

# **Trade Adjustment Assistance (TAA)**

**December 2016**



# Trade Adjustment Assistance Training



# Trade Adjustment Assistance Program Manual

## Tennessee Department of Labor & Workforce Development

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## **12000 Trade Adjustment Assistance (TAA)**

### **12100 TAA Program Information**

#### **12101 Program Overview**

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

#### **12102 Background of the Program**

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

#### **The 2002 Amendments**

The 1974 Act has been amended numerous times. The Trade Adjustment Assistance Reform Act of 2002 reauthorized and expanded the scope of the TAA program and increased benefit amounts, repealed the North American Free Trade Agreement Transitional Adjustment Assistance (NAFTA-TAA) program, added to the TAA program in 1993 to provide benefits to workers who lost their jobs because of trade with Mexico and Canada after NAFTA, created the Health Coverage Tax Credit (HCTC), and initiated a pilot program for Alternative Trade Adjustment Assistance for older workers (ATAA program). The NAFTA-TAA program was no longer necessary because the 2002 Amendments extended the same favorable TAA coverage to workers who lost their jobs because of shifts in production to other countries with which the United States had trade agreements or treaties or where

there was also a likelihood of increased imports, as NAFTA-TAA had provided to workers who lost their jobs because of shifts in production to Mexico and Canada. Adversely affected secondary workers, whose layoffs could be attributed to trade impacts demonstrated by TAA certifications of workers for companies for whom their firms were suppliers or downstream producers, also were covered under these amendments. The 2002 Program applied to workers covered under petitions filed on or after November 4, 2002.

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

### **The 2009 Amendments**

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

TEGL No. 22-08, *Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009, and its Change 1* continue to govern the delivery of benefits to workers covered under the 2009 Program. TEGL No. 11-02, *Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002, and its Changes 1, 2, and 3*; and TEGL No. 2-03, *Interim Operating*

*Instructions for Implementing the Alternative Trade Adjustment Assistance (ATAA) for Older Workers Program Established by the Trade Adjustment Assistance Reform Act of 2002, and its Change 1 continue to govern the delivery of benefits to workers covered by petitions filed on or after November 4, 2002 and before May 18, 2009, and where identified in Section A.2.4 below, the delivery of benefits to workers covered under petitions numbered TA-W 80,000-80,999.*

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

### **The 2011 Amendment**

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

Petitions Filed after February 12, 2011 and before October 21, 2011 makes the changes to the group eligibility requirements contained in the TAA Extension Act of 2011

retroactive to February 12, 2011, and apply to all petitions filed since that time-petitions designated with numbers from TA-W80,000 through TA-W-80,999

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

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

The TAARA 2015, title IV of the Trade Preferences Extension Act of 2015 (Public Law 114-27), was signed into law by President Barack Obama on June 29, 2015, and both amends and reauthorizes the TAA Program. The TAARA 2015 (see Attachment B) restores the worker group eligibility and benefits established by the Trade Adjustment Assistance Extension Act of 2011 (TAAEA). The TAARA 2015 also authorizes the operation of the 2015 Program and continuation of the 2002 Program, the 2009 Program, and the 2011 Program through June 30, 2021; provides a 90-day transition period for Reversion 2014 Program participants; expands coverage of certifications of petitions filed since January 1, 2014 for 90

days; requires reconsideration of negative determinations on petitions filed since that date and before the date of enactment under 2015 Act certification requirements; and reauthorizes the HCTC program benefit for eligible TAA participants. Additionally, new requirements are added by the TAARA 2015 to align performance reporting for the TAA Program with the requirements of the WIOA.

### **12103 How Does TAA Work**

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

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

### **12104 What Does TAA Offer**

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

#### **BENEFITS**

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

#### **SERVICES**

- **Re-employment services** - This service can include Employment Counseling; Resume Writing and Interview Skills Workshops; Career Assessment; Job Development; Job Search Programs; Job Referrals; and Supportive Services
- **Employment and Case Management Services** must be made available to the adversely affected workers and/or adversely affected incumbent workers covered by a certified petition requesting TAA services over the course of

their participation in the TAA program, through early assessment, Individual Employment Plans, Case Notes, etc.

- **Waiver from the Training Requirement** – under certain circumstances, an eligible participant may receive a waiver from the requirement for training, if they meet one of the three following conditions: health, enrollment unavailable, training not available.
- **Training** – provided to workers that do not have sufficient skills to obtain suitable employment in the current labor market. Allowable types of training include, Classroom Training, On-Line, Distance Learning, On-the-Job Training (OJT), Vocational, Customized, and Basic or Remedial Education.
- **Job Search Allowance** – may cover expenses for a pre-approved job interview that occurs 10 miles or more from trade impacted worker's residence when suitable employment, as defined by State law, is not available in the area.
- **Relocation Allowance** - may cover expenses for a pre-approved move of the participant, their families and their household goods, outside the participant's normal commuting area if suitable employment, as defined by State law, is not available in the area. The commuting area in Tennessee is 50 miles one way. The participant must have a bona fide offer of work.
- **Alternative Trade Adjustment Assistance (ATAA) / Re-employment Trade Adjustment Assistance (RTAA)** is a wage subsidy provided to eligible workers age of 50 and above that subsidizes a portion of the wage difference between their new wage and their old wage (up to a specified maximum amount).

### **12105 Who Does TAA Serve**

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

## 12106 Filing a TAA Petition ([www.doleta.gov/tradeact/downloadpetitions.cfm](http://www.doleta.gov/tradeact/downloadpetitions.cfm))

### Petition Process Overview

1. To obtain TAA re-employment services and benefits a petition must be filed with the U.S Department of Labor's Trade Adjustment Assistance Program (TAA). Once a complete petition is filed, the Office of Trade Adjustment Assistance (OTAA) initiates an investigation to determine whether a group of workers meets the group eligibility requirements. If the participant group meets the group eligibility criteria, a group eligibility certification will be issued. This certifies that the workers of the group are eligible to apply for Trade Adjustment Assistance benefits.
2. After a group certification is issued, each participant in the group must then individually apply for services and benefits through their local America's Job Center. The TAA Representatives at the local America's Job Center will ensure the workers' TAA eligibility to apply for TAA services.

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

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

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

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

### Decisions on TAA Petitions

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

If the workers are found to meet the group eligibility criteria set by the Trade Act, OTAA will issue a certification of group eligibility.

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

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

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

Workers who are denied eligibility to apply for TAA may: 1) request administrative reconsideration of the determination; 2) seek judicial review of the determination; and/or

3) seek re-employment services from other programs such as those available through the Workforce Investment and Opportunities Act's Dislocated Worker's program also available through local America's Job Center.

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

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

***Federal Register publication and may be mailed or faxed to:***

*United States Department of Labor Employment and Training Administration Office of Trade Adjustment Assistance Attn: Reconsiderations*

*Room N-5428*

*200 Constitution Avenue N.W. Washington DC 20210*

*Phone: 202-693-3560 or 1-888-DOL-OTAA (1-888-365-6822) Fax: 202-693-3584*

or 3585

Web site: <http://www.doleta.gov/tradeact>

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

### **12107 Rights to TAA Training**

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

1. Training is an entitlement under the Trade Act program, but it is not an unconditional entitlement. There are six criteria that must be considered before training is approved.
2. Only adversely affected workers who are laid off from affected employment during an impact period of a specific certification are eligible and entitled to receive training approved and paid for under the Trade Act.
3. Workers who are laid off during the impact period but lack the 26 weeks of employment necessary to qualify for weekly TRA allowances are eligible and entitled to receive approved training, relocation, and job search under the Trade Act.
4. Depending on the petition number, Vocational, remedial, and/or pre-requisite training may be approved under the Trade Act.

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

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

The form, LB-0723 (Revised May 2002), is a two-page form. Page one is used to waive the training requirement when it is found that training is feasible not or appropriate. A **complete** explanation will be required as to the reason a waiver is issued. The LB-0723 will be reviewed for accuracy prior to entry of a training status code into the system. It will then be

forwarded for microfilm with the first AC/RC which activates the claim, or with any subsequent RC/AC if a waiver is issued. Page two of the form should be held in the claimant's file and would be used in the event that it is necessary to revoke the waiver. **NEW!** See Section 8332, 8390) (See Appendix 8300-iiiW, Appendix 8300-iiiR/D, and Appendix 8300-iiiR)

A. Appropriate

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

B. Feasible

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

C. Training Status Code

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

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



## 12200 Training

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

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

## 12201 Training Program

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

- 50000 – 69999 (2002) [TEGL 11-02]
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial
  - Must be separated and covered by a trade petition to request training.
- 70000 – 79999 (2009) [TEGL 22-08]
  - Up to 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Up to 156 weeks of full-time training or part-time, if there are remedial or pre-requisites. However, if part-time there will be no TRA benefits.
  - Trade impacted workers may request training prior to layoff
- 80000 – 80,999 (2002) [TEGL 16-10]
  - Up to 104 weeks of full-time training
  - Up to 130 weeks of full-time training if there are remedial
- 81,000 and above (2015) [TEGL 10-11, 16-14, 05-15]
  - 130 weeks of full-time or part-time training. However, if the training is part-time, there will be no TRA benefits.
  - Last 13 weeks must meet benchmarks for Completion TRA Benefits.
  - Trade impacted workers may request training prior to layoff

## 12202 Amended Training Program

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

of weeks designated by the petition number.

### **12203 Full-time Training**

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

### **12204 Incumbent Participant/Part-time Training**

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

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

### **12205 Distance Training**

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

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

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

## **12206 Case Management**

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

## **12207 Criteria for Approval**

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

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

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

## **12208 Criteria for Approval, Explanations [20 CFR 617.22]**

1. This criteria is met if, at the time of job search, there is no suitable employment (which may include technical and professional employment) available for the participant who is being considered for training, and there is no reasonable prospect of such suitable employment becoming available for the worker in the foreseeable future. The term "suitable employment" means, work of a substantially equal or higher skill level than the participant's past adversely affected employment, and wages for such work at not less than 80 percent of the participant's average weekly wage.
2. The participant would benefit from appropriate training (occupational and/or remedial). The participant will be job ready upon completion of training.
3. There is a reasonable expectation (not necessarily a prior guarantee) of employment following completion of occupational training. While immediate

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

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

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

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

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

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

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

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

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

This means that the training is reasonably accessible to the participant within the participant's commuting area at any governmental or private institution or facility. Reasonable Commuting area is within a 10 mile radius of the participant's residence. It also means training is suitable for the participant and meets the other criteria. Emphasis must be given to finding accessible training for the participant, although not precluding training outside the commuting area if

none is available at the time within the participant's commuting area. If outside the commuting area then the training must be available at a reasonable cost. Mileage from the workers' home to the training facility should be documented.

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

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

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

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

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

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

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

Reasonable cost of training shall take into consideration tuition and related expenses (books, tools, and fees, etc.), travel or transportation expenses, and subsistence expenses.

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

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

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

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

1. To request training a participant must first complete a job search to determine if there is any suitable employment available in his/her commuting area.
2. The training is of suitable duration to achieve the desired skill level in the shortest possible time.
3. The hours and days in a week of attendance will be in accordance with established hours and days commensurate with the course as determined by the training facility.
4. No other payment for the costs of such training has been or will be made from any other source which would create duplication of payments. Any funds which are used for any purpose other than the direct payment of the costs incurred in training is deductible, even if such use indirectly pays or reduces the costs involved in training the participant.
5. Case Management should be completed on all TAA eligible workers requesting any services covered under the program. This information should be documented in Jobs4TN (VOS) under case notes.
6. All TAA eligible workers requesting training must be assessed by the LWDA, their agent, or Adult Education (if no high school diploma) using the TABE/CASAS.

NOTE: The above criteria will also be used to determine approved training which is paid for with sources other than TAA funds.

NOTE: Pell and/or Lottery grants are no longer required to be used for training cost under TAA. If costs are deemed unreasonable, the participant must give written approval for the use of the grants.

### **12210 TAA Eligibility Application (Jobs4TN (VOS))**

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

### **12211 TAA Participation (Jobs4TN (VOS))**

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

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

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

### **12212 TAA Training Enrollment (Jobs4TN (VOS))**

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

- 300 Occupational Skills Training – Approved Provider List (ITA)
- 328 Occupational Skills Training – Non Approved Provider (No ITA)

- 339 Approved HiSet Training
- 342 TAA Approved Prerequisites
- 301 On-The-Job Training
- 314 Apprenticeship Training

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

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

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

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

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

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

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

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

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

- with phone numbers and email addresses
- 12. Schedule of training facility breaks (school calendar).
- 13. TABE/CASAS Scores
- 14. Mileage Documentation
- 15. Demand Information

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

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

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

**12216 Signature of Authority for Training Facility Officials, LB-0898**  
[www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs/article/technical-assistance-policies-wfs)

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

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

NOTE: Please ensure to include email addresses on the form.

### **12217 Forwarding Requests for Training Approval Timely**

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

### **12218 Individual Employment Plan (IEP)**

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

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

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

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

NOTE: The above list of objectives are required on the IEP, however, please be aware that there could be additional objectives added throughout the training.

## **12219 Training Benchmarks**

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

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

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

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

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

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

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

## 12220 Additional Weeks of TRA Benefits

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

- 50000 – 69999 (2002)
  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA training, or
  - Up to 130 weeks if participant had remedial training
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.
  - Training must be full-time
- 70000 – 79999 (2009)
  - 26 weeks of Basic TRA and up to 130 weeks of additional TRA benefits if enrolled in full-time TAA training, or
  - Up to 156 weeks if participant has had remedial or pre-requisites training
  - Training must be full-time to receive additional TRA benefits.
  - Must enroll within 26 weeks of either certification or layoff
- 80000 - 80999 (2002) (*workers who begin receiving services before December 20, 2011*)
  - 26 weeks of Basic TRA and up to 104 weeks of additional TRA benefits if enrolled in full-time approved TAA Training, or
  - Up to 130 weeks if participant has had remedial training
  - Training must be full-time
  - Must be enrolled in training within 8 weeks of certification or 16 weeks of layoff, whichever is later or have completed a waiver.
- 80000 - 80999 (2011)(*workers who begin receiving services on or after December 20, 2011*)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.
- 81000 and above (2015 TAARA)
  - May be eligible for up to 26 weeks of Basic TRA and up to 65 out of 78 weeks of additional TRA benefits if enrolled in full-time training. The last 20 weeks of training, the participant could draw up to an additional 13 weeks of Completion TRA. Benchmarks must have been met during the course of training.
  - Training must be full-time to received additional TRA.

NOTE: TRA determination will be made by the Federal Benefit Unit.

### **12221 Determinations of Request for Training**

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

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

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

### **12222 Approval of Training for Interstate Claimants**

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

### **12223 Time Limits Affecting Training**

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

### **12224 Procedures for Certifications for TAA Approved Claimants**

TRA claimants attending training must submit the 858-A (LB-0429) for weekly

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

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

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

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

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

### **12226 Travel and Subsistence Payments**

#### **Transportation Payments**

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

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

#### **Subsistence Payments**

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

No subsistence payment will be made for any day of unexcused absence as

certified on the Weekly Request for Allowances by Participant in Training, MA-858A (LB-0429)

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

*NOTE: Transportation/Subsistence Application can be found at [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs)*

### **12227 Mileage Checklists**

1. Pull Weekly Attendance Form (LB-0429) from [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs)
2. Print several copies of the form for participant to have for submitting requests to Central Office
3. Have participant sign and complete a W-9 form (only needed one time and must be provided with the training packet)
4. Remind all participants that a Weekly Attendance form (LB-0429) must be completed, signed, and date at the end of every week, by the school to track attendance. The form must be submitted weekly for the worker to receive his/her travel reimbursement.  
*Note: (If this form is not completely filled out, reflecting dates of attendance, and dated at the end of each week benefits cannot be provided to a participant).*
5. Once a participant is approved for travel allowance the amount of the cost is already included in the TAA approved training packet and has been calculated.

### **12228 Authorization and Invoice, TA-2**

Authorization and Invoice (TA-2) form (LB-1121) will be furnished to the training institution by the TAA Specialist when TAA funding is approved for training. Payment of approved training facility costs will be processed upon receipt of the signed Voucher, TA-2, and an invoice with cost break down for the current term from the training

institution to the TAA Training Coordinator and/or area TAA Specialist.  
[www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs)

### **12229 How Payments Are Made**

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

1. Approved training facility or vender cost will be processed upon receipt of the Voucher, Authorization and Invoice Form (TA-2), and an invoice, submitted by the training institution or vender to the TAA Training Coordinator and/or area TAA Specialist. The TAA Specialist will provide the training institution with TDLWD billing requirements at the time of approval and be available to answer questions about billing that may arise when necessary.
  - The Voucher must be signed by an authorized school official. (*person who signed the signature of authority*)
  - Each TA-2 and backup invoice must have a unique invoice number in order to be processed in EDISON.
  - Jobs4TN SID number will replace contract number/SSN on the TA-2.
  - There should be no highlighting on either document.
  
  - A W-9 is required if training facility or vendor has never contracted with TDLWD.
  - Address on the W-9 should be the billing address, i.e. where the check is expected to be mailed.
  - The amount listed on the TA-2 must match the amount listed on the training facility/vendor's invoice.
  - The charges on the bill must be for the term the voucher is issued.
  - TA-2, signed voucher, and back up invoice should be scanned and emailed to the TAA Unit at: [TDLWD.TAA@TN.gov](mailto:TDLWD.TAA@TN.gov).
  
- NOTE: If an invoice amount is greater than the amount on the approved voucher, additional documentation will be request that justifies the increase cost.*
  
2. The TAA Fiscal Specialist and/or his/her backup will review each invoice for completeness and accuracy and will send the original to Fiscal staff to process for payment as promptly as possible.

### **12230 De-obligations**

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

*NOTE: Training activities with remaining balances should never be closed. TAA*

*Specialist will close activity when funds for activity have been zeroed out.*

### **12231 Costs Incurred After Termination of the Act**

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

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

### **12232 Disqualification of Continued Entitlement**

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

### **12233 Training Facility Follow-Up Notice, LB-0785**

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

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

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

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

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



## **12300 Job Search Allowance**

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

### **12301 Requests for Job Search Allowance**

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

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

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

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

### 12303 How to Apply for Job Search Allowance

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

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

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

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

- 6) Create a Job Search activity (125). This is the activity for the actual job search.
- 7) Fill out the Trade Adjustment Job Search Allowances Application.
  - a. You fill out Section I, VI, and the worker and you sign and date it.
- 8) Create a VOS TAA – Approved Out of Area Job Search Allowance Activity (237). This is the activity that funds the job search.
- 9) Instruct Student to commence job search.
  - a. Make sure to give the worker a Trade Adjustment Assistance Job Search Activity Verification form LB-1119 [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs).
    - i. Worker will need one for each job search, interview, or application placed.
    - b. Also remind the worker to bring in any receipts for meals while doing the job search. (if job search is over 50 miles)
- 10) Maintain the application until the worker returns to provide the required documentation at the end of the 30 day limit.
- 11) When the worker comes back in process the documents and maintain the originals at the LO.
- 12) Once all documentation is gathered scan and upload documents to VOS and notify their area TAA specialist it is ready for review.
  - a. Print out a directions verifying mileage to go with the other documents. (Google maps, Yahoo Maps, or Rand McNally Map)

### **12304 Reimbursable Amount [20 CFR 617.34]**

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

#### **A. Travel**

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

#### **B. Lodging and Meals (if over 50 miles)**

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

#### **C. Payment Criteria**

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

## **12305 Job Search Activity Definitions**

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

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

## **12306 Required Documentation for Reimbursement**

1. A copy of the approved Trade Adjustment Assistance Job Search Allowance Application LB-1117 [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs).
2. A Job search Activity Verification form LB-1119 [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs), fully completed and signed by an authorized representative at the institution where a meeting takes place or services are south (Example: library attendant, AJC staff, employer, headhunter, etc.);
3. Google Maps, Rand McNally, or Yahoo Maps driving directions;
4. Travel receipts or estimates for transportation methods other than private vehicle (Example: bus fare, airfare, etc.);
5. Meal receipts; (only applicable if travel is over 50 miles one way), and
6. Lodging receipts (only applicable if travel is over 50 miles one way).

### **12400 Relocation Allowance [20 CFR 617.40]**

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

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

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

### **12401 Criteria for Approval [20 CFR 617.42]**

Eligibility for a relocation allowance requires the following:

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

## **12402 Request for Relocation Allowances, ETA 860, LB-0430**

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

### **12403 How to Apply for Relocation Allowances**

- A. AJC staff should assist the participant to complete the Request for Relocation Allowances, ETA-860 (LB-0430, Rev. 1/08) ([www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs))
- B. When applicable, AJC TAA staff will instruct the participant to obtain three (3) estimates from a commercial carrier, rental truck agency, and/or temporary storage business, for the total cost to be incurred.
- C. Instruct the participant to obtain the name, title and complete telephone number of the company official who hired or offered employment of long term duration.
- D. Instruct the participant to record his/her expenses for meals and lodging on the space provided and to obtain receipts for all expenses claimed.
- E. An activity for Relocation Allowance must be completed in VOS to establish funding for the relocation allowance.
- E. Attach the participant's receipts for all expenses to the completed original form along with a W-9 form and upload all documentation into Jobs4TN. Notify the TAA Coordinator and/or area TAA Specialist when everything is available for review.

