition form may be downloaded in English or Spanish from the website: [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact).

The TAA petition form includes four sections. Once the sections are completed and the petition is filed, investigators at USDOL will review the form and gather data in order to verify that a layoff or threatened layoff was caused by increased imports or shifts in production or services to a foreign country.

Completed petitions should be submitted to USDOL and GDOL by one of the following methods:



U.S. Department of Labor  
Trade Adjustment Assistance Program  
200 Constitution Ave NW, Room N-5428  
Washington, DC 20210



Georgia Department of Labor  
148 Andrew Young International  
Blvd NE  
Suite 440  
Atlanta, GA 30303



202-693-3585



404-232-3508



<http://www.etareports.doleta.gov/petition>

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 3/31/2016

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**Petition for Trade Adjustment Assistance (TAA)**

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**About the Trade Adjustment Assistance (TAA) Program**

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for TAA benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production or services to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles or supply of services. If a petition is approved and the workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for benefits. These benefits are provided at no expense to employers.

**Filing Instructions**

- A group of three workers from the same firm, a union official, a state or local workforce agency representative in a local American Job Center (also known as a One-Stop Career Center or by a different name), an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting to the U.S. Department of Labor.
- You must date and submit the Petition Form within 1 YEAR from the date on which the workers were separated or had their hours and wages reduced.
- You must file the Petition Form with both the U.S. Department of Labor in Washington, DC and the State TAA Coordinator or the dislocated worker office of the state where the firm is located. To file with both the U.S. Department of Labor and the State TAA Coordinator, electronically file the Petition Form on-line at <http://www.etareports.doleta.gov/petition>.

To file with the U.S. Department of Labor, use one of the methods below:

Fax the completed Petition Form to 202-693-3585, OR

Mail the completed Petition Form to the U.S. Department of Labor at:

U.S. Department of Labor  
Office of Trade Adjustment Assistance  
200 Constitution Ave NW, Room N-5428  
Washington, DC 20210

To file with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforce Agency

Use the contact information below to find the appropriate filing address. If this Petition Form includes locations in different states, copies of this completed Petition Form must be filed in each state where firms are located.

Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627

Internet: <http://www.doleta.gov/tradeact/contacts.cfm#State>, or  
<http://www.servicelocator.org>

**For assistance in preparing a petition**

Petitioners may receive assistance in preparing the petition at their local American Job Center, by contacting the U.S. Department of Labor in Washington, D.C. at 202-693-3560 (Main Number), or by contacting their State Dislocated Worker Unit or State Workforce Agency through the telephone numbers or internet addresses provided above ([29 CFR Part 90.11](#)).

**To check petition status**

To check the status of your petition, please visit:

<http://www.doleta.gov/tradeact/>

**Public Burden Statement**

Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 USC 2321 and 2271). Public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and a state review. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 3/31/2016



**Petition for Trade Adjustment Assistance (TAA)**

**Section 1. Petitioner Information**

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	_____	_____	_____
b) Title	_____	_____	_____
c) Street Address	_____	_____	_____
City	_____	_____	_____
State, Zip	_____	_____	_____
d) Phone – Main	_____	_____	_____
e) Phone – Alternate	_____	_____	_____
f) E-mail	_____	_____	_____
g) Worker Separation Date	_____	_____	_____
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	_____		

**Section 2. Workers' Firm**

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm \_\_\_\_\_

b) Street Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

c) Phone \_\_\_\_\_

d) Website (if known) \_\_\_\_\_

e) Describe the article produced or service supplied by this firm \_\_\_\_\_

f) How many workers have been or may be separated (if known)? \_\_\_\_\_

g) Is the firm or any part of the firm closing (if known)? If yes, when? \_\_\_\_\_

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm \_\_\_\_\_

i) Street Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

j) Phone \_\_\_\_\_

k) Describe the article produced or service supplied by this firm \_\_\_\_\_

l) How many workers have been or may be separated (if known)? \_\_\_\_\_

m) Is the firm or any part of the firm closing (if known)? If yes, when? \_\_\_\_\_

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 3/31/2016



Petition for Trade Adjustment Assistance (TAA)

**Section 3. Trade Effects on Separations**

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	_____	_____
b) Title	_____	_____
c) Phone – Main	_____	_____
d) Phone – Alternate	_____	_____
e) Fax	_____	_____
f) E-mail	_____	_____

**Section 4. Affirmation of Information**

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature	_____	_____	_____
b) Name (Print)	_____	_____	_____
c) Date of Petition	_____	_____	_____

**GWS 11  
HOW MAY WE HELP YOU?****Purpose and Use**

The GWS-11 is used to make the customer aware of employment services offered by the GDOL.