### **120404 Reimbursable Amounts [20 CFR 617.45]**

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

- A. Travel [20 CFR 617.46]

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

(Separate Travel - If, for good cause, a member or members of an participant's family must travel separately to the participant's new residence, depending on the petition number, the total costs of such separate travel will be included in calculating the total

amount the participant is entitled to be paid. Good cause means such reasons as would justify the family member's inability to relocate with the other members of the participant's family, including but not limited to the family member's health, schooling or economic circumstances.)

B. Lodging and Meals

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

C. Moving Allowance [20 CFR 617.47]

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

1. Commercial Carrier

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

2. Trailer

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

3. Rental Truck

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

4. House Trailer

If a house trailer or mobile home was used as the participant's place of residence in the old area and will be used in the new area, a percentage (depending on the petition number) of the allowable costs are (1) the commercial carrier's charges for moving the house trailer or mobile home; (2) charges for unblocking and re-blocking; (3) ferry charges, bridge, road, tunnel tolls, taxes, fees for permits to

transport the unit in or through its jurisdiction, retention of necessary flagmen; and (4) the cost of insuring the house trailer or mobile home for its actual value or \$10,000 whichever is the least amount against loss or damage in transit.

5. Temporary Storage

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

D. Lump Sum Payment

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

**12405 How Payments Are Made**

- A. AJC TAA staff will review each request to assure completeness and accuracy of all entries, attach participant's receipts, and W-9 form to the completed original form and submit to the TAA Coordinator and/or area TAA Specialist via document upload in VOS.
- B. The TAA Coordinator and/or area TAA Specialist will verify the participant's employment with the employer indicated in Section A (Participant Request).
- C. Once verification of employment has been recorded, the TAA Coordinator and/or the area TAA Specialist will develop a voucher and email it to the AJC TAA staff. Participant will be scheduled to come in and sign the voucher and a copy will be returned to the TAA Coordinator and/or the area TAA Specialist. The request will be submitted to Fiscal who will process for payment as promptly as possible.
- D. Electronic copies are maintained in document uploads within Jobs4TN.

## **12500 Appeal Rights**

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

## **12501 Notification of Approval/Denial/Disqualification**

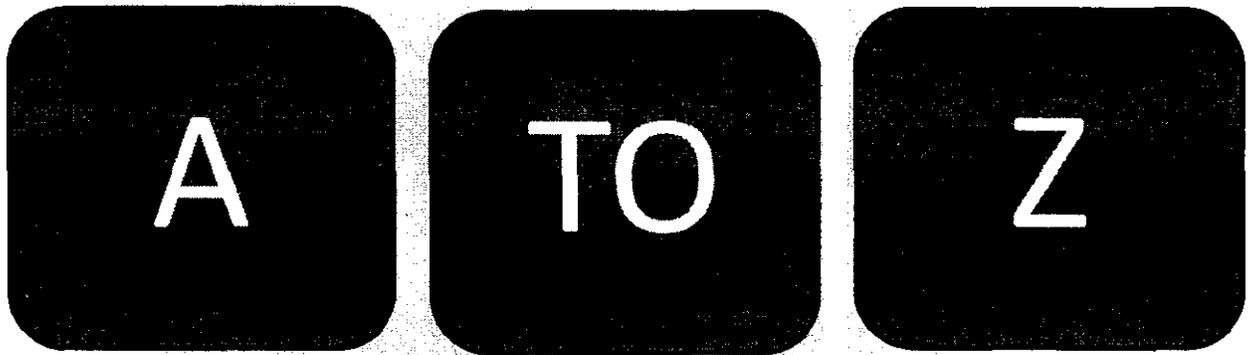
Any application for benefits or services under the Trade Act will be determined, and notices will be sent to the claimant and AJC TAA staff advising them of appeal rights. Likewise, requests for payments disqualified or otherwise not payable will receive a determination.

## **12502 Appeals of Interstate Decisions**

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



## 12550 **Case Notation**



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

## Case Notation Guidance

### Guidance for Case Notes/Activities & IEPs

#### Job Service Application Day

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

#### No Suitable openings available

- Discussed TAA Services
- *Discuss point of contact if determined eligible for training*
- Participant Requested TAA
- training Waiver issued (if applicable)
- Began VOS TAA Application and activities along with other required forms.
- Referred to LWDA for assessment, *or*
- To Adult Education if participant does not have high school diploma
- Updated case notes & IEP to reflect assessment referral

#### After Assessment

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

#### Return Date

- Participant reported as scheduled with training information
- Completed training packet in Jobs4TN.
- Upload the packet information in Jobs4TN with current information.
- Update IEP & Case Notes
- Notify TAA Coordinator and/or area TAA Specialist for review an eligibility determination.

### **After Review/Determination (Approval)**

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

### **During Training (Every 60 days)**

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

### **After Review/Determination (Denial)**

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

### **Completion/Withdrawal of Training**

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

### **Re-employment Services**

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

**Note:** Continue with Case Management documentation until the participant locates suitable employment. Be sure to document all your efforts to provide services to the participant as

he/she continues through the process. Discuss point of contact if determined eligible for training; how will you all communicate?

**Appropriate Communication Methods:**

- Phone
- Email
- Office Appointment
- US mail

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

- 11/01/2010 Reported to AJC for Job Search
- 11/01/2010 Job Search was conducted. No suitable openings similar to dislocating occupation which paid at least 80% of the dislocating wage was available.
- 11/1/2010 Participant requested training information; explained what would be expected of her if determined eligible for training.
- 11/1/2010 Worker stated her interest in RN training.
- 11/1/2010 Referred Ms. Doe to WIOA for Assessment.
- 11/5/2010 She has successfully completed Assessment and training was recommended.
- 11/6/2010 Ms. Doe has registered at University of Memphis for RN. She will not know if accepted into program until around November 15, 2010. Training will not start until January 2011. Therefore, a waiver was completed.
- 11/20/2010 Ms. Doe reported that she had been accepted into the RN Program.
- 11/20/2010 The development of the training packet has begun. Participant signed TAA Application and IEP.
- 11/20/2010 She will be scheduled to report back on 11/25/2010 with training cost sheet and academic plan broken down by term, a signature of authority, and a school calendar.
- 11/25/2010 Ms. Doe reported back with the required information.
- 12/01/2010 Complied required documentation and uploaded to VOS Documents for TAA Unit's review determination and notified area TAA Specialist.
- 12/5/2010 Ms Doe contacted me to see if anything else was needed.
- 12/10/2010 TAA Unit notified me the training request had been reviewed and approved. Ms. Doe can start training on 1/7/2011. Contacted her to schedule an appointment to sign her TAA Application for Training and obtain training voucher.
- 12/12/2010 Ms. Doe reported for her appointment. Application was signed, dated, and uploaded to VOS documents. Voucher and cost sheet was provided with instructions to return on the appointment date of 3/7/2011 for 60 day benchmark.
- 1/7/2011 Contacted Ms. Doe by email to see if she has begun scheduled training. Everything looks good.
- 3/7/2011 Ms. Doe reported back on her training progress as required. She is meeting benchmarks and on track to complete timely. Made next 60 day appointment for 5/7/2011.
- 5/7/2011 Ms. Doe brought in her grades, next term cost sheet, and academic schedule. She is still meeting her benchmarks and on track to complete training timely. Documents have been uploaded into VOS. Notified area TAA Specialist that information was

available for review and development of voucher. Scheduled her for next 60 day benchmark appointment for 7/7/2011.

- 6/15/2011 Ms. Doe called to report she is failing a class and will need to extend time so the class may be retaken at a later time. School still indicates that participant is meeting benchmarks and can complete within the 130 Weeks requirement.
- 7/7/2011 She returned for 60 day progress report. Continues to meet benchmarks, however she is still concerned over the possible failure of a class. Discussed the availability of tutoring or possible withdrawal and attempting class again next term.
- 9/7/2011 She came in with grades. Benchmarks are still being met. Ms. Doe was able to successfully complete the class she expected to fail. There will be no need to extend her training at this time.
- 11/7/2011 60 day progress report. Everything still looking good. Benchmarks are being met.
- 1/7/2012 Participant still maintaining good standing with the school. Provided grades for previous term and next term's cost sheet and academic schedule. Uploaded to documents in VOS.
- 3/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.
- 5/7/2012 She brought in grades. Things looking great.
- 7/15/2012 Ms. Doe reported back for progress report. Still maintaining benchmarks and on track to complete timely.
- 9/1/2012 She has successfully completed training and received her degree as a Registered Nurse. Ms. Doe is schedule to report to our office for employment assistance.
- 9/5/2012 She reported for employment services and was referred on an opening.
- 10/1/2012 Ms. Doe has obtained full time unsubsidized employment.

## 12600 Trade Adjustment Assistance Guidance

1. Any training costing in excess of 200% of the average cost of similar training, inclusive of tuition, textbooks, tools, academic fees, and travel or transportation expense shall be reviewed for meeting the reasonable cost criteria and as such shall be denied unless contradicting information is furnished. *[20 CFR 617.22 (6)(iii)(a)]*
2. In accordance with TAA regulations, a training application for an extraordinarily high skill level shall be denied. Extraordinarily high skill as defined is an occupation that requires training beyond an Associate's Degree. In rare instances, training beyond an Associate's Degree may be approved and only when the TAA approving authority takes into consideration factors such as cost, length of training, replacement rate of wages, the client's previous training/education, the availability of other suitable training, etc. *[20 CFR 617.22(b)],*
3. TAA regulations provide that workers may be provided either one or a combination of on-the-job training and institutional training. If institutional training is utilized, priority must be given to vocational education schools (Tennessee College of Applied Technology centers). *[20 CFR 617.23(c)(2)]* When training, substantially similar in quality, content and results, is offered at more than one training provider, the lowest cost training shall be approved. *[20 CFR 617.22(a)(6)(iii)(B)]*
4. TAA regulations define classroom (institutional) training as used to "...impart technical skills and information required to perform a specific job or group of jobs." Therefore, training requests that do not list a specific occupation for training will be denied. Examples of non-specific training are certificates or degrees in Business, Arts, or Business Systems Technology (without a defining field of study). The title of the training must be specific and the O-Net Code assigned must accurately reflect the title. *[20 CFR 617.21(g)]*
5. The TAA regulations stipulates that the "costs of a training program shall include tuition and related expenses (books, tools, and academic fees) travel or transportation expenses, and subsistence expenses;" Since no mention is made of desk top materials (i.e., pencils, pens, paper, notebooks, etc.), TDLWD will not purchase such items for the TAA participant unless the item is of a specialized nature inherent to the program of training (i.e., drafting pens). *[20 CFR 617.22(a)(6)(iii)(A)]*
6. In determining whether the costs of a particular training program is reasonable, first consideration must be given to the lowest cost training which is available within the commuting area. When training, substantially similar in quality, content and results, is offered at more than one training provider, and training at facilities outside the participant's normal commuting area that involves

transportation or subsistence costs which add substantially to the total costs shall not be approved if other appropriate training is available. The lowest cost training shall be approved. *[20 CFR 617.22 (4)(ii)]*

7. TDLWD shall purchase a special garment pin for workers completing a nursing course of study only if the pin is required. Further, it must be the least expensive pin available to the participant, unless a particular pin is required by the training provider for all training workers.
8. Transportation or travel expenses shall be paid to a TAA participant only if the training site is 10 miles or more from the participant's residence. Reimbursement shall be made at the prevailing federal per mile rate and shall be paid for each mile that is traveled round trip. The projected total of travel expenses to be paid shall be used in the calculation to determine if the cost of the training is reasonable. *[20 CFR 617.28(A)(B)]*
9. Federal Regulation state that "...no participant shall be entitled to more than one training program under a single certification." Therefore, after a participant enters a training program, he/she may not change his/her training program to another occupation/skill unless the Instructor and/or adviser request the change for the benefit of the participant. Before a participant is enrolled in a training program, he/she must receive an assessment of his/her abilities to complete the training program, and there must be an expectation he/she will find a job in the field of study. Also, the training must be provided by the most economical means. If an participant were to be allowed to change training programs, the entire process would have to be repeated to assure compliance. While the training program approved for the participant may be amended to include additional courses, its final goal of training in a specific occupation cannot be altered. *[20 CFR 617.22(f)(2)]*
10. Evaluation of the participant's financial ability shall include an analysis of the participant's remaining weeks of UI and TRA payments in relation to the duration of the training program. If the participant's UI and TRA payments will be exhausted before the end of the training program, it shall be ascertained whether personal or family resources will be available to the participant to complete the training. A financial statement must accompany the participant's request for training. *[20 CFR 317.22(5)(ii)]*
11. Pell and other grants will not be used to fund training on TAA affected workers. These monies may be used by the participant for living expenses and may be identified as such on the financial statement. These grants may be also used to cover cost that TAA cannot cover. *[TEGL 22-08 (D.5.2)]*
12. States are encouraged to select training providers that have met the qualifications necessary to be included in the Eligible Training Provider List (ETPL) as defined in the WIOA Law. However, training providers not on the list may be utilized as long as it can be determined that the facility is accredited. *[TEGL 11-02 (D.2)]*

13. WIOA approved training is an approvable TAA training option. However, the amendment of Section 236(a)(5) of the 2002 Act expressly provides that training options available under the TAA program are not limited to training programs available under Title I of WIOA.
14. The participant must be identified as an adversely affected participant covered under a trade certification to be eligible to request benefits and/or services. *[20 CFR 617.22 (A) as defined under 617.3(B)(C)(1)(2) unless otherwise amended]*
15. Prior to requesting training, a participant **must complete** a Wagner Peyser application, including resume, and Virtual Recruiter in Jobs4TN to assist him/her with a work search to determine if there is any suitable employment available. *[20 CFR 617.22 (1)(i)]*
16. Participant without 12<sup>th</sup> grade education or HiSet may be referred directly to Adult Education.
17. Referral to Adult Education upgrade will be based on WIOA recommendation after TABE or CASAS has been administered.
18. Distance training (i.e., training provided via the internet) may be considered “classroom training” when the credential received is equivalent to what would have been received if the training had been conducted on campus. This interpretation expands the types of approved classroom training to include distance learning, where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program. For distance learning, the final credential conferred must be equivalent in content and standard of achievement to the same program completed on campus or at an institutional training location. When the above condition is met, the training will be recognizing as the type that normally takes place in an interactive classroom setting. This standard replaces the four conditions in *TEGL 7-00*.

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

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

19. Pre-Requisite training requires a participant training packet be developed and submitted for determination indicating the number of weeks and the cost of pre-requisites only. An additional estimated cost sheet and the number of weeks

should accompany this packet indicating the total cost of training and weeks for both the pre-requisites and the actual training, so reasonable cost and length of training can be determined. [TEGL 22-08, Sec 236 (a)(5)(E)]

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

20. Purchase of Personal electronic devices for training purposes are only permitted when the training facility conducting the training requires all students to purchase this type of equipment as part of his/her training. If the training facility offers the use of electronic equipment to their students for their class work and studies, then the request for these types of purchases will be denied. [Email Guidance 14-04]
21. *TEGL 22-08 Trade and Globalization Adjustment Assistance Act of 2009 amended 20 CFR 617.22* to allow for Part-time training under the program. Participant's enrolled in part-time training are not eligible to receive TRA benefits. Summer sessions may have fewer hours than spring and fall, because there are fewer classes to choose during that term. However, if the participant is enrolled in full-time training, the summer session should be at least 9 credit hours to be considered full-time.
22. *20 CFR 617.22(a)(f)(ii) Breaks in training:* When an approved training program involves more than one course and involves breaks in training (within or between courses, or within or between terms, quarters, semesters and academic years), all such breaks in training are subject to the "30-day break in training" provision in § 617.15(d), (as amended by *TEGL 11-02, the Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade Act of 2002,*), for purposes of receiving TRA payments. A participant's approved training program may be amended by the State agency to add a course designed to satisfy unforeseen needs of the participant, such as remedial education or specific occupational skills, as long as the length of the amended training program does not exceed the maximum allowable training weeks (per petition number) if remedial limitation and the courses provided constitutes full-time training, (as amended by *TEGL 22-08.Operating Instructions for Implementing the Amendments to the Trade Act of 1974 Enacted by the Trade and Globalization Adjustment Assistance Act of 2009*)
23. A request for training means the claimant has provided the AJC TAA Representative a copy of a letter or email of acceptance, or a letter stating they have been placed on a waiting list at the time the participant makes his/her request for training. Any hard copy letter from the training provider must be on School Letter Head. Upon receipt of this information the AJC TAA Representative must date stamp it received. [State Guidance Email 13-06]

24. If for some reason the participant does not attend or he/she changes their mind on what he/she wants to do or where he/she wants to go, unless it is due to circumstances beyond their control, the timely request date will not be honored. *[State Guidance Email 13-06]*

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

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

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

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

27. At any time, during the course of TAA approved training, if a participant fails and/or withdraws from any required class or classes two (2) times; he/she will be issued a Non-Compliance Warning letter. The TAA Specialist will review all end of term grades and complete the letter if the participant’s grades reflect multiple failures or withdrawals of any identical required classes over the course of training. The Non-Compliance Warning letter will advise the participant that failure to complete the class the third time could provide TAA a reason to pull the student from the current training and re-evaluate what other training might be appropriate, available, and be completed within the remaining eligibility time limit. Participants will also be advised that any subsequent attempt to pass the class should be done during the next available term. The original letter will be maintained in the participant’s file at the AJC. (These failures/withdrawals do not have to happen in subsequent terms.) *[State Guidance Email 17-01]*



<a href="#"><u>VOS Doc</u></a>	TAA Application
<a href="#"><u>VOS Doc</u></a>	TAA Enrollment
<a href="#"><u>VOS Doc</u></a>	Trade Adjustment Assistance Program (TAA) Application for TAA Training
<a href="#"><u>VOS Doc</u></a>	Voucher
<a href="#"><u>VOS Doc</u></a>	IEP – Plan
<a href="#"><u>VOS Doc</u></a>	Training Benchmark Review
<a href="#"><u>LB-1121</u></a>	TA-2 Trade Act of 1974 Authorization and Invoice
<a href="#"><u>LB-0426</u></a>	Request for Trade Information (RTAA)
<a href="#"><u>LB-0429</u></a>	Request for Allowances by Participant in Training (Attendance Form)
<a href="#"><u>LB-0430</u></a>	Request for Relocation Allowance
<a href="#"><u>LB-1117</u></a>	Trade Adjustment Assistance Job Search Allowances Application
<a href="#"><u>LB-1119</u></a>	Trade Adjustment Assistance Job Search Activity Verification
<a href="#"><u>LB-0738</u></a>	TAA/WIOA Training Assessment Referral
<a href="#"><u>LB-0785</u></a>	Training Facility TAA Follow-Up Notice
<a href="#"><u>LB-0898</u></a>	Signature of Authority for Training Facility Officials
<a href="#"><u>LB-0948</u></a>	TAA Training Check List
<a href="#"><u>LB-1047</u></a>	TAA Training Packet Check List
<a href="#"><u>LB-1089</u></a>	Willing To Commute Statement
<a href="#"><u>LB-1090</u></a>	TAA Training Financial Support Statement
<a href="#"><u>LB-1092</u></a>	Worker Training Agreement & Responsibilities
<a href="#"><u>LB-1106</u></a>	Request For Completion TRA Benefits
<a href="#"><u>LB-1107</u></a>	TAA Participant Non-Compliance Warning
<a href="#"><u>Form W-9</u></a>	Request for Taxpayer Identification Number and Certification (can be found @ <a href="http://www.irs.gov">www.irs.gov</a> .)
<a href="#"><u>LB-1069</u></a>	Affidavit for RTAA Regarding Trade Affected Separating Employer
<a href="#"><u>LB-1053</u></a>	Request for Eligibility Reemployment Trade adjustment Assistance (RTAA)
<a href="#"><u>LB-1122</u></a>	Request for Initial Reemployment Data on RTAA
<a href="#"><u>LB-1050</u></a>	Verification of Employment for Monthly Wage Supplement

TAA Application:  
JOBS4TN.GOV

<b>General Information:</b>			
Username:		LWIA/Region:	09-LWDA09
stJie IO:		Office Location:	TN Career Center- Nashville
Application Date:	0812012015	Date of Eligibility:	08/20/2015
Application ID:		Social Security#:	

<b>Contract Information:</b>			
Name:		Email:	
Primary Phone:		Primary Phone Type:	
Residential Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	