Staff should have the customer check any items s/he is interested in. Staff should then enter the selected items in GWS on WI38 (Job Search Assistance Career Information Services Entry/Update page). As services are provided, staff should enter them on the Customer Services Entry/Update page (GW24).



**Georgia Department of Labor  
Employment Services Request and Needs Assessment**

**How May We Help You?**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need an interpreter?  Yes  No If "Yes," in what language? \_\_\_\_\_

Check any of the services below in which you are interested.

**Choosing the Right Job**

- Career Guidance
- Career Exploration
- Skills Identification

**Assessments:**

- Career Interests
- Occupational Aptitudes
- Typing Test

**Finding a Job**

- Job Search Planning
- Job Lead Sources
- Internet Job Search
- Résumés/Cover Letters
- Application Assistance
- Interviewing Skills
- Telephone Skills
- Information about Employers
- Information about Specific Industries
- Learn about Wages
- Find Outlook for Jobs
- Networking
- Keeping a Positive Outlook

**Succeeding on a Job**

- Tips on Keeping Your Job
- Tips for Advancing on Your Job
- Improving Your Skills

**Seeking Advancement**

- Training/Educational Goals
- Training/Education Sources
- Financial Aid

**Workshops**

- Financial/Stress Management
- Résumé
- Internet Job Search
- Interviewing
- Keeping Your Job (Job Retention)
- Applications
- Networking
- Other \_\_\_\_\_

**Support Services**

- Housing
- Food
- Childcare
- Health
- Transportation
- Bonding
- Self-Employment (Entrepreneurship)
- Financial/Stress Management

Other: \_\_\_\_\_

- I would like to make an appointment with a specialist to discuss my job search.

GEORGIA DEPARTMENT OF LABOR  
Equal Opportunity Employer/Program

Auxiliary aids and services are available to individuals with disabilities upon request.

GWS-11 (R-11/11)

# APPENDIX



**TAA for Farmers and Fishermen**

This program is administered by the U.S. Department of Agriculture and provides TAA-funded training for eligible individuals. Below is a facsimile of the form farmers and fishermen use to petition certification. USDOL will notify us if any certifications are issued in Georgia.

Form Approved - OMB No. 0551-0040

<b>FAS-930</b> (05-21-04)		U.S. DEPARTMENT OF AGRICULTURE Foreign Agricultural Service	
<b>TRADE ADJUSTMENT ASSISTANCE (TAA) FOR FARMERS                  PETITION FOR CERTIFICATION AND ELIGIBILITY FOR A GROUP OF PRODUCERS</b>			
<b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Trade Adjustment Assistance for Farmers (Pub. L. 107-210). The information will be used to determine program eligibility. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies.  According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0551-0040. The time required to complete this information collection is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completed petition must be submitted by January 31 and faxed or emailed or mailed to addresses listed below.			
Deadline for petition submission is January 31 by one of the following methods:			
<b>FAX</b>  (302) 720-0876	<b>EMAIL</b>  or <a href="mailto:trade.adjustment@fas.usda.gov">trade.adjustment@fas.usda.gov</a>	<b>ADDRESS</b> U.S. Department of Agriculture Import Policies and Programs Division/FAS 1400 Independence Ave., S.W. Stop 1021 Washington, DC 20250-1021	
1. Name of Authorized Representative or Primary Contact	2. Name and Business Address (including City, State, and Zip Code)		
3. Telephone Number (including Area Code)			
4. Fax Number (including Area Code)	5. E-Mail Address		
6. This petition is made on behalf of the following producers: <i>(Use separate sheet for additional producers)</i>			
A. Name of Producers	B. Mailing Address	C. Telephone No. (including Area Code)	D. E-Mail Address
<b>7. COMMODITY INFORMATION:</b>			
A. Description of the new (excludes processed) agricultural commodity: (e.g., fresh raspberries)		B. Competing Imported Commodity's Harmonized Tariff Schedule (HTS) Number (HTS can be found at: <a href="http://www.usitc.gov/affairs.htm">http://www.usitc.gov/affairs.htm</a> )	
C. This petition is for the most recent marketing year for the commodity beginning in _____ (month/year) and ending _____ (month/year)			
D. Check whether the certification is to cover a commodity produced nationally or in an "impacted" area (state or states): <input type="checkbox"/> National <input type="checkbox"/> State(s) (list): _____			
The U.S. Department of Agriculture ("USDA") provides discrimination-free and non-discriminatory information on the basis of race, color, national origin, gender, religion, age, disability, marital status, and number of family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 320-19, Written Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-4870 or call (202) 720-6881 (voice or TDD). USDA is an equal opportunity provider and employer.			