<b>Equal Employment Opportunity Information:</b>			
Date of Birth:		Age:	
Gender:	Male	Registered with Selective Service:	
Do you have a Disability?	No, I don't have a disability	Type of Disability:	
Are you a U.S. Citizen?	U.S. Citizen/Naturalized	USCIS Number:	
Hispanic or Latino Heritage:	No, I am not of Hispanic or Latino heritage	Race:	White
Highest Education Level Achieved:			

<b>Veteran Information:</b>			
Question 1.	Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?		No
Question 2.	Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?		No
Question 3.	Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability?		No
Transitioning Type:		Transitioning Discharge Date:	
Military Service Begin Date:		Military Service End Date:	
Eligible Veteran Status:		Military Campaign Badge:	No
Disabled Veteran:		Homeless Veteran:	No
Recently Separated:	No	Attended TAP Workshop within 3 Years:	No

<b>Employment Information:</b>			
Employment Status:	Employed	TAA Petition:	082509A
TAA Employer:	HEMLOCK SEMICONDUCTOR LLC	Unemployment Compensation?:	No, Neither Claimant nor Exhaustee
Employer Address:	SUB OF DOW CORNING CORP 1000 SOLAR WAY CLARKSVILLE 37040	Job Title:	Chemical Plant Operator
		Hours per Week:	40.0
		Months Employed:	24
Employment Begin Date:	03/20/2011	Employment End Date:	03/20/2013
Dislocation Hourly Wage:	\$29.00	Date of Qualifying Separation:	03/20/2013
Re-Employed Since Layoff From Trade Affected Job:		Yes, re-employed since layoff from trade affected job	
New Employment Projected or Actual Start Date:	04/01/2014	Projected or Actual Annual Wage of Individual's New Employment:	\$ =

**Barrier Information:**

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

**Eligibility Information:**

Meets Definition for TAA?: Yes Meets Definition for ATAA? : No  
Meets Definition for RTAA?: No

**TAA Calculations:**

Waiver Date (Certification):	06/15/2013	Waiver Date (Most Recent Separation Date):	07/13/2013
Waiver Issued Date:		Job Search Allowance (Separation):	03/20/2014
Job Search Allowance (Certification):	04/15/2014	Job Search Allowance (After Training):	
Relocation Allowance (Separation):	05/19/2014	Relocation Allowance (Certification):	06/14/2014
ATAA Eligibility:		Relocation Allowance (After Training):	
Training (Separation):	07/13/2013	Training (Certification):	06/15/2013
Additional TRA (Separation):	10/16/2013	Additional TRA (Certification):	11/11/2013

**Staff Information:**

Staff Create ID:		Staff Position:	staff
Date Created:	08/20/2015	Office Location Of Responsibility:	TN Career Center - Nashville
Current Case Manager:		Previous Case Manager:	
Staff Edited ID:		Date Last Edited:	12/29/2015
Record Review Staff ID:		Record Review Date:	12/29/2015
Met Quality Requirements:			

**Signatures**

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

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

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
TN Career Center - Nashville  
One Stop Center

**TAA Emollment**  
**JOBS4TN.GOV**

TN Career Center- Nashville  
 665 Mainstream Drive  
 Nashville, TN 37243

Participant Name	SSN	IAppID
Funding Source	Case Manager	
TAA-TAA Petition: 082509A- Employer Name Unknown		
Activity/Service: 300 - Occupational Skills Training- Approved Provider List (ITA)	Break in Training (weeks):0	
Authorization Begin Date	Authorization End Date	
Projected Begin: 1/19/2016 Actual Begin N/A	Projected End 12/15/2017 Actual End: N/A	
Comments: N/A		

Enrollment Provider Information

Entity	FEIN#
NASHVILLE STATE COMMUNITY COLLEGE Program/Service: COMPUTER NETWORKING TECHNOLOGY	62-0808901
Training Site Address	Telephone Number
NASHVILLE STATE COMMUNITY COLLEGE 120 White Bridge Road Nashville, TN 37209	(615)353-3246

Scheduled Service Cost:	\$7,973.40	Current Funded Costs:	\$7,973.40
Total Training Costs	\$7,973.40	Fund StreijU: TAA Fund StreiiiUFY 2014	
Tuition/Fee	\$6,399.00	Period: FY2014 10/112013-9/3012016	
Books	\$1,574.40	Alloc: \$7,973.40 Oblig: \$0.00 Avail: \$7,973.40	
Tools	\$0.00		
Other Costs	\$0.00		
Comments	\$0.00		

RecordID:  
 Last Edited By: cc01128  
 Last Edit Date: 11/19/2016 11:54:00 AM

Tennessee Works Online Services  
Trade Adjustment Assistance Program (TAA)  
Application for TAA Training

Participant Information		
Name:	State ID:	Petition Number:082812
Most Recent Qualitying Separation Date	Petition Certification Date:7/17/2013	
Training Informa lion		
Provider: ROANE STATE COMMUNITY Program: NURSING COLLEGE		
Projected Start Date: 1/20/2015	Projected End Date:12/11/2017	Weeks of Training:151
<p>I understand that I may exhaust my UI and IRA benefits before the projected end date of my training even though the cost of the training may continue to be paid. I will have <input type="radio"/> will not have <input type="radio"/> the financial resources available to cover my living expenses during the entire period of training if my benefits end prior to completion of training.</p>		
Participant Signature _____		Date _____

Training Criteria	
Training Application Date: 1/14/2015	
Suitable employment is not available to the worker: Yes	
The worker would benefit from this training: Yes	
There is reasonable expectation of employment following completion of this training: Yes	
This training is reasonably available to the worker: Yes	
The worker is qualified to undertake and complete the training: Yes	
This training is available at a reasonable cost: Yes	
TAA Training Determina lion	
Based on TAA guidelines,the training specified above is: APPROVED	
Staff Signature _____	Date _____

Appeal Rights: If you do not agree with this determmat0n, you have fifteen days (15) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you origmally filed your claim. If you cannot contact the office m person m the time allowed, write or call that office. In your letter you must explain why you disagree with the determination and provide documentation

**Tennessee**  
LWIA/Region LWDA 09  
TN Career Center- Nashville

<b>Voucher ID:</b> <b>Voucher Remittance Address:</b>  TN Career Center - Nashville 665 Mainstream Drive Nashville, TN 37243	<b>Check Here if Final:</b> <b>For Participants Name:</b>  SSN: Student ID: State ID: Program: Trade Adjustment Assistance (TAA) Program-TAA Appid:
<b>Provider of Service:</b> Follett Bookstore (Nashville State)  Address: 120 White Bridge Road Nashville, TN 37209  Attn: N/A FEIN/SSN: 362593135 Vendor ID: 20236	<b>Agreement Information:</b>  Agreement#: N/A Service Code: 300- Occupational Skills Training- Approved Provider List (ITA)  Service Dates: Start - 01/19/2016 End - 12/15/2017 Fund Stream: TAA Fund Stream FY 2014
<b>Voucher Comments</b> spring 2016 books	

Totalpayment for this voucher cannot exceed the TOTAL VOUCHER amount

Item	Voucher Amount	Payments To Date	Amount Submitted for Payment For Service Provided Between: Start Date: 4/30/2016 End Date:
Total Trainina Costs	\$411.55	\$0.00	
Tuition/Fee	\$0.00	\$0.00	
Books	\$411.55	\$0.00	
Tools	\$000	\$0.00	
Other Costs	\$000	\$0.00	
Comments			
<b>TOTAL VOUCHER:</b>	<b>\$411.55</b>	<b>\$0.00</b>	

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

Providers Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



Tennessee

TRADE ADJUSTMENT ASSISTANCE PROGRAM  
Training Benchmark Review

Name: State ID: Application ID:

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

Training Activity	Provider	Program	ActualBegin Date	Projected End Date	ActualEnd Date	Completion Status
300-Occupational Skills Training -Approved Provider List (ITA)	TENNESSEE TECHNOLOGICAL UNIVERSITY	FINANCE	6/2/2014	5/10/2016		

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

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

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

Supporting Evidence:Grades

Participant Signature: \_\_\_\_\_ Date:\_\_\_\_\_

Staff Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Appeal Rights

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



TENNESSEE DEPARTMENT OF REVENUE  
 DIVISION OF EMPLOYMENT SECURITY  
**REQUEST FOR TRADE INFORMATION**

NAME: \_\_\_\_\_ SOCIAL: \_\_\_\_\_

EMPLOYMENT DATA FOR  
 52 week qualifying period \_\_\_\_\_ to \_\_\_\_\_ based on separation date \_\_\_\_\_

EMPLOYER RESPONSE  
 1. Did separation occur as of separation date (above)? YES  NO   
 2. Type of separation: Total  Partial   
 If Partial, please enter 2A.

2A	WEEK OF SEPARATION Total wages "week or separation	52 WEEK QUALIFYING PERIOD	
		Total 1101n Of employment (T.eb.rk Numb' // (W'rt. W, Ail* t. ill; (Ad to x: ! ill n)	Gross Wages p. 3K1

2	LIST FIRST Number non "week ti & li III 'A' eel	WFFJC W'nDKFn Rate or P-3Y per nors last 11.11 'A' eek

3. During the above 52 week qualifying period	Number of weeks earned 30.00 << more	<i>total ss than 26 weeks continue</i>	Number weeks of approved leave	Number weeks of workers-

4. Was worker on Tennessee? YES  NO  Location \_\_\_\_\_
5. What was worker's last occupation prior to separation? \_\_\_\_\_
6. Was separation due to layoff or work? YES  NO  Reason \_\_\_\_\_
7. Was worker one of group covered (above)? YES  NO  If WJ, please enter JW number &.

8. Was the separation from non-aQ(Erset) an elective employment cause of from the certificate group?  
 YES  NO  If Yes, enter 4 and B.

A. Name of individual in worker's work file: \_\_\_\_\_

B. Reasons that worker can be considered an elective worker separate of the 101410 will

NAME AND ADDRESS (PRINT) \_\_\_\_\_  
 SIGNATURE EMPLOYER'S REPRESENTATIVE \_\_\_\_\_  
 Title \_\_\_\_\_ Date of signature \_\_\_\_\_

FOR AGENCY USE ONLY

WEEKS SEPARATE SEPREASON \_\_\_\_\_

18-0426 (Rev. 06-12) ETA 8-SIA ROA2258

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 DIVISION OF EMPLOYMENT SECURITY  
**WEEKLY REQUEST FOR ALLOWANCES BY WORKER IN TRAINING**  
 TRADE ACT OF 1974  
 Amended 2002, 2009 and 2011

a. M-  
 VEEK \_\_\_\_\_  
 Enter SSN, if applicable

WORKER NAME (Last, First, Middle) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ PETITION NUMBER \_\_\_\_\_

MAILING ADDRESS  
 (No Street  
 City or County,  
 State, Zip Code)

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

1. HAVE YOU FILED FOR ANY OTHER TRAINING ALLOWANCE FOR THE WEEK SHOWN (OR FOR A PERIOD WHICH INCLUDES THE WEEK)? YES  NO  IF YES, PROVIDE: NAME OF PROGRAM \_\_\_\_\_

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

3. DURING THE CURRENT WEEK DID YOU WORK OR EARN ANY WAGES? YES  NO  IF YES, AMOUNT \$ \_\_\_\_\_  
 a. DID YOU QUIT? YES  NO  3b. WERE YOU DISCHARGED? YES  NO

4. IF YOU HAVE RETURNED TO WORK, PLEASE PROVIDE:  
 NEW ADDRESS OF COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WAGE PER HOUR \$ \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_ DATE BEGAN WORK \_\_\_\_\_

HAVE YOU WORKED FOR THIS EMPLOYER BEFORE? YES  NO

WILL THIS JOB PROVIDE HEALTH CARE, PENSION, SOCIAL SECURITY, ETC.? YES  NO

IS JOB SPONSORED BY A STATE OR FEDERAL PROGRAM? YES  NO  IF YES, NAME OF PROGRAM \_\_\_\_\_

5. ARE YOU RECEIVING TRANSPORTATION ALLOWANCES UNDER THE TRADE ACT? YES  NO   
 IF YES, CHECK DAYS IN ATTENDANCE: SUN MON TUE WED THU FRI SAT

**B. WORKER CERTIFICATION**

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

SIGNATURE OF WORKER \_\_\_\_\_ DATE \_\_\_\_\_

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

1. AS OF THE WEEK SHOWN, HAS THIS WORKER ATTENDED TRAINING? YES  NO  (NNO, please explain.)  
 DATE COMPLETED TRAINING \_\_\_\_\_  
 DATE TERMINATED \_\_\_\_\_  
 LAST DAY ATTENDED \_\_\_\_\_

2. (Complete if applicable) LODGING AND MEALS WERE PROVIDED THIS WEEK IN THE AMOUNT OF \$ \_\_\_\_\_ PER DAY FOR \_\_\_\_\_ DAYS

3. VIA TRAINING SCHEDULED FOR ANY DAY(S) THIS WEEK? YES  NO  DAY  NIGHT

4. CURRENT TERM SEGAN \_\_\_\_\_ CURRENT TERMS \_\_\_\_\_

5. IF CURRENT TERM ENDED WITH THIS WEEK, WHEN WILL CLASSES FOR NEXT TERM BEGIN? \_\_\_\_\_ (PLEASE PROVIDE NEW CALENDAR)

**D. TRAINING FACILITY CERTIFICATION**

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

NAME OF TRAINING FACILITY \_\_\_\_\_ SIGNATURE OF TRAINING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 FAX NUMBER \_\_\_\_\_  
 MAIL TO: TRAINING UNIT  
 TN DEPT. OF LABOR AND WORKFORCE DEV  
 P.O. BOX 200150  
 NASHVILLE TN 37228

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
**REQUEST FOR RELOCATION ALLOWANCES**  
 TRADE ACT OF 1974

FOR STATE OFFICIAL USE ONLY

WORKER'S NAME (LAST, FIRST, MIDDLE)	PELTON NO.	DATE FILED
	LOCAL OFFICE	COST CENTER NO.
ADDRESS (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)	SOCIAL SECURITY NUMBER	PAYING STATE
	ADDRESS FOR CHECK MAILING (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)	

**A. WORKER APPLICATION FOR RELOCATION ALLOWANCES**

1. WERE YOU TOTALLY SEPARATED FROM ADVERSELY AFFECTED EMPLOYMENT? . . . . . YES NO  
 . . . . .

2. ARE YOU CURRENTLY EMPLOYED? . . . . . D D  
 (IF "YES," COMPLETE THE INFORMATION CONCERNING YOUR PRESENT EMPLOYMENT)

NAME AND ADDRESS OF FIRM: \_\_\_\_\_ DATE OF EMPLOYMENT EXPECTED TO END: \_\_\_\_\_

3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. YES NO

4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT? YES NO

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER OF PERSON WHO HIRED YOU.

NAME AND ADDRESS OF FIRM OFFERING EMPLOYMENT: \_\_\_\_\_ JOB TITLE \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

CITY AND STATE OF RELOCATION: \_\_\_\_\_ EXPECTED DATE OF MOVE: \_\_\_\_\_

**B. WORKER REQUEST FOR TRAVEL ALLOWANCES**

TRAVEL IDENTIFICATION	NUMBER PERSONS	TRAVEL DATES		TRAVEL BY AUTO		TRAVEL BY COMMERCIAL CARRIER		
		FROM	TO	MLEAGE	COST	TYPE	NO. PERSONS	ACTUAL COST
WORKER							ASSENG	
SPOUSE								
CHILDREN								
OTHER FAMILY MEMBERS*								
ABSENT CHILDREN OF FAMILY MEMBERS*								
*NAMES OF TRAVELERS		AGE	RELATIONSHIP	JUSTIFICATION (OTHER FAMILY MEMBERS AND LATE DEPARTURE)				

**C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS**

COMMERCIAL CARRIER			TRAILER HAULED BY AUTO			COMMERCIAL CARRIER AND/OR TRUCK RENTAL		
TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES	ESTIMATED CHARGES
MOVING		\$	TRAILER RENTAL		\$	TRAILER HAULED BY COMMERCIAL CARRIER		\$
ACCESSORIAL		\$	FEDERAL RATE		\$	TRUCK RENTAL		\$
INSURANCE		\$						
TOTAL		\$	TOTAL		\$	TOTAL		\$

NAME AND ADDRESS OF COMMERCIAL CARRIER

**D. WORKER REQUEST FOR LUMP SUM PAYMENT**

AVERAGE WEEKLY WAGE \$ \_\_\_\_\_ (MULTIPLIED BY THREE (3)) \$ \_\_\_\_\_

**E. WORKER RECORD OF EXPENSES**

DATE	BREAKFAST	* MEALS		DINNER	DAILY TOTAL
		LUNCH			
_____	_____	_____		_____	_____
_____	_____			_____	_____
_____	_____			_____	_____
_____	_____			_____	_____

DATE	* LODGING NAME OF MOTEL	AMOUNT
_____	_____	_____
_____	_____	_____

\*ATTACH RECEIPTS

**F. WORKER CERTIFICATION**

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND 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 \_\_\_\_\_ DATE \_\_\_\_\_

**G. STATE AGENCY DETERMINATION**

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

RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

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

(1)  \$ \_\_\_\_\_ at \$ \_\_\_\_\_ PER MILE FOR PRIVATELY OWNED AUTO FOR \_\_\_\_\_ MILES

(b)  LODGING AND MEALS OF \$ \_\_\_\_\_ COMPUTED AT 90% OF THE LESSER OF:

(1)  \$ \_\_\_\_\_ OF ACTUAL EXPENSE, OR

(2)  \$ \_\_\_\_\_ 50% OF FEDERAL DAILY LIVING ALLOWANCES

(c)  MOVING ALLOWANCE OF \$ \_\_\_\_\_ COMPUTED AT 90% OF

(1)  \$ \_\_\_\_\_ FOR COST OF COMMERCIAL CARRIER OR TRAILER HAULED BY COMMERCIAL CARRIER OR RENTAL TRAILER, OR TRUCK.

(2)  \$ \_\_\_\_\_ COMPUTED BY \$ \_\_\_\_\_ PER MILE FOR \_\_\_\_\_ MILES FOR TRAILER OR HOUSE TRAILER HAULED BY AUTOMOBILE

(d)  LUMP SUM OF \_\_\_\_\_ COMPUTED AT 3 X \$ \_\_\_\_\_ (AVERAGE WEEKLY WAGE) NOT TO EXCEED \$1,250.00

TOTAL AMOUNT PAID \$ \_\_\_\_\_

TAA COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_ DATE OF PAYMENT (MO. DAY, YR) \_\_\_\_\_

**H. APPEAL RIGHTS**

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.



Department of Labor & Workforce

# Trade Adjustment Assistance Job Search Allowances Application

Trade Act of 1974 as Amended by Trade Act of 2002, 2009, IOIS

## I. General Information

Petitioner Name \_\_\_\_\_

State of \_\_\_\_\_  
Petition Number \_\_\_\_\_

2002, 2009, or 2015 MTA Allowance S1500

JS Application Date \_\_\_\_\_  
JS Retention Date \_\_\_\_\_

JS Application Period (Start/End) \_\_\_\_\_  
JS Application Period (Start/End) \_\_\_\_\_  
JS Application Period (Start/End) \_\_\_\_\_

### 1. Eligibility

- You must be a U.S. citizen or permanent resident.
- You must be unemployed for 180 days or more immediately preceding the date of application.
- The job loss must be a result of a trade adjustment event (e.g., plant closing, relocation, etc.).
- You must be actively seeking employment.
- You must be a U.S. resident at the time of application.

### II. Petitioner Information

- Job Search Allowance is a benefit provided to eligible workers under the Trade Act of 1974.
- Approval of Job Search Allowance is subject to the following conditions:
  - 2002, IOU, 6. 2015 Amendment - 9 of 11 OMD, net necessary expenses, up to \$1,250
  - 2009 Amendment: - 10 of 11 OMD, net necessary expenses, up to \$1,500
- Trade Adjustment Assistance is a benefit provided to eligible workers under the Trade Act of 1974.
- For more information, please contact the Tennessee Department of Labor and Workforce Development at (615) 542-3000 or visit our website at [www.tn.gov](http://www.tn.gov).
- Only one Job Search Allowance can be received for a single trade adjustment event.
- You must be a U.S. resident at the time of application.

### IV. Job Search Activity Requirements

- In order to be eligible for Trade Adjustment Assistance Job Search Allowances, you must meet the following requirements:
- Going to at least 100 hours of job search activity.
  - Make a list of potential employers and contact them by phone, mail, or in person.
  - Completing a job application in person with a potential employer.
  - Going to a local Career Center, Job Corps Center, or other job training program.

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Participant Signature

TAA AJC Representative Signature





## Trade Adjustment Assistance Job Search Activity Verification

Dear Madam or Sir,

Whether you provide direct job offers or a service that is utilized for successful job search strategies, we would like to thank you for being an integral part of the Tennessee Department of Labor & Workforce Development's Trade-affected Dislocated Workers Program. We greatly appreciate your efforts of returning Tennesseans to suitable employment.