**TAA FOR COMMUNITIES****Economic Development Administration (EDA)  
Community Trade Adjustment Assistance (CTAA)****BACKGROUND**

In February 2009, Congress enacted the Trade and Globalization Adjustment Assistance Act of 2009, which established the CTAA program to respond to the loss of jobs caused by layoffs at firms and other types of employers impacted by trade competition.

Counties in states may be eligible to apply for grant assistance under the Economic Development Administration's (EDA) new Community Trade Adjustment Assistance (CTAA) program. Grants under this program can help communities develop strategic plans to respond to their changing landscape and to implement those plans by funding infrastructure and other activities.

**ELIGIBILITY REQUIREMENTS**

To be eligible to apply under the CTAA program, communities (defined as a city, county, or other political subdivision of a state or a consortium of political subdivisions of a state) must be certified under one or more of the following three previously existing Trade Adjustment Assistance programs: Trade Adjustment Assistance for Workers, Trade Adjustment Assistance for Firms, or Trade Adjustment Assistance for Farmers. In addition, EDA must make a determination that the community is significantly impacted by trade. For this purpose, EDA reviews job loss information associated with certifications under the Department of Labor's Trade Adjustment Assistance for Workers program, and determines that counties in a state have suffered a significant impact due to trade. EDA makes an affirmative determination that counties are eligible to apply for assistance under the CTAA program.

**DISTRIBUTION OF FUNDS**

CTAA program funds are disbursed through EDA's six regional offices in the form of grants to communities to create jobs and generate private sector investment by promoting comprehensive, entrepreneurial, and innovation-based economic development efforts. Applications are competitively evaluated in order to maximize the economic revitalization impact of the program based on the extent to which applications address the following six criteria:

- Supporting small and medium-sized communities
- Assisting the most severely impacted communities
- Delivering a high return on investment

- Supporting regionalism, innovation, and entrepreneurship
- Supporting global trade and competitiveness
- Growing the “green economy”

### **ADDITIONAL RESOURCES**

For more information on Communities Trade Adjustment Assistance, visit: <http://www.eda.gov/InvestmentsGrants/CommunityTAA.xml>. Helpful links from this website include:

- [Community TAA Federal Funding Opportunity \(FFO\)](#)
- [TAA for Workers Significantly Impacted Counties List](#)
- [TAA for Firms Certifications List](#)
- [Department of Labor's TAA for Workers](#)
- [Department of Commerce TAA for Firms](#)
- [USDA's TAA for Farmers](#)
- [Grants.gov Application page](#)
- [Frequently Asked Questions](#)

# OJT CONTRACT

Contract Number:

**Training Plan**

**Section 1: General Information**

Please complete the following:				
TRAINEE NAME:		TRAINING OCCUPATION:		LAYOFF OCCUPATION (MUST BE DIFFERENT FROM TRNG):
O*NET CODE / O*NET TITLE:		SVP CODE:		MAXIMUM TRAINING HOURS BASED ON SVP:
HOURLY STARTING WAGE: \$	REIMBURSEMENT RATE @50%: \$	MAX REIMBURSABLE AMT: \$	TRAINEE'S SCHEDULED # HRS/WK:	TRAINING BEGIN/END DATE: From: To:
EMPLOYER CONTACT NAME:		EMPLOYER ADDRESS:		
EMPLOYER CONTACT TITLE:		EMPLOYER CONTACT PHONE:		EMPLOYER CONTACT EMAIL:
TRAINEE SUPERVISOR NAME:		TRAINEE SUPERVISOR TITLE:		ALTERNATE SUPERVISOR NAME:
RATIO OF TRAINEES TO SUPERVISOR:		PAY SCHEDULE: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other <input type="checkbox"/> Other Description:		BENEFITS AVAILABLE: Health <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Paid Leave <input type="checkbox"/> Other <input type="checkbox"/> Other Description:
TRADE ACT OJT REPRESENTATIVE NAME:		TRADE ACT OJT REPRESENTATIVE CONTACT PHONE:		TRADE ACT OJT REPRESENTATIVE CONTACT EMAIL:

**Section 2: Training Outline**

List in the chart below the skills and learning objectives needed to become proficient in the trainee's position. Add more lines as necessary. *Note: Maximum Training Hours listed above are based upon the SVP guidelines as established by Trade OJT Policy. The Anticipated Training Hours are determined after careful analysis of the trainee's current skills and work history. As trainees become proficient in each skill, the supervisor should complete the date that the skill was determined to be mastered. Once all skills are mastered or training is completed, the end date should be entered below.*

SKILLS/LEARNING OBJECTIVES	A. ASSESSMENT OF SKILLS GAP (0-100%)	B. AVG. # TRAINING HOURS	C. ANTICIPATED TRAINING HOURS (AxB)	D. PROFICIENCY DATE (SKILLS ATTAINED)
1. Demonstrates ability to answer customers questions accurately via phone	%		HRS	
2. Resolves customer issues with account and requests supervisor assistance when appropriate.	%		HRS	
3. Verifies data in account and updates as necessary	%		HRS	
4. Demonstrates understanding of CarMax collections system	%		HRS	
5. Communicates effectively with customers regarding the status of their account	%		HRS	
6. Processes payments via inter-company computer systems	%		HRS	
7. Documents all customer interactions in inter-company computer systems	%		HRS	



8. Processes customer correspondence and return mail.	%		HRS	
9. Demonstrates thorough knowledge of company policies/procedures and collection policies/law.	%		HRS	
10. Interact with other departments/ personnel when necessary to resolve customer issues or answer questions.	%		HRS	
TOTAL TRAINING HRS PLANNED (NOT TO EXCEED MAXIMUM ABOVE):			HRS	END DATE:

**Section 3: Authorized Signatures**

***By signing below, I agree to adhere to the Training Outline and my responsibilities thereof.***

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
TRADE OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

**Section 4: Training Plan Modification, if applicable**

*On-the-Job Training Plans may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:*

- *To extend the end date of training due to illness or equipment failures at the place of business.*
- *To correct errors in the original training budget or the description of the job duties.*
- *Cancellation.*
- *To extend the end date and/or number of training hours in order to ensure satisfactory skill attainment.*

The Employer and the OJT Agency agree that this Training Plan shall be modified as stated:

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Except as hereby modified, all other terms and conditions of this Training Plan remain unchanged and in full force and effect. The effective date of this modification is \_\_\_\_\_.

The Employer and the Department mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

Contract Number:

<b><i>By signing below, I agree to adhere to the modifications set forth in Section 4</i></b>		
EMPLOYER SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
TRADE OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

SAMPLE

Contract Number:

### Georgia Department of Labor and On-the-Job Training (OJT) Contract

**Section 1: Contact Information**

Complete the following Employer Information		
TRADE ACT OJT AGENCY:	TRADE ACT OJT AGENCY REPRESENTATIVE:	PHONE NUMBER/ EMAIL ADDRESS:
COMPANY NAME:		TRAINING OCCUPATION(S):
ADDRESS:		PHONE NUMBER:
EMPLOYER REPRESENTATIVE:	TITLE:	EMAIL ADDRESS:
CONTRACT START DATE/CANDIDATE NAME	CONTRACT END DATE:	

**Section 2: Contract Agreement**

This contract is entered into between Georgia Department of Labor, hereinafter called the Department, and \_\_\_\_\_, hereinafter called the Employer.

The parties agree that the Employer will hire worker(s) and provide On-the-Job training services to individuals referred by the Department and deemed acceptable by the Employer in accordance with the pre-award analysis and training plan(s) attached and made a part thereof. Reimbursement will be paid according to the terms and conditions of the General Assurances on the reverse side of this sheet. In no case shall total reimbursement exceed 50% of the gross wages paid to the worker(s) during the training period. In addition, the Employer agrees that it will perform under this contract in accordance with the Trade Act of 1974, as amended and associated regulations. The Employer shall comply with all applicable Federal, State and local laws, rules and regulations which relate to the employment of persons who perform work and are trained under this contract.

Individuals employed under this contract must be certified as being eligible by the Department. The Employer agrees to submit an invoice for reimbursement to the Department on a monthly basis. In addition, the Employer agrees to complete the attached training plan evaluation for each worker indicating the dates when skills were mastered.