By signing the statement below, you provide the necessary documentation to reimburse a participant for costs incurred with job search activities (with parameters of eligibility).

Thank you in advance for your collaboration. Sincerely,

The TN TAA Team

PLEASE PRINT CLEARLY

Participant Name: \_\_\_\_\_ State ID: \_\_\_\_\_  
Employer/Service Provider: \_\_\_\_\_ Contact Person, Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job Search Activity Date: \_\_\_\_\_  
Job Search Activity Type: \_\_\_\_\_ Job Search Activity Time: \_\_\_\_\_  
(Job opening, Resume, AJC, ect.)

By signing below, I certify the information provided above is correct to the best of my knowledge. I understand that willful misrepresentation made to obtain allowances to which the participant is not entitled may result in serious penalties. Additionally, I understand that I may be contacted by a TAA staff member at the information listed above in order to verify this job search activity.

Comment: \_\_\_\_\_  
\_\_\_\_\_

Employer/Service Provider Signature

O...

Tennessee Department of Labor and Workforce Development  
TAAN/JIA Training Assessment  
Referral

LWIA \_\_\_\_\_

Petition# \_\_\_\_\_

Claimant Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Last Employer \_\_\_\_\_ Separation Date \_\_\_\_\_

D No suitable job opening as of \_\_\_\_\_

\_\_\_\_\_

TAA Staff Member

**TITLE I STAFF**

Please complete applicable items and return to TAA staff.

Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual  
Assessment Scheduled \_\_\_\_\_ Assessment Completed \_\_\_\_\_

**Current Enrollment/Prior Completion Title I Training**

Date applied for Title training: \_\_\_\_\_ Type of Training:  
- Date scheduled to enter training \_\_\_\_\_  Occupational Training  
Date entered training \_\_\_\_\_  Remedial Training (GED)  
Projected Completion Date \_\_\_\_\_  On the Job Training  
Training Job Title \_\_\_\_\_

Applied for PELL Grant DYES DNO Status of PELL \_\_\_\_\_

Name and Address of Training Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Completed: \_\_\_\_\_

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

Occupational Training Type: \_\_\_\_\_ Funding Source: \_\_\_\_\_  
Training facility (if known) \_\_\_\_\_  
 Remedial Training  (OJT) (Explain) \_\_\_\_\_  
 Other \_\_\_\_\_

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

run) \_\_\_\_\_  
\_\_\_\_\_

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 DIVISION OF EMPLOYMENT SECURITY  
 TRADE ADJUSTMENT ASSISTANCE PROGRAM  
 TRAINING FACILITY TAA FOLLOW-UP NOTICE  
 Trade Act of 1974, Amended 2002, 2009 and 2011

PETITION NO. \_\_\_\_\_

NAME OF TAA TRAINING PARTICIPANT (First Middle Initial, Last) \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF ENROLLMENT \_\_\_\_-\_\_\_\_-\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME OF TRAINING FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**PARTICIPANT STATUS**

- COMPLETED TRAINING COURSE** (Date) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 This means the student has completed all requirements for their Certificate or Diploma. Date needs to be the last day the student attended classes.
- NEEDS AMENDED** - This means the student will not be able to complete their requirements for their certificate or diploma by the anticipated completion date above and will need extra time to complete. Student should be directed to their local Career Center to speak with their IRA Representative.
- WITHDREW FROM TRAINING** (Date) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 This means the student stopped attending classes or had to drop out of classes for personal reasons; and did not complete training. This is the actual last date the student attended classes.
- TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION** (Date) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Please give an explanation below as to why the student was terminated and the actual last date the student attended classes.  
 Reason student was terminated by training facility - (Explain in the other shHJ Q/paJXII' in the S:ary.)
- FAILED TO BEGIN PARTICIPATION**  
 If possible, student should be instructed to go to Career Center and notify TRA representative of their situation.  
 Reason student failed to begin participation if reason is given - (Explain on the other shHJ Q/paJXII' in the S:ary.)
- ENTRY DATE DELAYED UNTIL** (Date) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 This means the student was not able to begin training; one of the Dates of Enrollment listed above, because the training was delayed.  
 This is the exact date the student can begin approved training. Student should be directed to visit their local Career Center to balance the TRA Representative request an Amended/Supplemental.  
 Reason student's enrollment was delayed - (Explain on the other shHJ Q/pap0' in the S:ary.)

SIGNATURE OF TRAINING FACILITY REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_

RETURN TO: TRAUT  
 TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 P O BOX 280450  
 NASHVILLE TN 37228

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 Signature of Authority for Training Facility Officials  
 Trade Act of 1974, Amended 2002



Trainee SSN _____	Trainee Name First _____ MI _____ last _____	Enrollment Date _____
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Name of Training Facility \_\_\_\_\_

Address of Training Facility Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DRRA FUNDED**

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

Individual authorized to sign claimant's weekly claim Name	Date	Signature	PhoneNumber
_____	_____	_____	_____

**Invoice TA-2**

Individual authorized to bill the TN Department of Labor and Workforce Development for training costs Name	Date	Signature	PhoneNumber
_____	_____	_____	_____

**OTHER SOURCE OF FUNDING**

Name of Entity Funding Training \_\_\_\_\_

Address of Entity Funding Training Street \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Individual authorized to sign claimant's weekly claim Name	Date	Signature	PhoneNumber
_____	_____	_____	_____

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_



### TAA Training Check List

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

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

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

### TAA Training Packet Checklist

Participant's Name	SID	Petition Number	AJC#	Start Date
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<p><b>O</b></p> <p><b>D</b></p>	<p>VOS TAA Application, sign and dated by participant</p> <p>VOS IEP-Goal &amp; Objectives toward training, sign and dated by staff and participant</p> <p>TMQ1 (shown as TMQ4) Benefit History Master</p> <p>LB - 1090 Financial Statement</p> <p>LB-0738 TAA/WIA Training Assessment Referral from the LWIA</p> <p>TABE Information</p> <p>Supply &amp; Demand information or School Placement Rate</p> <p>Academic Plan (courses and hours planned for each session) or Course outline for TCAT</p> <p>Total Cost Sheet showing total of tuition, books, and supplies broken down by term</p> <p>List of all books, supplies, tools with cost for each item broken down by term</p> <p>LB-0898 Signature of Authority (both training facility and outside vendors)</p> <p>School Calendar (identifying breaks in training that are over 30 days in length)</p> <p>Comparison between a TCAT or state school if a private training facility is being requested.</p> <p>Mileage documentation</p> <p>LB-1089 Willing to Commute Statement (when demand is outside the worker's commuting distance.)</p> <p>LB-1092 Worker Training Agreement and Responsibilities</p> <p>Case Notes are Up to Date</p> <ul style="list-style-type: none"> <li>• Include Education Level, i.e. GED, Certificates, Diplomas, Degrees, field of study, dates received, and from what training facility.</li> </ul> <p>W-9 (when training requires travel outside the commuting area of 50 miles.)</p>
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<p><b>COST SUMMARY:</b></p> <p>Training Contract Amount _____</p> <p>Bookstore Contract Amount _____</p> <p>Vendor Contract Amount _____</p> <p>Total <span style="float: right;">\$0.00</span> _____</p>	<p><b>COMMENTS:</b></p>
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TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

**WILLING TO COMMUTE**

Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

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

Worker's Signature ----- Date \_\_\_\_\_

TAA Representative's Name \_\_\_\_\_

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



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

**TAA TRAINING FINANCIAL  
SUPPORT STATEMENT**

Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

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

Please check all that apply.

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

Worker's Signature ----- Date \_\_\_\_\_

TAA Representative's Name \_\_\_\_\_

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



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

**WORKER TRAINING AGREEMENT AND RESPONSIBILITIES**

Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Local Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

By signing my name below, I certify that I have carefully read this form in its entirety. I have received a copy of this form for my records. I will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program.

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

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

Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



STATE OF TENNESSEE  
**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
DIVISION OF WORKFORCE SERVICES  
220 French Landing Drive  
Nashville, TN 37243-1002  
(615) 741-1031

**Request for Completion TRA Benefits**

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

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

Signature of Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of TAA Representative: \_\_\_\_\_ Date: \_\_\_\_\_



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

**TM PARTICIPANT NON-COMPLIANCE WARNING**

Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_  
SID# \_\_\_\_\_ Local Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

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

- Not meeting Benchmarks:
    - Not maintaining satisfactory academic standing. **t**
    - Not on track to complete training within the timeframes identified in the approved training plan. **j**
  - Failure of any required class(es) for two (2) or more Terms/Semesters/Quarters.
  - Withdrawal of any required class(es) for two (2) or more Terms/Semesters/Quarters.
  - Not completing & submitting weekly attendance certifications.
  - Failure to notify TAA Representative of changes pertaining to approved training.
  - Not providing grades at the end of each term to TAA Representative.
  - Not providing class schedule/academic plan at the end of each term to TAA Representative.
  - Not reporting for scheduled appointment with TAA Representative every sixty (60) days to discuss training progress.
- t** Academic standing by the school is taken into consideration, but is not the sole deciding factor.  
**j**: Participant must be on track to complete training within required weeks based on petition number.

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

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

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

Labor & Workforce Development

TRA UNIT

NASHVILLE, TN 37228  
PHONE: (877) 813.0950  
FAX: (615) 532-3374

AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Local Office Number \_\_\_\_\_

Worker's Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Employer's Name \_\_\_\_\_

Doing Business AS \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone \_\_\_\_\_  
(With Area Code)

Date of lack of work separation from above mentioned employer \_\_\_\_\_

Number of hours worked during last full week \_\_\_\_\_  
(32 hours or more excluding overtime)

Rate of pay per hour during last full week \_\_\_\_\_

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

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



TRA UNIT  
 P. O. BOX 280450  
 NASHVILLE, TN 37228  
 PHONE: (877) 813.0950  
 FAX: (615) 532-3374

Trade Act of 1974, Amended TAA Reauthorization of 2015

WORKER'S NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER	110 NUMBER	POSITION NUMBER
WORKER'S ADDRESS	AGE	DATE OF BIRTH	POSITION CERTIFICATION
CITY	STATE	ZIP CODE	IMPACT DATE

TRADE EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE
JOB TITLE	DATE OF LAST FULL WEEK	RATE OF PAY PER HOUR LAST FULL WEEK
NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	PHONE NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK
NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	PHONE NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK

RTAA PROGRAM SELECTION

I choose to elect under the Reemployment Adjustment (RTA) instead of regular IRA. I understand that I will not be eligible for TRA benefits. I understand that this choice is final and that I may not switch to TRA once I begin receiving the subsidies.

CERTIFICATION

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

SIGNATURE OF WORKER

LOCAL TRADE REPRESENTATIVE \_\_\_\_\_

FAX TO (615) 531-1374 TN Department of Labor & Workforce Development (615) 532-3374

FROM: COMMENTS:

LS 1053 3-16

ROA 22SS



TRA UNIT  
P.O. BOX 2804SO  
NASHVILLE, TN  
37228  
PHONE: (877)  
813.0950 FAX: (615)  
S32-3374

**REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA**

EMPLOYER \_\_\_\_\_  
CLAIMANT \_\_\_\_\_

SSN: \_\_\_\_\_  
BYE: \_\_\_\_\_

DATE FILED: \_\_\_\_\_  
DATE MAILED: \_\_\_\_\_

MUST BE RECEIVED BY: \_\_\_\_\_

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY. AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN \$5000 ANNUALLY FROM HIS/HER TRADE AFFECTED LAYOFF MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (50% OF THE DIFFERENCE). THE SUPPLEMENT MAYBE PAID UNTIL \$10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

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

FIRST DAY WORKED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

TYPE OF EMPLOYMENT:  SALARY  COMMISSION  CONTRACTUAL

WAGE PER HOUR: \_\_\_\_\_

EMPLOYMENT STATUS:  FULL TIME  PART TIME

EMPLOYER NAME AND TITLE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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IIAAUNTT  
 P.O. BOX 28G450  
 NASIMLLE", TN 37228  
 PHON(Sn) 8.1.3-0950  
 F.U: (615) 532-3374

Verification of Employment for Monlby Wa.ge Supplement

✓K10'1 191 MIW'idlli:1 Tr.lldt: Mji.isr.Jill'iinJi.s527c.¥1Cfl RAallh>irtz.:r.lon0'1201S.

<b>NEW EMPLOYER'S NAME</b>		<b>WORKER'S NAME (First, Middle Initial, Last)</b>	
<b>NEW EMPLOYER'S MAILING ADDRESS (Street)</b>		SQCJAL SEGUitJIT NUMB811	
<b>STATE</b>	p COriIE	PERmOM NUMBEa	LQ NIDoiBEti
		TAW	

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EMPI.OYMENT STAnJS

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1. If **thiis** mp.r.r.1111, ilfrMthOid"J worbd1 -----

WEEK 1		
WEEK 1: SUNDAY BEGINNING DATE	WEEK 1: SATURDAY BEGINNING DATE	WEEK 1: NUMBER OF HOURS WORKED
WEEK 2		
WEEK 2: SUNDAY BEGINNING DATE	WEEK 2: SATURDAY BEGINNING DATE	WEEK 2: NUMBER OF HOURS WORKED

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WEEK 3: SUNDAY BEGINNING DATE	WEEK 4: SUNDAY BEGINNING DATE	WEEK 4: NUMBER OF HOURS WORKED
EMI'tOYOCONTACT !PRINT NAME	SIGNATURE	EM.M. AOOI:B.li
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<b>SIGNATURE OF WORKER</b>	<b>DATE SIGNED</b>
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IRDA 22Sa



## Q & A's

### 2014 TAA Conference

**June 25-27, 2014**

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

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

2. How do we handle a training that will be conducted by 2 schools in partnership?
  1. Prepare one completed training packet for the first portion. Be sure you indicate in the IEP that the training is a partnership of the schools.
  2. Nearing completion of the first training, prepare a second request for training (Activity).
  3. Be sure to include an estimate of the full training cost in the first training packet.
3. What if the training is less than full-time during a semester?

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

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

When statewide clusters are available for teachers only, you may use the statewide cluster to justify demand.

5. How soon can a training institution or vendor invoice TAA?

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

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

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

b. The TA2 and invoice should be emailed to [tdlwdtaa@tn.gov](mailto:tdlwdtaa@tn.gov).

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

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

8. Does TAA require a participant to have a HiSet prior to approval of training?

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

9. How do you document mileage to show whether the participant lives 10 miles or more from the school and needs mileage cost covered?
  - a. We ask that you use one (1) on-line source to document the mileage from the participant's home to school. We look for the shortest distance to the school.
  - b. Sources that can be used:
    - Rand McNally
    - Google Maps
    - Yahoo Maps
    - Bing Maps

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

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

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

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

There may be instances where the closest school to the participant is a state college or private training institution. There should always be documentation to backup why the student has chosen that particular training facility over a technology center and/or state school.

11. Why are we required to obtain a financial statement from the participant in the application process?

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

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

12. What other documentation can be used if the Cluster indicates there is no demand in the participant's residential area?
  - a. **The School Placement Rate** (70% or higher for the training occupation)
    1. May be available on the Cluster
    2. If not on the Cluster, may be obtained from the training institution
  - b. Newspaper advertisements or job orders for the specific occupation (be sure the advertisement has the newspaper's date line that includes the name and the date of the paper) or
  - c. Newspaper articles/news releases concerning growth of a particular occupation in the area (be sure the article has the newspaper's date line that includes the name and the date of the paper) or

- d. Letter from an employer that indicates an offer of employment to the person requesting training in the occupation he/she will be trained in, or
- e. Any documentation that indicates a demand in the area that comes from a reputable authority.

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

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

14. Will TAA pay for pre-requisites?

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

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

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

16. Can workers enroll in training part-time?

If the petition the participant is covered by is 69999 or less, No. If the petition number starts with 70000 or above, Yes! However, the participant will lose his weekly TRA Benefits.

17. Why do I need to get a signature of authority for training and vendor contracts?

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

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

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

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

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

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

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

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

21. How many weeks of training may a participant request.

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

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

130 weeks for petitions # 80000 & above.

22. Can a participant apply for student loans?

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

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

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

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

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

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

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

For training approved in VOS, 90 Days after receipt of the follow up notice, the training facility is contacted to ensure there are no outstanding invoices. Once it has been determined that all invoices have been paid, the TAA Specialist will de-obligate any remain funds and close out the training activity.

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

Yes.

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

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

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

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

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

3 years from completion date.

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

Yes

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

No

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

NO, if the training facility enrolls them in training.

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

No

34. What is the definition of Supportive Services?

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

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

35. Should grades be scanned and uploaded to VOS?

Yes, at the end of every term.

36. Are there Activities that need to be reported during the training period?

Any service that is provided to the participant during his/her participation period must be documented through VOS.

37. When another state resident requests training at a facility within his/her state residence, is it best to refer the participant to an AJC in his/her state?

Our offices are set up to assist workers no matter where they live. However, if a participant has traveled several miles past an AJC in their state to get to ours, then we should talk with the participant to ensure he/she understands they have the option to go to the AJC in their home state if they choose. However, if they want to work through us, then that's their option.

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

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

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

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

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

39. What is required of the TAA AJC Rep once the activity is approved?

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

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

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

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

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

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

42. If a participant is 49 years of age at the time of separation and becomes employed, then unemployed and begins a second job after turning 50 years old, is the participant eligible for RTAA benefits as long as the request is made before the end of the EPE date? If so will the RTAA benefit be paid after the EPE?

Yes, as long as the work is age 50 the day he begins his second job, and makes the request before the end of his TRA EPE, he would be eligible if the other requirements are met. His RTAA claim will set up a RTAA EPE which is different than the TRA EPE. The RTAA EPE is a 2 year period that begins with his first day of re-employment.

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

Yes

## TRAINING EXAMPLE



General Information:

Username:		LWIA/Region:	
State 10:		Office Location:	TN Career Center
Application Date:		Date of Eligibility:	03/23/2016
Application ID:		Social Security #:	

Contract Information:

Name:		Email:	
Primary Phone:		Primary Phone Type:	Home
Residential Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	

Equal Employment Opportunity Information:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender:  Male  Female  Other  Registered with Selective Service:  Yes  No  
 Do you have a Disability?  Yes  No, I don't have a disability Type of Disability: \_\_\_\_\_  
 Are you a U.S. Citizen?  U.S. Citizen/Naturalized  Naturalized Citizen  USCIS Number: \_\_\_\_\_  
 Hispanic or Latino Heritage:  No, I am not of Hispanic or Latino heritage Race: \_\_\_\_\_ White \_\_\_\_\_  
 Highest Education Level Achieved: \_\_\_\_\_

Veteran Information:

Question 1.	Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?	No	
Question 2.	Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?	No	
Question 3.	Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disy?	No	
Transitioning Type:	Transitioning	Discharge Date:	
Military Service Begin Date:		Military Service End Date:	
Eligible Veteran Status:		Military Campaign Badge:	No
Disabled Veteran:		Homeless Veteran:	No
Recently Separated:		Attended TAP Workshop within 3 Years:	No

Employment Information:

Employment Status:	<input checked="" type="checkbox"/> Not Employed <input type="checkbox"/> Employed	TAA Petition:	085795
TAA Employer:	Maverick Tube Corporation (Tenaris)	Unemployment Compensation?:	Yes, Claimant, no Reemployment Services
Employer Address:	5050 North County Road 967 Blytheville, AR 72206	Job Title:	Oiler
Employment Begin Date:	01/23/2012	Hours per Week:	40
Dislocation Hourly Wage:	\$19.48	Months Employed:	
Re-Employed Since Layoff From Trade Affected Job:		Employment End Date:	01/23/2016
New Employment Projected		or Actual Start Date:	01/23/2016

,No, has not been

re-employed since layoff from Trade affected job

Projected or Actual Annual  
Wage of Individual's New  
Employment:

---

\$0.00

# EXAMPLE

**Barrier Information:**

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

**Eligibility Information:**

Meets Definition for TAA?  Yes Meets Definition for ATAA?  Yes  
 Meets Definition for RTAA?  Yes

**TAA Calculations:**

Waiver Date (Certification):	05/02/2015	Waiver Date (Most Recent Separation Date):	05/14/2016
Waiver Issued Date:		Job Search Allowance (Separation):	10/12/2017
Job Search Allowance (Certification):	03/03/2016	Job Search Allowance (After Training):	
Relocation Allowance (Separation):	03/23/2017	Relocation Allowance (Certification):	05/02/2016
ATAA Eligibility:	07/23/2016	Relocation Allowance (After Training):	
Training (Separation):	05/14/2016	Training (Certification):	05/02/2015
Additional TRA (Separation):	08/20/2016	Additional TRA (Certification):	09/30/2015

**Staff Information:**

Date Created:		Office Location Of Responsibility:	TN Career Center-
Current Case Manager:		Previous Case Manager:	
Staff Edited ID:		Date Last Edited:	
Record Review Staff ID:		Record Review Date:	
Met Quality Requirements:			

**Signatures**

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

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ TN Career Center - One Stop Center

# EXAMPLE

**General Information:**

Plan ID:  
 User 10:  
 Name:  
 Plan was started on: 03/23/2016  
 Plan was started in office location: TN Career Center-  
 Plan closed on:

**Goals and Objectives Established:**

Goal#	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status
1	TAA	Training	Long Term	03/23/2016	04/29/2017		Open

**Goal Description: Welding Program**

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

**Objectives to Goal#1**

Objective	Date Established	Review Date	Program	Staff	Status
Job Search	03/23/2016	05/07/2016	TAA		Closed

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

Requested training in Welding	03/23/2016	05/07/2016	TAA		Closed
-------------------------------	------------	------------	-----	--	--------

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

Completed WIOA Assessment	03/23/2016	05/07/2016	TAA		Closed
---------------------------	------------	------------	-----	--	--------

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

Enroll in TAA funded training	03/23/2016	05/07/2016	TAA		Closed
-------------------------------	------------	------------	-----	--	--------

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

Maintain satisfactory progress	03/23/2016	05/07/2016	TAA		Open
--------------------------------	------------	------------	-----	--	------

Comments: will maintain satisfactory progress throughout his welding training.