**Section 3: Authorized Signatures**

<i>I agree to all terms, conditions, and general assurances set forth in this contract. I hereby certify that the information is, to the best of my knowledge, true and correct.</i>		
EMPLOYER REPRESENTATIVE SIGNATURE:	PRINTED NAME/TITLE:	DATE:
GEORGIA DEPARTMENT OF LABOR REPRESENTATIVE SIGNATURE:	PRINTED NAME/TITLE:	DATE:

**Section 4: Contract Agreement Modification, if applicable**

Contract Agreement terms modified: \_\_\_\_\_  
Reason for modification or cancellation: \_\_\_\_\_

<i>I hereby certify that I agree to the contract agreement modification(s) as stated above.</i>		
EMPLOYER REPRESENTATIVE SIGNATURE:	PRINTED NAME/TITLE:	DATE:
GEORGIA DEPARTMENT OF LABOR REPRESENTATIVE SIGNATURE:	PRINTED NAME/TITLE:	DATE:

**On-the-Job Training General Assurances**

1. **Employer Criteria**
  - a. The employer must provide the company's IRS Employer Identification number and the Georgia Unemployment Insurance Account number (if applicable).
  - b. The employer must not be involved in a current labor dispute and must not have a history of frequent layoffs.
  - c. OJT may not be subcontracted without prior written authorization from the Department and must be conducted at the employer's place of business, which meets prevailing standards with respect to wage, hours and conditions of employment.
  - d. Employer referrals to the Department are permitted. Eligibility and suitability for Trade-funded OJT must be determined and verified prior to hiring and/or the beginning of training.
  - e. OJT contracts are permitted with firms where there is not a conflict of interest with Department staff who have oversight responsibilities with respect to the Trade program.
  - f. The employer must be in compliance with all applicable business licensing, taxation and insurance requirements. The employer must not be in violation of any local, state or federal labor laws.
2. **OJT Training Occupation**
  - a. The OJT training occupation must not be seasonal or temporary.
  - b. The occupation must not involve payment of commission as the primary source of payment to the OJT employee.
  - c. Preference will be given to employment that is at least 30 hours per week. However, contracts may be for part-time employment for a specific participant or for a position where full-time openings are generally filled with employees in a part-time position.
  - d. Training may not be provided for occupations where adequate supervision and/or monitoring are not available. These may include traveling salespersons, out-stationed job positions, truck or van drivers and other positions requiring more than an occasional trip from the employer worksite.
3. **Payments**
  - a. The employer shall be reimbursed for training costs after submission of a monthly invoice certified by the employer's signatory official. Payment will be based on hours actually worked for which wages are paid times the negotiated fixed hourly rate. Payment of overtime shall be restricted to work consistent with the training plan. Payment shall include reimbursement of costs associated with training services which have been integrated into the training plan and for which wages have been paid.
  - b. No reimbursement shall be made for a period of work stoppage at the employer's worksite.
  - c. Each trainee's wages shall be paid in full for the period for which monthly reimbursement is being requested prior to the transmittal of an invoice to the Department for payment.
4. **Records Retention and Review**
  - a. The employer shall maintain records (business receipts, payroll records) sufficient to support reimbursements under this contract until 3 years after the date of final contract payment.
  - b. The employer's records related to the trainee, shall be subject at a reasonable time to inspection, audit, review and evaluation by the US Department of Labor and the Department.
  - c. The employer agrees to reimburse the Department any and all funds received under this contract which are determined by audit to have been spent in activities not in compliance with the provisions of this contract.
5. **Contract Modifications**

This contract may be modified, suspended, terminated or cancelled whenever it is determined that such action is in the best interest of the Trade program or employer. Terminations, cancellations, and modifications must be in writing and shall be effective on the execution date of the written modification.
6. **Sectarian/Religious Activities**

No participant enrolled under the contract shall be employed on the construction, operation, or maintenance of any facility as is used, or to be used, for sectarian instruction or as a place for religious worship. Participants may not be trained or employed in sectarian and/or political activities.
7. **Disclosure of Confidential Information**

Confidential information about any trainee shall be divulged by the employer only as necessary for purposes related to evaluation of the employee's performance.
8. **Nepotism**

No person shall be hired under this contract if a member of his or her immediate family is employed in an administrative capacity by the employer. The term "administrative capacity" includes those who have selection, hiring, or supervisory responsibility for OJT trainees. "Immediate family" includes spouse, child, parent, sibling, son or daughter-in-law, mother or father-in-law, stepparent, stepchild, grandparent, and grandchild.
9. **Debarment and Suspension**

The employer certifies that none of its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
10. **Equal Opportunity and Non-Discrimination**