Will meet benchmarks	03/23/2016	05/07/2016	TAA		Open
----------------------	------------	------------	-----	--	------

Comments: will meet all benchmarks set by TCAT Newbern.

Report every 60 days	03/23/2016	05/07/2016	TAA		Open
----------------------	------------	------------	-----	--	------

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

Notify TAA of any changes in training	03/23/2016	05/07/2016	TAA		Open
---------------------------------------	------------	------------	-----	--	------

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

Receive credential	03/23/2016	05/07/2016	TAA		Open
--------------------	------------	------------	-----	--	------

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

Job Search Assistance	03/23/2016	05/07/2016	TAA		Open
-----------------------	------------	------------	-----	--	------

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

Obtain employment	03/23/2016	05/07/2016	TAA		Open
-------------------	------------	------------	-----	--	------

Comments: will obtain full time suitable employment in the Welding field.

Signatures

EXAMPLE

Applicant Signature

/ Oae

Parent/Guardian Signature

Date

'StaSign\t r= \_\_\_\_\_, "0Jt' ..

# EXAMPLE

( TMQ4 ) ( 082945

10-20-2014 08:10

\*\*\* T R A M A S T E R \*\*\*

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

WAIVER DT	REASON	TS	HC'1'C	LATEST WED	BRK.	DEP	PAY
00/00/00	00	H	0	07/08/14	0	00	3

TRA ACT: 11 CHG DATE:

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

\*\*\*\*\*CURRENT ENTITLEMENTH\*\*\*\*\*H <H-pRIOR NONQUALIFYING DATA'-"\*\*\*\*\*\*

MBA	WBA	ERN	ALW	DBAL	DEC/ISS	SEP DT	DEC	DEC DT	CLAIM DT	EPE
7150	275	68.75	7150	01/00	00/00/00	00	00/00/00	00/00/00	00/00/00	00/00/0000

\*\*\*\*\*"\*\*\*\*\* T R A I N I N G \*\*\*\*\*A-\*\*\*\*\*•\*\*\*\*\*

BEGIN DATE	ENDING DATE	TYPE	WIA	DAYS	HILES	SUBS	WKS	EXTENDED DATE	REQUES7ED	CHANGE
00/00/00	00/00/00			0	.00	.00	00/00/00	12/27/14	07/22/14	

EMPLOYER - ITW PASLODE

EMP NO 0270-231



EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF WORKFORCE SERVICES

TAA TRAINING FINANCIAL  
SUPPORT STATEMENT

Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

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

Please check all that apply.

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

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

TAA Representative's Name -----

TAA Representative's Signature -----

Date \_\_\_\_\_



EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Local Office Number \_\_\_\_\_ Petition Number \_\_\_\_\_

By signing my name below, I certify that I have carefully read this form in its entirety. I have received a copy of this form for my records. I will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program.

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

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

Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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

**EXAMPLE**

LWIA \_\_\_\_\_

Petition # \_\_\_\_\_

Claimant Name \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Last Employer \_\_\_\_\_

Separation Date \_\_\_\_\_

No suitable job opening as of \_\_\_\_\_

\_\_\_\_\_  
*TAA Staff Member*

**TITLE I STAFF**

Please complete applicable items and return to TAA staff.

Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual.

Assessment Scheduled \_\_\_\_\_ Assessment Completed \_\_\_\_\_

**Current Enrollment/Prior Completion Title I Training**

Date applied for Title I training: \_\_\_\_\_

Type of Training:

Date scheduled to enter training \_\_\_\_\_

Occupational Training

Date entered training \_\_\_\_\_

Remedial Training (GED)

Projected Completion Date \_\_\_\_\_

On the Job Training

Training Job Title \_\_\_\_\_

Applied for PELL Grant  YES  NO Status of PELL \_\_\_\_\_

Name and Address of Training Facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Completed: \_\_\_\_\_

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

Occupational Training Type: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Training Facility (if known) \_\_\_\_\_

Remedial Training  (OJT) (Explain) \_\_\_\_\_

Other \_\_\_\_\_

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

(Explain) \_\_\_\_\_

# Individual Diagnostic Profile

## Survey

# EXAMPLE

Name \_\_\_\_\_

ID Number \_\_\_\_\_ Test Date / 5 / 1

Examiner/Teacher \_\_\_\_\_

School/Program \_\_\_\_\_

**DIRECTIONS**

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

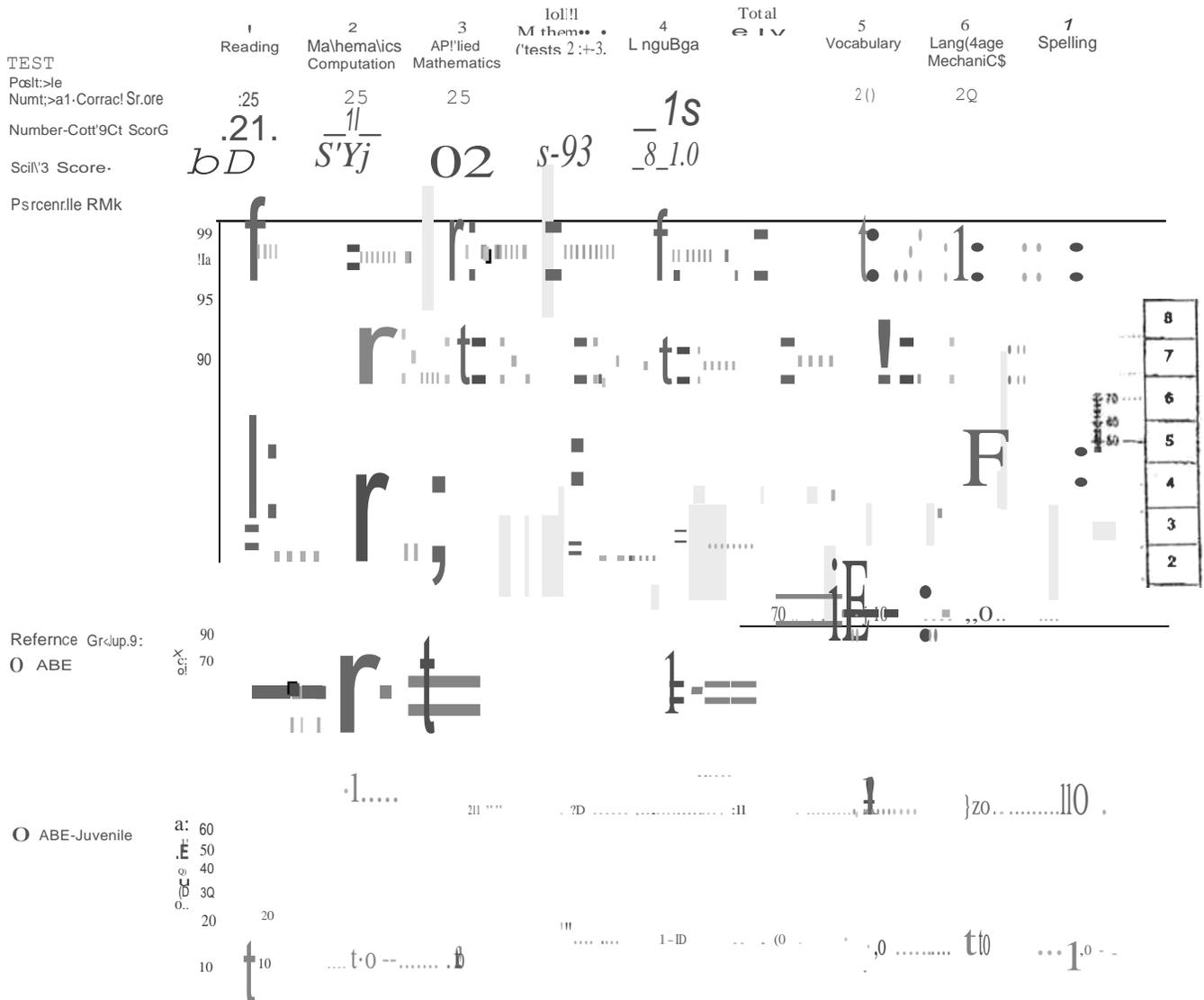
Part 1. Summary of Score and Percentile Rank Profile

- 1) In the profile section below, enter the number of correct responses for each test in the spaces labeled "Number-Correct Score."
- 2) Refer to the table in the Norms Book to convert the number-correct scores to percentile ranks. The scale score for Total Mathematics is obtained by averaging the scale scores. If the two mathematics tests, the total score for Total Vocabulary is obtained by averaging the two scores of Reading, Total Mathematics, and Language.
- 3) Refer to the appropriate tables in the Norms Book to obtain the percentile ranks and grade equivalents. Enter these scores in the

appropriate spaces. The corresponding stanine or percentile rank can be determined by referring to the far right-hand column of the graph.

The Number of Objectives Mastered can be summarized from the Information in Part 2.

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





TESTS OF ADULT BASIC EDUCATION

FORMS	LEVEL
-------	-------

9	10	11.2	7.8	12.9+	10.9	12.9+	Adult Ed #38	9D
Number of Objectives Mastered	5	6	15	26	3	2	3	

Scale Score for Total Mathematics Scale Scores for (Test 2 + Test 3) ... 2  
 Scale Score for Total Reading Scale Scores for (Test 1 + Total Mathematics) ... 1143



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TENNESSEE COLLEGE  
OF APPLIED TECHNOLOGY  
NEWBERN

Tennessee College of Applied Technology - Newbern

Information Technology

Program Level - Undergraduate certificate

Program Length - 12 months

How much will this program cost me?

Tuition and fees: \$3,555

Books and supplies: \$1,148

On-campus room & board: *not offered*

What other costs are there for this program?

For further program cost information [click here](#).

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

PROGRAM

How long will it take me to complete this program?

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

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

The job placement rate for students who completed this program - 74%.

For further information about this job placement rate, click [here](#).

FINANCING

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

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

Federal loans: \$0

Private education loans: \$0

Institutional financing plan: \$0

title -  
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011. I\* ..willn..t  
totNJ m.

For additional information related to this program and/or the information provided above, [click here](#).

Date Created: 1/29/2016

[Return to Website](#)

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

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

Results View: **Summary** | Detailed

To sort on any column, click a column title.

Hide potential duplicate jobs

<b>E</b>								<b>DODD</b>	<b>D</b>

03/24/2016 9:34:00 AM	Arc Welder	GMP Metal Products	Humboldt, TN	N/A	44%	Yes		2
--------------------------	------------	--------------------	--------------	-----	-----	-----	--	---

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

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

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

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

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

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

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

Refer Map

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

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

Records per page: 25 ...

[Change job search criteria]

## Welding Course Curriculum

## EXAMPLE

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

### ALL AVAILABLE CERTIFICATES AND DIPLOMAS EXIT LEVELS

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

In Trimester WELDERSHELPER CERTIFICATE /SHIELDED METAL ARC WELDER CERTIFICATE			
Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD 1001, 1010, 1015, 1111,	Technology Foundations /Work Ethics /OSHA / Shop Orientation & Safety	27	4.5
WELD 1301,1201	Intro to OXY-FUEL Rig /Welder Helpers Certification	54	9
WELD 1401, 1102,1501,1601	OXY-FUEL Cutting Process/ /OXY-FUEL Welding/ Soldering/Plasma Cutting	27	4.5
WELD 1701	Basic Shielded Metal Arc /SMAW 6010 Flat	54	9
WELD 1701	Shielded Metal Arc 6010 /Horizontal/Vertical Overhead	54	9
WELD 1701	Shielded Metal Arc 7018 Flat /Horizontal	54	9
WELD 1901	Shielded Metal Arc Welding 7018 Vertical / Overhead	54	9
WELD 1901	Shielded Metal Arc Welding Vertical 7018 3G Test Plate	54	9
WELD 1901, 1801	Shielded Metal Arc Overhead 7018 4G Test Plate / Review ofSMAW	54	9
Total Estimated Hours/Days		432	72

# EXAMPLE

2nd Trimester (IAS METAL ARC WELDER CERTIFICATE)			
Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD 3001	Gas Metal Arc Flat / Horizontal/Vertical/Overhead	54	9
WELD 3001	Gas Metal Arc Flat 3G/4G Test Plate	54	9
WELD 3201	Flux Cored Arc Welding Flat / Horizontal/Vertical/Overhead	27	4.5
WELD3201	Flux Cored Arc 3G/4G Test Plate	54	9
WELD3301	Gas Tungsten Arc Welding	54	9
WELD3301	Gas Tungsten Arc 3G Test Plate	54	9
WELD2101	SMAW- Mild Steel Pipe- Uphill all / Practice	54	9
WELD 2001, 3101	Blueprint Reading / Blueprint Fabrication	27	4.5
WELD2101, 2001,3101	SMAW Mild Steel Pipe Uphill 5G /Blueprint Reading/ Blueprint Fabrication	54	9
Total Estimated Hours/Days		432	72

3rd Trimester GAS TUNGSTEN ARC WELDER CERTIFICATE/ CoMBINA110N WELDER DtPLOMA			
Course Number	Course Title	Estimated Hours to Complete	Estimated Days to Complete
WELD2101, 2001,3101	SMAW Mild Steel Pipe Uphill 5G/Blueprint Reading/ Blueprint Fabrication	54	9
WELD 3401	Pipe- Gas Tungsten Arc All Positions	54	9
WELD 2101, 3401	GTAW Root/ SMAW Filler & Cap Mild Steel Pipe 5G	54	9
WELD 2101, 3401	GTAW Root/ SMAW Filler & Cap Mild Steel Pipe 6G	54	9
WELD 3001	GMAW Mild Steel Pipe Practice Uphill/ 6G Test	54	9
WELD 3301, 3401	Gas Tungsten Arc Welding Advanced/Aluminum	54	9
WELD 3301, 3401	Gas Tungsten Arc Welding Advanced/Stainless Plate	54	9
Weld 3401, 3501	Stainless Steel Pipe / Diploma Completion Test	54	9
Total Estimated Hours/Days		432	72

# EXAMPLE

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY-NEWBERN  
 Estimated Student Cost Sheet  
 Welding Technology Program (1 Year Program)  
 2015-2016

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

	Sales Tax Exempt:	With Sales Tax:		
1st Trimester				
Tuition	\$1,175	\$1,175		
Student Activity Fee	\$10	\$10		
Welding Fee	\$100	\$100		
Tooling U Subscription	\$313	\$313		
Welding Book/Workbook	\$145	\$145		
Printcading for Welders	\$71	\$71		
•Welding Kit (includes items list'd below) ••	\$395	\$432		
Welding Helmet (Auto darkening)				
Safety Glasses				
Welding Glows	•			
Chipping Hammer	•			
Cutting Glasses	•			
Grinder (Usually 4 1/2 in Electric)				
2- Pliers	•			
Wire Brush	•			
Shield				
Tape measure				
Striker, respiratm, lens				
Soap stone, tip cleaner, tank wrench ear plugs				
Welders cap. File, Weld gauge, tip cleaners				
Welding Jacket/Sleeves and Rib ••	\$133	\$146		
Head Phones For Computer	\$9	\$9		
OSHA 10 Hour Training	\$32	\$32	\$1,098	\$1,148
1st Trimester Books/Supplies	\$2,383	\$2,433		
2nd Trimester				
Tuition	\$1,175	\$1,175		
Student Activity Fee	\$10	\$10		
Welding Fee	\$100	\$100		
2nd Trimester Books/Supplies	\$1,285	\$1,285		
Jrdl TrinK.oster				
Tuition	\$1,175	\$1,175		
Student Activity Fee	\$10	\$10		
Welding Fee	\$100	\$100		
Jrd Trimester Books/Supplies	\$1,285	\$1,285		
•TOTAL	TUITION	WELDING FEE	BOOKS/SUPPLIES	STUDENT ACTIVITY FEE
TOTAL - Tax Exempt	\$3,525	\$300	\$1,098	\$30
TOTAL- With Sales Tax	\$3,525	\$300	\$1,148	\$30
ADDITIONAL COST				
GRADUATION FEE	\$31			
"TOTAL FEES AND SUPPLIES- Tax Exempt		\$4,984		
"TOTAL FEES AND SUPPLIES- With Sales Tax		\$5,034		

\*This is only an e5timated cost.

Book prices are subject to change with each new o•der.

Student progress may vary and may •ITI ct items needed for each trime•ter

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

- - Item subject to sales tax.

Revised 12-10-2015

# EXAMPLE

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Signature of Authority for Training Facility Officials  
Trade Act of 1974, Amended 2002



Trainee SSN	Trainee Name	First	MI	Last	Enrollment Date
-------------	--------------	-------	----	------	-----------------

Name of Training Facility \_\_\_\_\_

Address of Training Facility Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## OTAA FUNDED

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

Individual authorized to sign claimant's weekly claim

Name	Date	Signature	PhoneNu
------	------	-----------	---------

_____	_____	_____	_____
-------	-------	-------	-------

### Invoice TA-2

Individual authorized to bill the TN Department of Labor and Workforce Development for training costs

Name	Date	Signature	Phone Number
------	------	-----------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

## OTHER SOURCE OF FUNDING

Name of Entity Funding Training \_\_\_\_\_

Address of Entity Funding Training Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Individual authorized to sign claimant's weekly claim

Name	Date	Signature	Phone Number
------	------	-----------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

TENNESSEE COLLEGES OF APPLIED TECHNOLOGY  
TCAT- NEWBERN  
2016

SPRING TRIMESTER

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6			1	2	3	4	5						1	2
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9
10	11	12	13	14	15	16	14	15	16	17	18	19	20	13	14	15	16	17	18	19	10	11	12	13	14	15	16
17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23
24	25	26	27	28	29	30	28	29						27	28	29	30	31			24	25	26	27	28	29	30
31						Jt						21						17							li		

72

SUMMER TRIMESTER

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2		1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			
				i		21						15	31					19							17		

72

FALL TRIMESTER

September							October							November							December								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2	3							1			1	2	3	4	5						1	2	3
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10		
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17		
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24		
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31		
						19	30	31				18						20							15				

72

-STUDENT HOLIDAYS

CJSTUDENT AND STAFF HOLIDAYS

CJADMINISTRATIVE CLOSING STUDENT/STAFF

OSTUDENT HOUDAYS/INSERVICE

rmTRAINING DAYS FOR THE MONTH

CJBEGINNING/END OF TRIMESTER

Note: \* There must be 72 training days in each trimester.

# EXAMPLE



220 French Landing Dr, Nashville, TN  
37228 to Motlow State Community College

Drive 25.1 miles, 32 min

## 220 French Landing Dr

Nashville, TN 37228

Get on I-65 S from Rosa L Parks Blvd

3 min (0.8 mi)

- t** 1. Head southwest 46ft
- ,** 2. Turn left toward French Landing Dr 95ft
- r+** 3. Turn right onto French Landing Dr 249ft
- r+** 4. Turn right onto Vantage Way 01 mi
- ,** 5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd 0.4 mi
- I.** 6. Use the right lane to merge onto I-65 S via the ramp to Memphis 0.2mi

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

22 min (21.1 mi)

- I.** 7. Merge onto I-65 S 0.3mi
- r+** 8. Keep right to stay on I-65 S, follow signs for I-40 E/Knoxville/Huntsville 2.4mi
- 't** 9. Keep left at the fork to continue on I-40 E, follow signs for I-24 E/Knoxville/Chattanooga 1.0mi
- r+** 10. Keep right to stay on I-40 E 2.1 mi
- f** 11. Keep right at the fork to continue on I-24 E, follow signs for Chattanooga 15.0 mi
- 12. Take exit 66B for Sam Ridley Pkwy/TN-266 E toward Smyrna 02mi

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

7 min (3.1 mi)

- I.** 13. Merge onto TN-266 N/Sam Ridley Pkwy W 2.4mi

## EXAMPLE

- +t 14. Turn left onto Motlow College Blvd  
○ Destination will be on the left

0.7 mi

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

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

Google Maps

EXAMPLE

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Form W-9 fields: 1 Name, 2 Business name, 3 Check appropriate box for federal tax classification, 4 Exemptions, 5 Address, 6 City, state, and ZIP code, 7 List account numbers.