The employer shall not discriminate against any employee or applicant because of race, color, religion, sex, age, disability, political affiliation, beliefs, citizenship or national origin and agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this Equal Opportunity clause. This contract is subject to the Civil Rights Act of 1964 and ensuing Regulations in 29 CFR Part 31.
11. **Grievances**

The Department will ensure that the OJT trainee is informed of established grievance procedures for resolving trainee complaints.
12. **Displacement and Maintenance of Effort**

The employer agrees that trainees under this agreement will not displace any currently employed workers (including reducing the hours or denying promotional opportunities, wages or employment benefits to current employees). In addition, the employer agrees that no OJT employee may be employed when:

  - a. any other individual is on lay-off from the same or substantially equivalent job, or
  - b. the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy created by hiring an OJT trainee whose wages are subsidized under this agreement.
13. **Conditions of employment**

Conditions of employment and training will be in full accordance with applicable federal, state, and local laws and ordinances (including but not limited to labor and employment laws, environmental laws or health and safety laws).

Contract Number

**Georgia Department of Labor  
Pre-Award Analysis**

**Section 1: Employer Information**

Complete the following Employer Information		
EMPLOYER NAME:		FEIN #:
		GA UI TAX #:
EMPLOYER CONTRACT SIGNATORY NAME:		EMPLOYER CONTRACT SIGNATORY TITLE:
TRAINING SITE ADDRESS:		OTHER NAMES UNDER WHICH EMPLOYER DOES BUSINESS:
PHONE:	FAX:	EMAIL:
TYPE OF ORGANIZATION: PRIVATE FOR PROFIT <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> PUBLIC <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES IN THIS LOCATION:	YEARS IN EXISTENCE AT THIS LOCATION:

**Section 2: Criteria for OJT Employers**

YES	NO	Employer Requirements
<input type="checkbox"/>	<input type="checkbox"/>	1) Does the employer state that there are no currently laid-off workers in any substantially similar positions as those in which training will occur? If there have been layoffs in a substantially similar position, did the layoffs occur more than 6 months in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2) Does the employer ensure that workers with a substantially similar position as that in which training will occur have not had or will not have their hours reduced as a result of this OJT?
<input type="checkbox"/>	<input type="checkbox"/>	3) Does the employer ensure that workers with a substantially similar position as that in which training will occur have not had or will not be terminated as a result of this OJT?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does the employer agree that the proposed OJT will not infringe on the promotional opportunities of current workers?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does the employer state that positions being hired for under this agreement are not temporary or short-term? Does the employer also state that the employer's intentions are to provide long-term employment for workers who meet the employer's standards of successful completion of training? (Short-term employment is defined as less than 26 weeks after completion of training.)
N/A	N/A	6) After a review of data, it appears that trainees' long-term employment rates are within an acceptable range. (N/A if this is a first year contract.)
<input type="checkbox"/>	<input type="checkbox"/>	7) Does the employer agree to ensure that trainees will be provided the same benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work?
<input type="checkbox"/>	<input type="checkbox"/>	8) Does the employer agree to ensure that trainee wages to be paid are at least equal to both: a) the Federal, state or local minimum wage (Fair Labor Standards Act), and b) other employees in the same occupation with similar experience?
<input type="checkbox"/>	<input type="checkbox"/>	9) Does the employer agree to ensure that trainees are provided with the same workers' compensation coverage as regular, non-OJT employees? Worker's Compensation Company: Travelers Insurance Account #: _____ Effective Dates: _____

Contract Number

<input type="checkbox"/>	<input type="checkbox"/>	10) Does the employer agree to ensure that the OJT will not result in the impairment of existing contracts for services or collective bargaining agreements?
<input type="checkbox"/>	<input type="checkbox"/>	11) Does the employer agree to obtain written concurrence from the concerned labor union when training is inconsistent with the terms of the collective bargaining agreement?
<input type="checkbox"/>	<input type="checkbox"/>	12) Does the employer agree to ensure that OJT funds will not be used to directly or indirectly assist, promote, or deter union organizing?
<input type="checkbox"/>	<input type="checkbox"/>	13) Does the employer agree to ensure that Trade funds will not be used to relocate operations in whole or in part?
<input type="checkbox"/>	<input type="checkbox"/>	14) Does the employer confirm that the company has operated at the current location for at least 120 days (unless the new location did not result in the layoff of employees at another location)?
<input type="checkbox"/>	<input type="checkbox"/>	15) Does the employer agree to provide safe working conditions for OJT trainees?
<input type="checkbox"/>	<input type="checkbox"/>	16) Has the employer signed an affidavit in accordance with the Georgia Security and Immigration Compliance Act and is the affidavit attached? See Exhibit A.
<input type="checkbox"/>	<input type="checkbox"/>	17) Has the employer's worksite where training will occur been visited by a representative from the Department?

**Section 3: Authorized Signatures**

<b><i>I hereby certify that the above information is, to the best of my knowledge, true and correct.</i></b>		
EMPLOYER SIGNATURE:	TITLE:	DATE:
TRADE OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

**Section 4: Outcome of Pre-Award Interview**

1. Does the employer meet all requirements (i.e. answer "yes" to all questions above) of the OJT pre-award analysis? YES  NO
2. Will an OJT Contract (Employer Agreement) be developed? YES  NO   
If not, please explain.

EXHIBIT A

CONTRACTOR AFFIDAVIT under O.C.G.A. § 13-10-91 (b) (1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the GEORGIA DEPARTMENT OF LABOR has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User ID # (E-VERIFY COMPANY ID #)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

Trade On-the-Job Training Project

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
I hereby declare under the penalty that the foregoing is true and correct.

Executed on \_\_\_\_\_ 201\_\_ in \_\_\_\_\_  
(MONTH), (DAY) (CITY), (STATE)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

# Quick Reference Guide



This Quick Reference Guide is designed to help staff see at a glance what forms and data entry are necessary for Trade customers needing various services. Refer to the full manual for forms, policies and in-depth instructions.

**TRANSACTIONS NEEDED FOR CAREER CENTER STAFF**

Managers of Career Center staff providing services to Trade customers should request access to the following transactions via a DOL-988 form.

**TAA\_GRP1** (the last character is the number one)

This provides access to:

- Add a customer to the TAA Petition Affected Employee Listing
- Update customer information on the TAA Petition Affected Employee Update page
- Add a TAA Registration
- Issue or deny a waiver
- Revoke or review a waiver

**BT14**

This allows staff to determine if a customer's potential eligibility for HCTC has been transmitted to the IRS.

**BTB9**

This allows staff to enter a request for an HCTC Bridge payment.

**BTB7**

This allows staff to inquire about an HCTC Bridge payment.

**BT77**

TRA Claims Inquiry

**BT22**

TRA Payments Inquiry

**BP99**

This lists all payment made for the entire claim year for a claimant.

**BTR3**

RTAA Claim Inquiry

**BTR5**

RTAA Non-Mon Inquiry

**BTR9**

RTAA Payments Inquiry

**TRANSACTIONS NEEDED FOR WIA STAFF****GR11**

This allows staff to register a customer in TAA.

**GR16**

This allows staff to change TAA participation information, such as excluding participants from performance due to performance exceptions.

**BT77**

This allows staff to view the customer's TRA claim.

**BT22**

This allows staff to view the customer's TRA payment record.

**CUSTOMER WANTING ASSISTANCE FILING A PETITION**

Form Number	Name	Disposition
ETA-9042	Petition for Trade Adjustment Assistance (TAA)	Fax to USDOL at (202) 693-3585 and to the TAA Unit at (404) 232-3508

**GROUP CLAIMS/INFORMATION SESSIONS**

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
ETA-8-55	Request for Determination of Entitlement to TAA/TRA	Mail or fax to TRA Payment Unit (404) 232-3029
ETA 8-55A	Request for Employment Information	Mail to Employer
DOL-2443	TAA Registration	Enter into GWS (GR11) and keep in file
GWS-11	How May We Help You?	Enter into GWS WI13 (Job Search/Career Assistance) and keep in file

**CUSTOMER COVERED BY A GEORGIA PETITION COMING INTO CAREER CENTER FOR INITIAL SERVICES**

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
ETA-8-55	Request for Determination of Entitlement to TAA/TRA	Mail or fax to TRA Payment Unit (404) 232-3029
ETA 8-55A	Request for Employment Information	Mail to Employer
DOL-2443	TAA Registration	Enter into GWS (GR11) and keep in file
GWS-11	How May We Help You?	Enter into GWS WI13 (Job Search/Career Assistance) and keep in file

<b>CUSTOMER COVERED BY OUT-OF-STATE PETITION COMING INTO CAREER CENTER FOR INITIAL SERVICES</b>
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Form Number	Name	Disposition
ETA 8-55	Request for Determination of Entitlement to TAA/TRA	Mail to TRA Coordinator in Liable State
GWS-1*	Georgia Workforce System Customer Information	Enter into GWS (GW20)
GWS-2*	Workforce Development System Work History	Enter into GWS (GW32)
GWS-3*	Georgia Workforce System Customer Profile	Enter into GWS (GW27)
DOL-2443	TAA Registration	Enter into GWS (GR11) and keep in file
GWS-11	How May We Help You?	Enter into GWS WI13 (Job Search/Career Assistance) and keep in file

\*If not registered for ES in Georgia.