Taxpayer Identification Number (TIN)

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

TIN and Employer identification number input boxes.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Signature of U.S. person

Date...

General Instructions

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

Purpose of Form

Individual or entity (Form W-9) who is required to furnish information to the IRS must provide a TIN. For individuals, this is generally your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

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

- Form 1091 (home mortgage interest), Form 1088-E (student loan interest), 1091-T (tuition)
Form 1099-C (capital gain distributions)
Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding as a U.S. person, your allocation; two or more U.S. persons, your allocation; or late of a U.S. person, your allocation, and certify that FATCA reporting is correct. See What is FATCA reporting? on page 2 to find information.



## BENCHMARK EXAMPLE



# Example

Tennessee

TRADE ADJUSTMENT ASSISTANCE PROGRAM  
Training Benchmark Review

Name: State 10: Application 10: 300680944

Petition: Review Date: 6/28/2016 Benchmark 10: 993

Training Activity	Provider	Program	Actual Begin Date	Projected End Date	Actual End Date	Completion Status
300 Occupational Skills Training Litt TJ	TENNESSEE COLLEGE OF APPLIED TECHNOLOGY AT NEWS RN	WELDING	5/21/2016	4/29/2017		

Beginning Date of Benchmark Period: 5/21/2016

End Date of Benchmark Period: 6/28/2016

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

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

Supporting Evidence:

**Participant Signature:**

Date:

**Staff Signature**

Date: Appeal Right

If you do not agree with the determination, you may file an appeal within 15 days from the date mailed in writing to file an appeal. All appeals should be filed through the Workforce Center you originally filed your claim. If you cannot contact the office in person in the time allowed, you may call that office. In your letter you must explain why you disagree with the determination and provide documentation.

## JOB SEARCH EXAMPLE



## Trade Adjustment Assistance Job Search Allowances Application

Trade Act of 1974 as Amended by the Trade Act of 2002, 2009, 2015

### I. General Information

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

### II. Eligibility Criteria

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

### III. Payment Criteria

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

### IV. Job Search Activity Definition

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

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a resume;

- 5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/resumes, and/or apply for jobs;
- 6. Using certified professional employment resources from a provider other than the AJC (*Example interview preparation meeting with a headhunter or private placement agency*);
- 7. Attending a job fair or professional association meeting (*for networking purposes*);
- 8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
  - Obtaining and using local labor market information;
  - Participating in skills assessments for occupation matching;
  - Attending job finding clubs;
  - Participating in pre-vocational workshops, incl. soft skills, resume writing, interviewing skills, etc.; or
  - Obtaining and following up on job referrals from AJC staff.

**V. Required Documentation for Reimbursement**

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

**VI. Participant Attestation**

By signing below, I affirm the following:

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

I give this information to support my request for payment of a job search allowance under the Trade Act of 1974, as amended. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TAA AJC Representative Signature

\_\_\_\_\_  
Date

# EXAMPLE

## VII. Eligibility Determination (FOR C.O. USE ONLY)

- |   |   |     |    |
|---|---|-----|----|
| 1. Is the applicant eligible for TAA?   |   | Yes | No |
| 2. Is suitable employment available within the commuting area?                        |   | Yes | No |
| 3. Is the customer totally separated from employment with the Trade-affected company? |   | Yes | No |
| 4. Is the Date of Request within:   | § 365 days of most recent qualifying separation?<br>§ 365 days of petition certification?<br>§ 182 days after conclusion of training? | Yes | No |

## VIII. AGENCY VERIFICATION OF JOB INTERVIEW

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

Per the Trade Act of 1974, as amended, the above-named applicant is  Eligible  Not eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed \$ \_\_\_\_\_

\_\_\_\_\_  
TAA Coordinator/Merit Staff

\_\_\_\_\_  
Date

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

## Guidance for Trade Adjustment Assistance Job Search Allowances Application.

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

### Section I: General Information to be completed by TAA representative

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

### Section II: Eligibility Criteria

1. Discuss with the worker the 6 eligibility criteria.

### Section III: Payment Criteria

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

### Section IV: Job Search Activity Definition

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

### Section V: Required Documentation for Reimbursement

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

### Section VI: Participant Attestation

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

### Section VII: Eligibility Determination

1. This section is to be completed and filled out by the Central Office (C.O.)



Trade Adjustment Assistance Job Search Activity Verification

Dear Madam or Sir,

Whether you provide direct job offers or a service that is utilized for successful job search strategies, we would like to thank you for being an integral part of the TN Dept. of Labor & Workforce Development's Trade-affected Dislocated Workers Program. We greatly appreciate your efforts of returning Tennesseans to suitable employment.

By signing the statement below, you provide the necessary documentation to reimburse a participant for costs incurred with job search activities (within parameters of eligibility).

Thank you in advance for your collaboration.

Sincerely,

The TN TAA Team

PLEASE PRINT CLEARLY

Participant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Employer/Service Provider: \_\_\_\_\_ Contact Person, Title: \_\_\_\_\_

Complete Address \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Search Activity Date: \_\_\_\_\_

Job Search Activity Type: \_\_\_\_\_ Job Search Activity Time: \_\_\_\_\_

By signing below, I certify the information provided above is correct to the best of my knowledge. I understand that willful misrepresentation made to obtain allowances to which the participant is not entitled may result in serious penalties. Additionally, I understand that I may be contacted by a TAA staff member at the information listed above in order to verify this job search activity.

Comment: \_\_\_\_\_

Employer/Service Provider Signature

Date

## **Guidance for Trade Adjustment Assistance Job Search Activity Verification**

This form is used to verify the workers job search activities. Please refer to the Trade Adjustment Assistance Job Search Allowance Application, Section IV to see what activities require this verification form.

The steps you will take are:

1. Fill in the participants name and State Id number.
2. Keep a template copy of this and give a copy to the worker.
3. Make sure you instruct them to fill in all the information requested and to have it signed by the potential employer/service provider.
  - a. Without the information or employer/service provider signature, we cannot process the reimbursement.
4. Collect all verification forms for all job search activities and employers/service providers at the end of the 30 day job search activity time frame.
5. Add these verifications to the packet uploaded to VOS.
6. Notify Central Office the packet is ready for review.

# EXAMPLE

Go. -gle Maps 220 French Landing Dr, Nashville, TN Drive 74.2 miles, 1 h 22 min  
37228 to 220 French Landing Drive, Nashville, TN

220 French Landing Dr

Nt1shvilk. 1 fl 3722B

Get on 1-65 S from Rosa L Parks Blvd

- t** 1. Head southwest 3 min (0.8 mi)
- ,** 2. Turn left toward French Landing Dr 46ft
- r+** 3. Turn right onto French Landing Dr 95ft
- r+** 4. Turn right onto Vantage Way 249ft
- ,** 5. Use any lane to turn left at the 1st cross street onto Rosa L Parks Blvd 0.1 mi
- l.** 6. Use the right lane to merge onto I-65 S via the ramp to Memphis 0.4 mi
- 0.2mi

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

- l.** 7. Merge onto I-65 S 31 min (32.8 mi)
- r+** 8. Keep right to stay on I-65 S, follow signs for I-40 E/Knoxville/Huntsville 0.3mi
- \'** 9. Keep left at the fork to continue on I-40 E, follow signs for I-24 E/Knoxville/Chattanooga 2.4 mi
- r+** 10. Keep right to stay on I-40 E 1.0 mi
- f** 11. Keep right at the fork to continue on I-24 E, follow signs for Chattanooga 2.1 mi
- 26.7 mi
- 12. Take exit 788 to merge onto TN-96 E/Old Fort Pkwy toward Murfreesboro 0.2mi
- l.** 13. Merge onto TN-96 E/Old Fort Pkwy 3min (1.3 mi)
- O** Destination will be on the right

38 min (34.9 mi)

# EXAMPLE

1313 Old Fort Pkwy

Murfreesboro, TN 37129

Get on I-24 W

4 min (1.9 mi)

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

0.3mi

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

1.2 mi

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

0.4mi

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

32 min (34.1 mi)

**A** 17. Merge onto I-24 W

29.8 mi

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

2.7mi

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

1.4mi

**t-'** 20. Take exit 85 for US-41 Alt/Rosa L Parks Blvd toward State Capitol/Farmers Market/Metro Center

0.1 mi

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

427ft

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

4 min (1.7 mi)

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

0.9mi

**r+** 23. Turn right onto Great Circle Rd

0.4mi

**••** 24. Turn left onto Mainstream Dr

**O** Destination will be on the right

0.5mi

40 min (37.7 mi)

605 Mainstream Dr

Nashville, TN 37203

# EXAMPLE

- t 25. Head northeast on Mainstream Dr 0.5mi
- 26. Turn left onto Great Circle Rd 0.6mi
- j 27. Turn right onto Athens Way 0.2mi
- 28. Turn left onto French Landing Dr 0.3mi
- 29. Turn right 89ft
- 30. Turn left 427ft
  - O Destination will be on the right

;-nin (1.6 mi)

220 French Landing Dr  
Nashville, TN 37228

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

Google Maps



## RELOCATION ALLOWANCE EXAMPLE





TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
**REQUEST FOR RELOCATION ALLOWANCES**  
 TRADE ACT OF 1974

FOR STATE OFFICIAL USE ONLY

PETITION NO. <b>081956</b>	DATE FILED <b>12-5-13</b>
LOCAL OFFICE	COST CENTER NO. <b>12-9-13</b>
SOCIAL SECURITY NUMBER	PAYING STATE <b>Tennessee</b>
ADDRESS FOR CLAIMING (/NO. STREET CITY OR COUNTY, STATE, ZIP CODE)	

WORKER'S NAME (LAST, FIRST, MIDDLE)  
 \_\_\_\_\_  
 ADDRESS (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)  
 \_\_\_\_\_

**A. WORKER REQUEST FOR RELOCATION ALLOWANCES**

1. WERE YOU TOTALLY SEPARATED FROM ADVERSELY AFFECTED EMPLOYMENT? ..... YES/ NO  
 YES/ NO

2. ARE YOU CURRENTLY EMPLOYED? .....  (IF "YES," COMPLETE THE INFORMATION CONCERNING YOUR PRESENT EMPLOYMENT.)

NAME OF AGENCY ..... 011re OF EMPLOYMENT EXPECTED TO END: .....

3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED? ..... YES/ NO  
 YES/ NO

4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A BONA FIDE OFFER OF EMPLOYMENT? .....

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER ..... r: r: r: nt l

NAME AND ADDRESS OF FIRM OFFERING EMPLOYMENT: \_\_\_\_\_ JOB TITLE: **Senior Planner** STARTING DATE: **12--16-13**

CITY AND STATE OF RELOCATION: **Sandersville** EXPECTED DATE OF MOVE: **3/8/14**  
**3/10/14**

**B. WORKER REQUEST FOR TRAVEL ALLOWANCES**

TRAVEL IDENTIFICATION	NUMBER PERSONS	TRAVEL DATES		TRAVEL BY AUTO		TRAVEL BY COMMERCIAL CARRIER		
		FROM	TO	MILEAGE	COST	TYPE	NO. PASSENGERS	ACTUAL COST
WORKER	I	3/8/14	3/10/14	Drove truck				
SPOUSE	J	3/8/14	3/10/14	283				
CHILDREN"								
OTHER FAMILY MEMBERS"								
ABSENT CHILDREN OF FAMILY MEMBERS*								

NAME, TITLE AND COMPLETE TELEPHONE NUMBER OF EACH FAMILY MEMBER AND DATE DEPARTURE

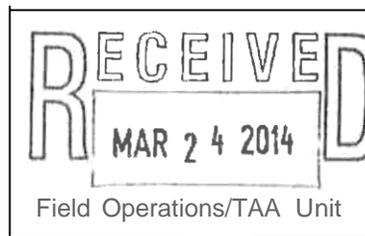
42 Applicant  
 42 Wife

**C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS**

COMMERCIAL CARRIER		TRAILER Hauled BY AUTO		COMMERCIAL CARRIER AND/OR TRUCK RENTAL	
TYPE OF SERVICE	NO. MILES ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES ESTIMATED CHARGES	TYPE OF SERVICE	NO. MILES ESTIMATED CHARGES
MOVING	\$	MILERENTAL	\$	TRUCK RENTAL	\$
ACCESSORIAL	\$	FEDERAL RATE	\$	TRUCK RENTAL	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

427.55

NAME AND ADDRESS OF COMMERCIAL CARRIER AND RENTAL COMPANY  
 LB-1130 ETA-000 (Rev. 110B)



D.WORKER REQUEST FOR LUMP SUM PAYMENT

AVERAGE WEEKLY WAGE \$ 100.00

(MULTIPLIED BY THREE (3))

\$ 2928

E.WORKER RECORD OF EXPENSES

DATE	BREAKFAST	MEALS LUNCH	DINNER	DAILY TOTAL
<u>4/14</u>	<u>.Q3</u>	<u>/O.q5</u> <u>fJ.:2q.-.</u>	<u>1?:/Cf</u> <u>&amp;a. 'K1</u>	<u>0</u>
		LODGING		
		<u>Nh OTEL</u>		
				AMOUNT

\*ATTACH RECEIPTS

F.WORKER CERTIFICATION

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND 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

SIGNATURE

DATE 4-14-14

EXPENDITURES AS REQUIRED.

G. STATE AGENCY DETERMINATION

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

RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST: //

2. (a)  TRAVEL EXPENSES AT \$ 1.00 PER MILE COMPUTED 90% OF THE TOTAL OF: \$100
- (1)  \$ 1.00 PER MILE FOR PRIVATELY OWNED AUTO FOR 4 MILES
- (b)  LODGING AND MEALS OF \$ 30.00 COMPUTED AT 90% OF THE LESSER OF: 100
- (1) \$ 15.00 OF ACTUAL EXPENSE, OR
- (2)  \$ 15.00 50% OF FEDERAL DAILY LIVING ALLOWANCES
- (c)  MOVING ALLOWANCE OF \$ 330 COMPUTED AT 90% OF: 366.67
- (1)  \$ 330 FOR COST OF COMMERCIAL CARRIER OR TRAILER HAULED BY COMMERCIAL CARRIER OR RENTAL TRAILER, OR TRUCK.
- (2)  \$ 330 COMPUTED BY PER MILE FOR MILES FOR TRAILER OR HOUSE TRAILER HAULED BY AUTOMOBILE
- (d)  LUMP SUM OF \$ 2928 COMPUTED AT 3 X 1000 (AVERAGE WEEKLY WAGE) NOT TO EXCEED \$1,250.00

TOTAL AMOUNT PAID \$ 2928

DATE OF PAYMENT (MO., DAY, YR) 4-14-14

[Signature]  
TAA COORDINATOR

4-23-2014  
DATE

H. APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.

Example

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return)...
2 Business name/disregarded entity name...
3 Check appropriate box for federal tax classification...
4 Exemptions (codes apply only to certain entities)...
5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code
7 Ust account numbef1s here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.
Social security number: DJJ - 0J 1
Employer identification number: [ ] - [ ] [ ] [ ] [ ] [ ]

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
Sign Here [ ] nature of U.S. person... Date ...

General Instructions

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

Purpose of Form

- An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return.
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-8 (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

# Example



December 11, 2013

## RE: Offer of Employment

Dear

is very pleased to confirm our offer of employment for full-time position of Senior Buyer/Planner at our Sandemville facility reporting directly to [redacted] Director of Materials. Your official start date is Monday, December 16, 2013. As discussed, should your employment not commence on November 11, 2013 as agreed upon, this offer will be rescinded.

### 111111

If you accept this offer, your initial starting base salary would be [redacted] the rate of [redacted] to be paid bi-weekly (every other Friday). This is an annual **base** of [redacted].

### 111111 Bonus Plan

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

### 111111 Signing Bonus

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

### 111111 Paid Time Off

You will receive Paid Time Off (PTO) at a rate of 120 hours annually. In addition, [redacted] provides 10 paid holidays per calendar year.

### 111111 Performance Review

Based on an employment date of December 16, 2013, an introductory review will be held 85 days after the start date of hire. Thereafter, performance reviews are conducted annually. Also, based on your employment date, you would not be eligible for a merit increase until December 2014.

# Example

Page 2

## Working Hours

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

## Confidential Information

You will, during the term of your employment and thereafter, hold in strict confidence and not disclose to any person or entity without the express prior authorization of the Company, any information, financial, manufacturing or marketing data, technique, process, formula, developmental or experimental work in process, business methods, trade secrets (including, without limitation, any customer list or data of customer sources), or any other secret or confidential information relating to the products, services, customer, sales, or business affairs of the Company or its affiliates. You agree that you will not make use of any of the above at any time after termination of your employment hereunder. Upon termination of your employment, you will deliver to the Company all documents, records, notebooks, work papers and all similar repositories containing any information concerning the Company containing any of the foregoing information, whether prepared by you, the Company or anyone else. In addition, you will not disclose to any third party a list of suppliers and/or customers, or any pricing or cost information relating to product and/or services.

## Restriction of Employment

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

## Medical Plan and Employment Status

Medical, dental, prescription drug, and vision plan are currently available, as well as a 401(k) Plan (after satisfying eligibility requirements). Further details on all plans are available during a new employee orientation during your first week. While the Company endeavors to provide excellent benefits, we do reserve the right to alter or terminate benefits at the company's discretion.

## Probationary Period

All new employees hired into designated classifications will be in an introductory status for the first 90 calendar days after date of hire. This introductory period gives both you and the supervisor the opportunity to determine the fit between the employee and the position. Both before and after the introductory period, employment is strictly at will and may be terminated with or without cause and with or without notice, by either yourself or the Company. This agreement regarding "at will" employment can only be modified by an express written agreement signed by the President of the company.

# Example

Paee3

## Pbnlsal . . . . . Cbtofc

Employment is contingent upon successful completion of a post-offer physical and satisfactory background checks. Cost of the physical is paid by the Company and arrangements will be made by our Medical Department for you to be examined at the Company clinic.

## SURMIIY

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

We look forward to working with you. Please feel free to contact me at [redacted] should you have any further questions.

Sincerely, [redacted]

ACCEPTED BY:

\_\_\_\_\_  
12-1/-11  
Date

Start date: Monday - October 14, 2013 Confirmed: [redacted] (please initial)

cc: [redacted] - Director of Materials

All Receipts artd 3 Maps From Acceptable Sources Detailing The Route Taken Must Be Provide.

## RTAA EXAMPLE







TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 DIVISION OF EMPLOYMENT SECURITY  
 TRAUNIT  
 P. O. BOX 280450  
 NASHVILLE, TENNESSEE 37228

**REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA**

EMPLOYER

PHONE: (615)253-D948  
 866-331-1271, ext. 1866  
 FAX: (615)532-3374

SSN:  
 BYE:

DATE FILED:  
 DATE MAILED:

CLAIMANT

MUST BE RECEIVED BY:

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

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

FIRST DAY WORKED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

TYPE OF EMPLOYMENT    Q SALARY     COMMISSION     CONTRACTURAL

WAGE PER HOUR: \_\_\_\_\_

EMPLOYMENT STATUS:     FULL-TIME     PART-TIME

\_\_\_\_\_  
 EMPLOYER NAME AND TITLE                      TELEPHONE NUMBER                      FAX NUMBER                      DATE



WORKER'S NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER	ILONUMBEA	PETITION NUMBER _____
WORKER'S ADDRESS (Street)	AGE	DATE OF BIRTH	ITAW
CITY	STATE	ZIP CODE	J IMPACT DATE

**TRADE SEPARATED EMPLOYER**

TRADE EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE	
JOB TITLE	DATE OF LAST FULL WEEK	RATE OF PAY PER HOUR LAST FULL WEEK	NUMBER OF HOURS LAST FULL WEEK

**1 REEMPLOYMENT EMPLOYER**

NEW EMPLOYER NAME	FIRST DAY WORKED	J TOTAL SEPARATION DATE	
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK

**2 REEMPLOYMENT EMPLOYER**

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE	
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK	NUMBER OF HOURS FIRST FULL WEEK

**RTAA PROGRAM SELECTION**

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

**CERTIFICATION**

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

SIGNATURE OF WORKER \_\_\_\_\_ LOCAL TAA REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_

FAX TO 615-532-3374 TN Department of Labor and Workforce Development FROM: \_\_\_\_\_

COMMENTS: \_\_\_\_\_



TRA UNIT  
 P.O. BOX 280450  
 NASHVILLE, TN 37228  
 PHONE: (877) 813-0950  
 FAX: (615) 532-3374

**Verification of Employment for Monthly Wage Supplement**

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

<b>NEW EMPLOYER'S NAME</b>			<b>WORKER'S NAME</b> (First, Middle Initial, Last)	
<b>NEW EMPLOYER'S MAILING ADDRESS</b> (Street)			<b>SOCIAL SECURITY NUMBER</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PETITION NUMBER</b>	<b>LO NUMBER</b>
			<b>TAW</b>	

**EMPLOYER DIRECTIONS**

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

**EMPLOYMENT STATUS**

1. What is the worker's current wage per hour? \$ -----
2. If worker has separated, enter that last day worked? -----

<b>WEEK 1</b>		
<b>WEEK 1: SUNDAY BEGINNING DATE</b>	<b>WEEK 1: SATURDAY BEGINNING DATE</b>	<b>WEEK 1: NUMBER OF HOURS WORKED</b>

<b>WEEK 2</b>		
<b>WEEK 2: SUNDAY BEGINNING DATE</b>	<b>WEEK 2: SATURDAY BEGINNING DATE</b>	<b>WEEK 2: NUMBER OF HOURS WORKED</b>

<b>WEEK 3</b>		
<b>WEEK 3: SUNDAY BEGINNING DATE</b>	<b>WEEK 3: SATURDAY BEGINNING DATE</b>	<b>WEEK 3: NUMBER OF HOURS WORKED</b>

<b>WEEK 4</b>		
<b>WEEK 4: SUNDAY BEGINNING DATE</b>	<b>WEEK 4: SATURDAY BEGINNING DATE</b>	<b>WEEK 4: NUMBER OF HOURS WORKED</b>

<b>EMPLOYER CONTACT PRINT NAME</b>	<b>SIGNATURE</b>	<b>EMAIL ADDRESS</b>
<b>DATE COMPLETED</b>	<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>

**WORKER CERTIFICATION**

I give this information to support my request for an RTM wage supplement under the Trade Act of 1974, Amended 2015. The information contained in this request is correct and complete to the best of my knowledge. I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTM assistance for which I am not entitled.

**DYES**    **ONO**    I have more than one employer and am submitting more forms.

<b>SIGNATURE OF WORKER</b>	<b>DATE SIGNED</b>
----------------------------	--------------------



Department of  
**labor & Workforce**  
Development

TRA UNIT  
P.O. BOX 280450  
NASHVILLE, TN 37228  
PHONE: (877) 813-0950  
FAX: (615) 532-3374

## **INSTRUCTIONS FOR VERIFICATION OF EMPLOYMENT FOR MONTHLY WAGE SUPPLEMENT ON RTAA**

AMENDED 2015

---

This form must be completed every four weeks and faxed or mailed to

TRA Unit  
Department of Labor and Workforce Develop-  
ment  
P.O. Box 280450  
Nashville, TN 37228  
  
Fax: (615) 532-3374

within 7 days of the last week covered on the verification form.

- A. **Full-time** is defined as 32 hours or more per week. To qualify under RTAA, individuals must work 32 hours or more each week.
- B. **Part-time** is defined as two or more jobs totaling 32 hours or more each week. Worker must provide a completed form for each job worked.

### **NOTICE TO EMPLOYERS**

The RTAA program provides an incentive to older workers (50 years of age or older) to find new employment quickly. An eligible individual who finds a new full-time job paying less than \$50,000 annually may receive a salary supplement to bridge the gap between the old and new salary (up to 50% of the difference). The supplement may be paid until \$10,000 has been paid to the individual or the end of a 2-year period, whichever occurs first.

Please complete the information included under Employment Status. If there has been any change in hourly rate during the weeks, please note the wage change and date of change. Please sign and print your name in the employer contact box.

### **EXPLANATION OF BEGINNING AND ENDING DATES**

Form begins with first full week of reemployment. Hours worked must be reported by calendar week of Sunday through Saturday.



AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Amended 2009 and 2011

GUS B. WONDERFUL

Worker Name

11-11-11

Social Security Number

0101

Local Office Number

13

Worker's Address

CLAIMS STREET WORK HARD TN 37111

Street

City

State

Zip Code

601-341-1111

Phone Number

I, GUS B. WONDERFUL, Social Security Number 11-11-11, understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name ELMER'S FUDGE COMPANY

Doing Business As ELMER'S FUDGE COMPANY

Mailing Address 600 CALORIE STREET

Street

WORK HARD

City

State

1111

Zip Code

Physical Address SAME

Street

City

State

Zip Code

Employer's Phone 601-341-1111

(with Area Code)

Date of lack of work separation from above mentioned employer 05/04/2016

Number of hours worked during last full week (32 hours or more excluding overtime) 1.01

Rate of pay per hour during last full week 1.01

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

GUS B. WONDERFUL

Worker's Signature

LB-1049 (Rev.05-12)

05/04/2016

Date

Marcus Karon

Agency Representative's Signature

05/04/2016

Date

ADA 2258

LB - \Q(oq C:RQ..J.- \ )



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 DIVISION OF EMPLOYMENT SECURITY  
 TRAUNIT P.O.  
 BOX 280450  
 NASHVILLE, TENNESSEE 37228

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA

EMPLOYER  
*p..o(i;.,r'J ctiHl'' .r c o-M flNY*  
*y S SL tiwfJd- wilY*  
*ltV¥ {t HfHl[:), TAl. "3 III*

PHONE: {615)253-0948  
 866-331-1271, ext.1866

FAX: {615)532-3374

SSN: 1-1-t-1--"1--- 1-i-.J-

BYE: rJJ/1'-1/l"J

DATE FILED: t) s/lT/l °

DATE MAILED: O.S/uiJ' || ||

MUST BE RECEIVED BY: oSl''' |

CLAIMANT  
 (;llS B. WPJ/Df.Hv"

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

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

FIRST DAY WORKED: 03/16/2016

JOB TITLE: CLAIMS APPf..BvE&

HOURS WORKED PER WEEK: \_\_\_\_\_

TYPE OF EMPLOYMENT  SALARY  COMMISSION  CONTRACTURAL

WAGE PER HOUR: \_\_\_\_\_

EMPLOYMENT STATUS:  FULL-TIME  PART-TIME

*glv' C/i\*t1'4.S c0l'' pfuV'Y*

g06Ly- Fv.v.JH,Wf- - f)W/tV fl-  
 EMPLOYER NAME AND TITLE

9o/- '}}). ''0).11  
 TELEPHONE NUMBER

"tOI 'J'tl/ -/'?'(  
 FAX NUMBER

(/S )(J/j.<l} (,  
 DATE /

RTM-o1

Department of Labor and Workforce Development  
 TRA Unit  
 P. O. Box 280450  
 Nashville, Tennessee 37228



Request for Eligibility  
 Reemployment Trade Adjustment Assistance (RTAA)  
 Trade Act of 1974, Amended 2009 and 2011  
 TAA Reform Act of 2003

WORKER'S NAME (First, Middle Initial, last) <i>(; Efl. Fvt,</i>		SOCIAL SECURITY NUMBER <i>777-77-7777</i>	LO NUMBER <i>0101</i>	PETITION NUMBER <i>TAW OfS'f (,</i>
WORKER'S ADDRESS (Street) <i>123 CLAIMS STREET</i>		AGE <i>55</i>	DATE OF BIRTH <i>08/01/60</i>	PETITION CERTIFICATION <i>04/16/2015</i>
CITY <i>WORK HARD</i>		STATE <i>Al</i>	ZIP CODE <i>3 11</i>	IMPACT DATE <i>04/07/2014</i>

TRADE SEPARATED EMPLOYER

TRADE EMPLOYER NAME <i>ELMER'S FUDGE COMPANY</i>	FIRST DAY WORKED <i>04/30/2001</i>	TOTAL SEPARATION DATE <i>09/30/2015</i>
JOB TITLE <i>FUDGE TASTER</i>	DATE OF LAST FULL WEEK <i>09/26/2015</i>	RATE OF PAY PER HOUR LAST FULL WEEK <i>12.01</i>
		NUMBER OF HOURS LAST FULL WEEK

1 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME <i>RO... I-11rt.t COMPANY</i>	FIRST DAY WORKED <i>03/16/2016</i>	TOTAL SEPARATION DATE
CONTACT PERSON AND ADDRESS <i>"tiffAKf TV f.T.t: Li.S(, gLtiV'Pill4 W'Y WO.../E- IfR... ,NV. '3"?JlJ</i>	EMAIL ADDRESS <i>ROBINBCOOL@G.MA.Z.COM</i>	TELEPHONE NUMBER <i>901-922-0211</i>
		FAX NUMBER <i>901-344-176</i>
JOB TITLE <i>CLAIMS APPROVER</i>	DATE OF FIRST FULL WEEK <i>03/26/2016</i>	RATE OF PAY PER HOUR FIRST FULL WEEK <i>10.00</i>
		NUMBER OF HOURS FIRST FULL WEEK

2 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPARATION DATE
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	TELEPHONE NUMBER
		FAX NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK
		NUMBER OF HOURS FIRST FULL WEEK

RTAA PROGRAM SELECTION

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

CERTIFICATION

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

SIGNATURE OF WORKER *..2!..... 6*  
 DATE *.fr 11/a*

LOCAL TAA REPRESENTATIVE *V/("....."*  
 DATE *S 11 b/*

FAX TO 615-532-3374 TN Department of Labor and Workforce Development FROM: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_



Verification of Employment for Monthly  
 Wage Supplement Reemployment Trade  
 Adjustment Assistance (RTAA) Trade Act of  
 1974, Amended 2009 and 2011  
 TAA Reform Act of 2003

NEW EMPLOYER'S NAME <b>ROBIN'S CLAIMS COMPANY</b>			WORKER'S NAME <i>First, Middle Initial, Last</i> <b>GUS B. WONDERFUL</b>		
NEW EMPLOYER'S MAILING ADDRESS (Street) <b>456 SLOW POKE WAY</b>			SOCIAL SECURITY NUMBER <b>j-j-+-]- - f...-J.</b>		
CITY <b>WORK HARD</b>	STATE <b>TN</b>	ZIP CODE <b>37211</b>	PET1110NNUMBER <b>TAW 08}J..(,</b>		LONUMBER <b>01</b>

EMPLOYER DIRECTIONS

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

EMPLOYMENT STATUS

1. What is the worker's current wage per hour? \$ 10.10
2. If worker has separated, enter that last day worked \_\_\_\_\_

WEEK 1		WEEK 1: NUMBER OF HOURS WORKED
WEEK 1: SUNDAY BEGINNING DATE <b>3/20/16</b>	WEEK 1: SATURDAY ENDING DATE <b>3/26/16</b>	
WEEK 2		WEEK 2: NUMBER OF HOURS WORKED
WEEK 2: SUNDAY BEGINNING DATE <b>3/27/11</b>	WEEK 2: SATURDAY ENDING DATE <b>4/2/16</b>	
WEEK 3		WEEK 3: NUMBER OF HOURS WORKED
WEEK 3: SUNDAY BEGINNING DATE <b>4/3/16</b>	WEEK 3: SATURDAY ENDING DATE <b>4/9/16</b>	
WEEK 4		WEEK 4: NUMBER OF HOURS WORKED
WEEK 4: SUNDAY BEGINNING DATE <b>4/10/16</b>	WEEK 4: SATURDAY ENDING DATE <b>4/16/16</b>	

EMPLOYER CONTACT <b>TIFFANY TURTLE</b>	PRINTNAME <b>TIFFANY TURTLE</b>	SIGNATURE <i>Tiffany Turtle</i>	EMAIL ADDRESS <b>ROBIN@COOLC.GMAIL.COM</b>
DATE COMPLETED <b>7/19/16</b>	TELEPHONE NUMBER <b>901-922-0211</b>	FAX NUMBER <b>901-344-1961</b>	

WORKER CERTIFICATION

I give this information to support my request for an RTAA wage supplement under the Trade Act of 1974, Amended 2009 and 2011. The information contained in this request is correct and complete to the best of my knowledge. I understand that the law provides severe penalties for willfully failing to report earnings or knowingly giving false information to obtain RTAA assistance for which I am not entitled.

DYES   NO

I have more than one employer and am submitting more forms.

SIGNATURE OF WORKER  
*Gus B. Wonderful*  
LB-1050 (Rev. 05-12)

DATE SIGNED  
**7/19/16**

## Side-by-Side Comparison of TAA Program Benefits under the 2002 Program, 2009 Program, 2011 Program, and 2015 Program

	2002 Program	2009 Program	2011 Program	2015 Program
<p><b>ELIGIBILITY: PERIODS</b>                      The amount of time that a worker can receive TAA program benefits through the program.</p>	<p>Manufacturing sector workers                      OR                      Service sector workers                      OR                      Public sector workers</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to the outsourcing of jobs to a country with which the U.S. has a Free Trade Agreement</p>	<p>Manufacturing sector workers                      OR                      Service sector workers                      OR                      Public sector workers</p> <p>-----</p> <p>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to <b>ANY</b> country</p>	<p>Manufacturing sector workers                      OR                      Service sector workers</p> <p>-----</p> <p>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to <b>ANY</b> country</p>	<p>SAME AS 2011</p> <p>Manufacturing sector workers                      OR                      Service sector workers</p> <p>-----</p> <p>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to <b>ANY</b> country</p>
<p><b>Trade Readjustment (TRA):</b>                      Income support available in the form of weekly cash payments to workers who are enrolled in a full-time training course.</p>	<p>Up to <b>104 weeks</b> of full-time training in</p> <p>OR</p> <p>Up to <b>130 weeks</b> of TRA available to workers enrolled in remedial training</p> <p>Must enroll in training certification or 16 weeks of layoff</p>	<p>Up to <b>130 weeks</b> of full-time training in</p> <p>OR</p> <p>Up to <b>156 weeks</b> of TRA available to workers enrolled in remedial training</p> <p>Must enroll within 26 certification or layoff</p>	<p>Up to <b>130 weeks</b> of full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</p> <p>Workers enrolled in</p> <p>Must enroll within 26 certification or layoff</p>	<p>SAME AS 2011</p> <p>Up to <b>130 weeks</b> of TRA available to workers enrolled in full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</p> <p>Must enroll within 26 certification or layoff</p>

	2002 Program	2009 Program	2011 Program	2015 Program
<p><u>Training Waivers:</u> Basic TRA is payable if an individual participates in TAA training OR is under a waiver of the requirement to participate in training. Training may be determined not feasible or appropriate and waived as a requirement for basic TRA eligibility for the following reasons:</p>	<p>Federal worker will be work reasonably soon</p> <ol style="list-style-type: none"> <li>The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future</li> <li>The worker is within two years of eligibility for a pension or social security</li> <li>The worker is unable to participate in or complete training due to a health condition</li> <li>No training program is available</li> <li>An enrollment date is not immediately available</li> </ol>	<p>Federal worker will be work reasonably soon</p> <ol style="list-style-type: none"> <li>The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future</li> <li>The worker is within two years of eligibility for a pension or social security</li> <li>The worker is unable to participate in or complete training due to a health condition</li> <li>No training program is available</li> <li>An enrollment date is not immediately available</li> </ol>	<ol style="list-style-type: none"> <li>The worker is unable to complete training due to a health condition</li> <li>No training program is available</li> <li>An enrollment date is not immediately available</li> </ol>	<p>SAME AS 2011</p> <ol style="list-style-type: none"> <li>The worker is unable to complete training due to a health condition</li> <li>No training program is available</li> <li>An enrollment date is not immediately available</li> </ol>
<p><u>Funding:</u></p> <p><u>Training Funding:</u> Funds to states to pay for TAA training.</p> <p><u>State Administration Funding:</u> Funds to states to pay for state administration of TAA benefits, not administration of TRA or ATAA/RTAA (covered by UI Funding Agreement).</p> <p><u>Job Search and allowances:</u> Funds to states to pay for job search allowances.</p> <p><u>Case Management:</u> Funds to states to pay for TAA case management and employment services.</p>	<p>\$220 Million Statutory Funds Only to Training</p> <p>An additional 15% above State Administration for Case Management and Employment Services</p> <p>Additional funds are available for Job Search Allowances</p> <p>No funds are available for Case Management and Employment Services</p>	<p>\$575 Million Statutory Cap Applies to Training Funds Only</p> <p>An additional 15% above State Administration, Case Management and Employment Services</p> <p>Additional funds are available for Job Search Allowances</p> <p>At least 1/3 of these for Case Management and Employment Services</p> <p>States also receive \$350,000/year for TAA case management and employment services</p>	<p>\$575 Million Statutory Cap Applies to Training Funds Only, Job Search and Allowances, Case Management and Employment Services, and related State Administration</p> <p>No more than 10% of Administration for State Administration</p> <p>No less than 5% of the amount provided for Case Management and Employment Services</p> <p>DOL may recapture states for amounts transferred after 2011 if states are found under 19 appropriation.</p>	<p>NEW AMOUNT</p> <p>\$450 Million Statutory Cap Applies to Training, Job Search and Relocation Allowances, Case Management and Employment Services, and related State Administration</p> <p>No more than 10% of the amount provided may be spent for State Administration</p> <p>No less than 5% of the amount provided for Case Management and Employment Services</p> <p>DOL may recapture states for amounts transferred after 2011 if states are found under 19 appropriation.</p>

	2002 Program	2009 Program	2011 Program	2015 Program
<p><b>Job Search Allowances:</b> A cash allowance provided to workers who cannot find an available job within the commuting area (e.g. 50 miles). Used to cover transportation costs, etc.</p> <p><b>Relocation Allowances:</b> A cash allowance provided to workers who have to accept a job outside of their commuting area and relocate.</p>	<p>90% of allowable job search costs, up to a maximum of \$1,250</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250</p>	<p>100% of allowable job search costs, up to a maximum of \$1,500</p> <p>-----</p> <p>100% of allowable relocation costs, plus an additional lump sum payment of up to \$1,500</p>	<p>90% of allowable job search costs, up to a maximum of \$1,250 to provide the benefit</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250, available if state elects to provide the benefit</p>	<p>SAME AS 2011</p> <p>90% of allowable job search costs, up to a maximum of \$1,250, available if state elects to provide the benefit</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250, available if state elects to provide the benefit</p>
<p><b>Alternative Trade Adjustment Assistance:</b> Provides for a benefit to workers who accept a job outside of their commuting area and their old wage (up to a specified maximum amount).</p>	<p><b>Alternative Trade Adjustment Assistance:</b> Requires separate group certification</p> <p>Available to workers with an annual salary of \$50,000</p> <p>Maximum total ATAA benefit of up to \$10,000</p> <p>Reemployed within 26 weeks of separation</p> <p>Reemployed in full time employment</p> <p>Training benefit NOT available</p>	<p><b>Alternative Trade Adjustment Assistance:</b> Requires separate group certification</p> <p>Available to workers with an annual salary of \$55,000</p> <p>Maximum total income (TRA) benefit of \$12,000</p> <p>Reemployed with no deadline</p> <p>Reemployed in full-time or part-time employment in combination with approved training</p> <p>Training benefit is also available</p>	<p><b>Alternative Trade Adjustment Assistance:</b> Requires separate group certification</p> <p>Available to workers with an annual salary of \$50,000</p> <p>Maximum total income (TRA) benefit of \$10,000</p> <p>Reemployed with no deadline</p> <p>Reemployed in full-time or part-time employment in combination with approved training</p> <p>Training benefit is also available</p>	<p>SAME AS 2011</p> <p><b>Reemployment Trade Adjustment Assistance:</b> Does not require a separate group certification</p> <p>Available to workers earning less than an annual salary of \$50,000</p> <p>Maximum total income (TRA) benefit of \$10,000</p> <p>Reemployed with no deadline</p> <p>Reemployed in full-time or part-time employment in combination with approved training</p> <p>Training benefit is also available</p>
<p><b>Health Coverage Tax Credit:</b> A tax credit offered to eligible TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</p> <p><a href="http://www.irs.gov/Individuals/HCTC">http://www.irs.gov/Individuals/HCTC</a></p>	<p>72.5% of qualifying health insurance premium costs</p> <p><a href="http://www.irs.gov/Individuals/HCTC">http://www.irs.gov/Individuals/HCTC</a></p>			



**SEARCH FOR A JOB**

Enter a keyword, employer name and/or city or ZIP code and radius to search for jobs in your area.