<If interested in training, refer to WIA.

**CUSTOMER APPLYING FOR WAIVER**

Check to see if customer has completed all forms listed on the guide for a customer coming into the Career Center for initial service and that a TAA registration has been entered into the GWS.

Form Number	Name	Disposition
<p>DOL-2424</p> <p style="text-align: center;"><b>OR</b></p> <p>DOL-2446A</p>	<p>Trade Act Waiver of Training Requirement (except for customers covered under TAAEA 2011)</p> <p style="text-align: center;"><b>OR</b></p> <p>Trade Act Waiver of Training Requirement (TAAEA 2011)</p>	<p>Enter into GWS (GR12)</p> <p>Write in next review date and give customer a copy</p> <p>Keep original in customer file</p> <p>-----</p> <p>Same as above</p>

Enter justification for the waiver in the Customer Steps to Employment on the Customer Service Plan (WI21) on GWS.



**CUSTOMER REQUESTING HCTC BRIDGE PAYMENT**

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2443	TAA Registration	Enter into GWS (GR11) and keep in file
GWS-11	How May We Help You?	Enter into GWS WI13 (Job Search/Career Assistance) and keep in file
DOL-2439	Health Coverage Tax Credit Bridge Payment Request	Enter into BTB9 and send to the TAA Unit
DOL-2441	Health Coverage Tax Credit Bridge Payment Information	Give copy to customer; Send copy to TAA Unit (attach insurance invoice, COBRA election letter and (if PBGC) proof of age

<b>CUSTOMER REQUESTING JOB SEARCH ALLOWANCE</b>
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Check to see if customer has completed all the forms listed on the guide for a customer coming into the Career Center for initial service and that a TAA registration has been entered into the GWS.

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2428	Request for Job Search Allowance	Δ Initiate form and hold in customer file until customer returns from interview Δ Make certain before the customer leaves that there is no suitable employment in the commuting area (document of form) Δ Complete form when customer returns with receipts Δ Verify the interview with the employer Δ Forward the form and receipts to the TAA Unit Δ On the Customer Service Entry page in GWS (WI21) check TAA Job Search Allowance

**CUSTOMER REQUESTING RELOCATION ALLOWANCE**

Check to see if customer has completed all the forms listed on the guide for a customer coming into the Career Center for initial service and that a TAA registration has been entered into the GWS.

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2413	Request for Relocation Allowance	<ul style="list-style-type: none"><li>Δ Complete form, including certification of no suitable work in the commuting area</li><li>Δ Make a copy of the form for the file and give the original to the customer who is to complete it and send with receipts to the TAA Unit</li><li>Δ Verify the job with the employer</li><li>Δ On the Customer Service Entry page in GWS (WE21) check the TAA Relocation Allowance</li></ul>

**CUSTOMER REQUESTING TRAINING – WIA STAFF**

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2443*	TAA Registration Form	Enter into GWS (GR11) and keep in file, or forward to the TAA Unit
DOL-2417	Trade Act Application for Training under the Trade Act	Forward to TAA Unit
DOL-2442	Cost Commitment Sheet	Forward to TAA Unit
DOL-2445**	TAA Budget Form	Forward to TAA Unit
DOL-2429**	Application for Mileage Allowance/Application for Subsistence Allowance	Forward to TAA Unit
DOL-2430**	Request for Mileage Reimbursement/Request for Subsistence Reimbursement	Forward to TAA Unit

\*If no TAA registration in GWS

\*\*If applicable

**CUSTOMER WHOSE TRAINING HAS CHANGED – WIA STAFF**

- If Begin Date or End Date has changed
- If Part-Time/Full-Time Status has changed
- If the student is entering a break in training of over 30 days
- If the student is returning from a break in training of over 30 days

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2410	Trade Act Modification	Forward to TAA Unit

- If student is changing schools
- If student is changing programs

<b>Form Number</b>	<b>Name</b>	<b>Disposition</b>
DOL-2417	Trade Act Application for Training	Forward to TAA Unit