37201

10 miles



[Search](#)

**LATEST NEWS AND ANNOUNCEMENTS**

Federal Contractors Requirements for OFCCP Compliance

**JOB SEEKER SOLUTIONS**

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- ▶ [Additional Job Search Options](#)

**BUSINESS SOLUTIONS**

- ▶ [Post a Job](#)
- ▶ [Looking For Employees](#)

**LABOR MARKET INFORMATION**

- ▶ [Labor Market FAQs](#)
- ▶ [How Much Does a Job Pay?](#)

**SPECIAL SERVICES**

- ▶ [Education and Training Data](#)
- ▶ [Adult Education](#)

**RESOURCES**

- ▶ [Contact Us](#)
- ▶ [Find a Career Center](#)

# Trade Adjustment Assistance (VOS) System Operating Instructions

*December 2016*

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## LOG IN SCREEN

**JOBS4TN ONLINE** Follow Us On The Source Labor Market Information

Username  Password  [Sign In](#)

[Not Registered Yet?](#) [Forgot Username/Password?](#) [En Español](#)

**SEARCH FOR A JOB** Enter a keyword, employer name and/or city or ZIP code and radius to search for jobs in your area.

Enter Keyword  Enter Employer Name  Enter City  37201 10 miles

**LATEST NEWS AND ANNOUNCEMENTS** Federal Contractors Requirements for OFCCP Compliance

JOB SEEKER SOLUTIONS	BUSINESS SOLUTIONS	LABOR MARKET INFORMATION	SPECIAL SERVICES	RESOURCES
<a href="#">FEATURED JOBS</a> <a href="#">Additional Job Search Online</a>	<a href="#">Post a Job</a> <a href="#">Looking For Employees</a>	<a href="#">Labor Market FAQs</a> <a href="#">How Much Does a Job Pay?</a>	<a href="#">Education and Training Data</a> <a href="#">Adult Education</a>	<a href="#">Contact Us</a> <a href="#">Find a Career Center</a>

Log into Jobs4TN

1. Enter your staff user name (either your CC or CG #)
2. Enter your password
3. Press the enter key on your keyboard.

## Staff Sign In Notice

### Staff Sign-in Notice

This system may contain Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of state and federal laws including, but not limited to Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213(a), 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to law enforcement personnel. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated via this system.

I Agree

I Disagree

1. Read and accept Staff Sign in Notice by selecting I Agree.

# DASHBOARD

## Manage Individual

This is your Dashboard. It is the screen from where you will start your search.

Please note - This is the Review/Training site

Welcome to My Staff Workspace Ryan Allen. This page allows you to customize the content you are interested in. Click on a button in the grid to access the details of a work item, or select another function from the menu on the left hand side of the screen.

My Staff Dashboard | My Staff Resources | My Staff Account | Directory of Services

My Messages: 10 Unread Messages, 0 Read Messages

My Correspondence: 0 Letters, 0 Correspondence Templates

My Calendar: June 2014

Need help or more information: Assistance Center, Learning Center

Labor Market Services: Labor Market Facts, Area Profile, Industry Profile, Occupational Profile

My Report Indicators: Staff Job Placement

Active Case Load: WP: 0, WIA: 0, TAA: 0, Total Case Load: 0

Manage Individuals

1. To assist a participant click “Manage Individuals”

## ASSIST AN INDIVIDUAL SCREEN SHOT

The screenshot displays the TN.GOV website interface. At the top, a red banner reads "Please note - This is the Review/Training site". Below this, a navigation bar includes links for Home, Register/Sign in, Services for Individuals, Services for Employers, and Labor Market Analysis. The main content area features a header with the TN.GOV logo and a portrait of Governor Bill Haslam. A central instruction box says "Please select from the Manage Individuals options listed below." Below this, four options are listed: "Create an Individual", "Common Intake", "Assist an Individual", and "One Case Note to Multiple Individuals". The "Assist an Individual" option is circled in black, and a black arrow points from the instruction "1. Click on 'Assist an Individual'" below the screenshot to this option. The left sidebar contains a "Quick Search" box and a "My Staff Workspace" menu with items like "My Staff Dashboard", "My Staff Resources", "My Staff Account", and "Directory of Services". The "Services for Workforce Staff" menu is also visible, with "Manage Individuals" selected. At the bottom, there are links for "Home" and "Sign Out".

1. Click on "Assist an Individual"

## ASSIST AN INDIVIDUAL “SEARCH”

Please note - This is the Review/Training site

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

GOVERNOR Bill Haslam

Please enter your search criteria below to help you find an individual.

[General | Region] For help click the question mark icon.

Enter Search... Search

You have 0 saved Individual item(s) in My Search Lists.

Here are the 5 most recent individuals you assisted: Bobby Jones (BOBBYJOE), Bobby Ray Woodson (SSN/OLUNTEER), Sally Brown (SPEEDYSALLY), Mary Poppins (MARYPOPPINS), Harley Allen (HARLEYALLEN).

**General Criteria**

Individual User Name: [Text Box]  
Individual User ID: [Text Box]  
State ID Number: [Text Box]  
First Name: [Text Box]  
Last Name: [Text Box]  
SSN (Last 4 digits): [Text Box]  
SSN (Full number): [Text Box] Example: 999999999  
Date of Birth: [Text Box] (mm/dd/yyyy)  
Telephone Number: [Text Box] - [Text Box] - [Text Box]  Include Alternate Telephone  
Email Address: [Text Box]  
Registration IP: [Text Box]  
Login IP: [Text Box]  
Resume Available: None Selected  
Individual Registered within: [Text Box] days  
Program Participation: None Selected  
Application # (Open or closed): [Text Box]

[ Top | Bottom ]

**Assigned LWIA / One Stop**

LWIA / Region: None Selected  
One Stop Location: None Selected

[ More Search Options ]

Search

1. Click on the “Last Name Box” and key last name. Then click on the “SSN (Last 4 digits)” box and key the last 4 Digits.

2. Click Search.

Or,

1 Click on the “Quick Search at the top left hand side of the page. Key full SSN or SID.

2 Name should appear below the “Quick Search” box.

3 Click on the appropriate name.

## PROGRAMS

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

Use this folder to manage application information for the selected Individual.

GOVERNOR Bill Haslam

[ Assist an individual | Staff Services | My Portfolio ]

Quick Search

Enter Search...

Currently Managing

JONES, TOM

Service Tracking: ON

Release Individual

Assist a new Individual

My Staff Workspace

My Staff Dashboard

My Staff Resources

My Staff Account

Directory of Services

My Individual Profiles

- Personal Profile
  - General Information
  - Background
  - Activities
  - Memo
  - Documents
- Search History Profile
  - Jobs
  - Employers
  - Programs
  - Occupations
  - Industries
  - Areas
- Self Assessment Profile
- Communications Profile

My Individual Plans

- Employment Plan Profile
  - Resumés
  - Job Applications
  - Online Application
  - Virtual Recruiter
  - Employment Strategy
  - Employment Goals
- Training Plan Profile
  - Classroom Training
  - Online Training
- Benefits Plan Profile
  - Workforce Investment Act (WIA)
  - Trade Adjustment Assistance (TAA)
  - Other Benefits

Staff's Profile

- General Profile
  - Summary
  - Case Notes
  - Activities
  - Documents (Staff)
- Re-Employment Profile
  - Re-Employment Summary
  - Employment Strategy
  - Work Search History
  - Work Search Analysis
  - Certification Profile
  - Thresholds
- Case Management Profile
  - Case Summary
  - Programs
    - Plan
    - Assessment

TAA Participant's name will appear here.

1. To Complete a TAA application for this participant, look under "Staff Profile" and click "Programs"

NOTE: *If your screen does not show the drop down menu, click on "Staff Profile", then "Case Management"*

NOTE: *Sometimes this screen will not appear due to worker not being active in Wagner Peyser. Be sure to activate worker before proceeding to the Programs Tab.*

## WAGNER PEYSER APPLICATIONS

[Case Summary](#)   [Programs](#)   [Plan](#)   [Assessments](#)

[Show Filter Criteria](#)

[Create Common Intake](#)

- + [Wagner-Peyser \(WP\) Program - 1 Application](#)
- + [Trade Adjustment Assistance \(TAA\) Program - 0 Applications](#)
- + [Workforce Investment Act \(WIA\) Program - 0 Applications](#)
- + [Generic Programs - 0 Applications](#)

**NOTE:** *Every participant will need to have a Wagner Peyser Application, Resume, and Virtual Recruiter (job search purposes) completed before we proceed with creating a TAA application. If there is no WP application, we will ask the participant to complete one along with the resume and virtual recruiter (job search purposes), in the resource room before we can assist them further.*

If a Wagner Peyser application, Resume, and Virtual Recruiter (job search purposes) is already present, you must review and verify with the applicant that the information is accurate and up to date.

## TRADE ADJUSTMENT ASSISTANCE APPLICATION

Once the Wagner Peyser Application, Resume, and Virtual Recruiter have been completed:

1. Click on the “+ Trade Adjustment Assistance (TAA) Program”

The screenshot displays a web application interface. On the left is a vertical sidebar menu with the following items: Manage Individuals, Manage Employers, Manage Resumes, Manage Job Orders, Manage Labor Exchange, Manage Activities, Manage Case Assignment, Manage Profiling, Manage Follow-Up, Manage Providers, Manage Funds, Manage WARN Notifications, Reports (highlighted), My Reports, and Summary Reports. The main content area features four tabs: Case Summary, Programs, Plan, and Assessments. The 'Programs' tab is active, showing a list of program options: 'Show Filter Criteria', 'Create Common Intake', '+ Wagner-Peyser (WP) Program - 1 Application', '- Trade Adjustment Assistance (TAA) Program - 0 Applications', 'Create Trade Adjustment Assistance (TAA) Program' (circled in red with an arrow pointing to it), '+ Workforce Investment Act (WIA) Program - 0 Applications', and '+ Generic Programs - 0 Applications'. In the top right corner of the main content area, there are two links: 'Combined Assessment' and 'Labor Exchange'.

“Create Trade Adjustment Assistance (TAA) Program” is now available (If not Contact your TAA specialist for assistance.)

1. Click on “Create Trade Adjustment Assistance (TAA) Program

**NOTE:** At this point in the process we are just collecting information to see if this person meets the requirements for the program. There will be 9 input screens to complete the trade application. Most of which will be auto-filled from the Wagner Peyser application. The Wizard will be utilized to work through the application process.

## TAA APPLICATION, Start Tab

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

Step 1 of 9. Enter your information below. When you are finished click the Next>> button.

GOVERNOR Bill Haslam

Quick Search  
Enter Search...

Currently Managing  
JONES, TOM  
Service Tracking: ON  
Release Individual  
Assist a new Individual

My Staff Workspace  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

Services for Workforce Staff  
Manage Individuals  
Manage Employers  
Manage Resumes  
Manage Job Orders  
Manage Labor Exchange  
Manage Activities  
Manage Case Assignment  
Manage Profiling  
Manage Follow-Up  
Manage Providers  
Manage Funds  
Manage WARN Notifications

Reports  
My Reports  
Summary Reports  
Detailed Reports  
Custom Reports  
Ad-Hoc Query Wizard  
Federal Reports

Communications  
Messages  
Correspondence  
Alerts  
Virtual Recruiter  
Email Log  
Templates

Public Assistance Individual Barriers Application Eligibility Application Participation

Start Page Contact Information Demographic Information Veteran Information Individual Employment

\* indicates required fields. For help click the question mark icon next to each section.

**Identifying Information**

Username: GSITESTER11  
User ID: GSITESTER11  
State ID: 67  
Staff Created ID: 2772  
Date App Created:  
Staff Last Edited: 2772  
Date Last Edited:

**Currently Participating:**

Currently participating in the following programs:  
Wagner Peyser: Application Date: 01/03/2012  
Participation Date: 01/03/2012

**General Information**

\* Application Date: 07/18/2014 (mm/dd/yyyy) Today  
\* Date of Eligibility: 06/18/2014 (mm/dd/yyyy) Today  
\* LWIA/Region: LW09-Nashville Career Advancement C  
\* Office Location: TN Career Center - Nashville  
\* Office Location of Responsibility: TN Career Center - Nashville

Exit Wizard

Next >>

Services Portfolio Site Map Site Search Preferences Assistance

Privacy Statement | Disclaimer | Terms of Use | Accessibility | Recommended Settings | Back Product | Feedback | About this Site | Contact Us

Track Page

Home Sign Out

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14.0

1. Key the "application date". Use the TRA Claim Date (TRA claim dated can be located in ESCOT on the TMQ1 screen) or Date participant applies for the TAA Program if no TRA Claim has been established.
2. Key in the "date of Eligibility". This is the decision date of TRA Claim (found in ESCOT on the TMQ1 screen). If there is no TRA claim, use date participant applies for the TAA Program and layoff has been verified to fall within the impact period.
3. Select the "LWIA/Region" from drop-down
4. Select the "Office location" (normally your career center)
5. Select the "Office Location" of Responsibility

**Note:** The application date is the date in which the impacted participant applies for the program. The date of Eligibility determination is the date the participant is determined to be an adversely affected participant. We may use ESCOT screens to obtain this information or if the impacted participant has a layoff notice from the separating company, then we have to verify as being trade impacted before we can proceed. If the latter is the case, then use the same date as the application date.

6. Press "next" to continue.

## Contact Information Tab

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

TN.GOV  
TENNESSEE GOVERNMENT

Step 2 of 9. Enter your information below. When you are finished click the Next>> button.

Public Assistance Individual Barriers Application Eligibility Application Participation

Start Page Contact Information Demographic Information Veteran Information Individual Employment

\* indicates required fields. For help click the question mark icon.

**Name**

\* First Name: tom

M.I:

\* Last Name: Jones

**Social Security**

\* SSN: (do not enter dashes, eg. 999999999) 102-22-2222 [Edit SSN]

SSN Verification:  
[ Verify | Scan | Upload | Link | View ]

**Social Security Number Verification**

DD-214 Report of Transfer of discharge

Employment Records

IRS Form Letter 1722

Letter from Social Service Agency

Pay Stub

Social Security Benefits

Social Security Card

W-2 Form

Drivers License (Some States)

Letter/Printout from Social Security Office

Public Assistance Record/Printout

Agency Award Letter

Telephone Verification

Unemployment Wage Records

Conversion

Other Applicable Documentation, (specify)

Reset

### Name

1. First name should already be populated (mandatory field)
2. Last name should already be populated (mandatory field)

### Social Security

3. Key "SSN" (mandatory field)
4. Click on "Verify" under SSN Verification (mandatory field)
5. Select documentation used to verify SSN
6. You can also upload the verification document if one has not already been uploaded.

## Contact Information Tab (cont.)

The screenshot displays a web application interface with a navigation menu on the left and three main form sections on the right:

- Residential Address:** Fields for Address 1 (2343), Address 2, Directions, City (Clearwater), State (Florida), Zip (33761), Parish/County (Pinellas County), and Country (United States).
- Mailing Address:** Includes a checkbox "Check here to use residential address information", Mailing Address 1 (2343), Mailing Address 2, Directions, Mailing City (Clearwater), Mailing State (Florida), Mailing Zip/Postal (33761), Mailing County (Pinellas County), and Mailing Country (United States).
- Phone Numbers:** Fields for Primary Phone (233 - 123 - 2131), Ext (3213), and Type (Cell/Mobile Phone).

### Residential Address

1. Address should auto-populate from Wagner Peyser application (mandatory field)

### Mailing Address

1. Click "Check here to use residential address information" (This will allow the residential address to be used for mailing).

*Note: If the mailing address is different than the residential address, i.e. P. O. Box, please complete the mailing address information.*

### Phone Number

1. Key phone number and select the appropriate definition for the phone, i.e. home, mobile, work, etc.

## Contact Information Tab (cont.)

The screenshot shows a web application interface for entering contact information. On the left is a navigation menu with categories like 'Quick Menu', 'Services for Individuals', and 'Other Services'. The main content area is titled 'Contact Information Tab (cont.)' and contains three sections: 'E-mail Address' with a 'Primary E-mail' input field; 'Alternate Contacts' with a 'Manage Alternate Contacts' link and a 'Click Here' link; and 'Contact List' with the text 'No Contacts for individual'. Below these sections is an 'Exit Wizard' with '<< Back' and 'Next >>' buttons. The 'Next >>' button is circled in red. At the bottom, there are navigation links for 'Home' and 'Sign Out', and a copyright notice for Geographic Solutions, Inc. from 1999-2014.

### E-mail Address

**NOTE:** We need to ensure that we obtain an email address for the TAA participant. If the participant has no email address, one can be developed for them.

1. Key email address

### Alternate Contact

1. If participant has an alternate contact, click on "Click Here"

CLICK "NEXT"

**NOTE:** If you do not press **Next** here the information you have captured on this tab will not be saved.

## Demographic Information Tab

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

Step 3 of 9. Enter your information below. When you are finished click the Next>> button.

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Public Assistance Individual Barriers Application Eligibility Application Participation

Start Page Contact Information Demographic Information Veteran Information Individual Employment

\* indicates required fields. For help click the question mark icon.

**Individual Information**

\* Date of Birth: 01/03/1983 (mm/dd/yyyy) [?] [ Verify | Scan | Upload | Link | View ]

\* Date of Birth Verification: [ Verify | Scan | Upload | Link | View ]

Birth Certificate

**Date of Birth and Age Verification**

Baptismal Record with Date of Birth

Birth Certificate

DD-214

Driver's License

Federal, State or Local Government ID Card

Hospital Birth Record

Passport

Public Assistance/Social Service Record

School Records/Identification

Work Permit

Decree of court

Native American Tribal Document

Tribal Record with Date of Birth

Conversion

Other Applicable Documentation: (specify)

Reset

Age: 31

\* Gender:  Female  Male

\* Do you have a disability?

Yes, I do have a disability.

No, I don't have a disability.

I do not wish to answer (optional)

Disability Verification: [ Verify | Scan | Upload | Link | View ]

Type of Disability: None Selected

\* Are you a U.S. Citizen? Citizen of U.S. or U.S. Territory

USCIS (Alien Registration) Number: e.g. A123456789

USCIS (Alien Registration) Expiration Date: (mm/dd/yyyy) [?]

**Educational Information**

\* Individual Registration Highest Grade Completed: Bachelor's degree or equivalent

\* Federally Reported Highest Grade Completed: Bachelor's degree or equivalent

### Individual Information

1. Birthday should auto-populate from Wagner Peyser application (mandatory field)
  - a. If not already verified, Click on "Verify" under Date of Birth verification (mandatory field)
  - b. Select document used for verification (mandatory field)
  - c. Upload copy of verification document if one is not already available.
2. Gender should auto-populate from Wagner Peyser application (mandatory field)
3. Disability should auto-populate from Wagner Peyser (mandatory field)
  - a. If there is a disability, if not already verified, click on "Verify" to the right of Disability Verification (mandatory field)
  - b. Select appropriate verification
  - c. If necessary upload verification of disability
4. "Are you a U.S. Citizen, should auto-populate from the Wagner Peyser application. Complete USCIS information if participant is not a U.S. Citizen. (mandatory field) "Verify" if necessary.

### Educational Information

5. Select appropriate education level completed under Individual Registration Highest Grade Completed (mandatory)
6. Select highest graded completed under Federally Reported Highest Grade Completed (mandatory)

## Demographic Information Tab (cont.)

Virtual Recruiter  
Email Log

**Templates**  
Job Order Skill Sets  
Job Order Templates  
Communication Templates  
Case Note Templates  
Search List

**Document Management**  
Search Documents

**Manage Schedules**  
Appointment Calendar  
Events Calendar

**Other Staff Services**  
Labor Market Services  
Assistance Center  
Staff Online Resources  
Staff Online Courseware

**Ethnic Origin**

\* Are you of Hispanic or Latino heritage?

Yes, I am of Hispanic or Latino heritage.  
 No, I am not of Hispanic or Latino heritage.  
 Not Specified

\* Race - Please check all that apply.

African American/Black  
 American Indian/Alaskan Native  
 Asian  
 Hawaiian/Other Pacific Islander  
 White  
 I do not wish to answer.

Exit Wizard

<< Back    Next >>

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### Ethnic Origin

1. Select appropriate answer to, “Are you of Hispanic or Latino heritage?” (mandatory field)
2. Select appropriate answer to, “Race – Please check all that apply. (mandatory field)

CLICK “NEXT”

**NOTE:** If you do not press **NEXT** here the information you have captured on this tab will not be saved.

## Veteran Information

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Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

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Step 4 of 9. Enter your information below. When you are finished click the **Next>>** button.

Public Assistance Individual Barriers Application Eligibility Application Participation

Start Page Contact Information Demographic Information Veteran Information Individual Employment

\* indicates required fields. For help click the question mark icon.

### Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

- Question 1.** Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?  Yes  No
- Question 2.** Have you been discharged from the military having served on active duty for more than 180 days, or received a Military Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?  Yes  No
- Question 3.** Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability?  Yes  No

If you answered No to questions 1, 2 and 3 above please proceed to the bottom of the page and click the Next button.

Exit Wizard

<< Back Next >>

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## Military Service

1. These 3 questions should be auto-populated from Wagner Peyser. Verify they are answered correctly before continuing. (mandatory field)

CLICK "NEXT"

**NOTE:** If you do not press **NEXT** here the information you have captured on this tab will not be saved.

## Individual Employment Tab

Quick Search  
Enter Search... ?

Currently Managing  
JONES, TOM  
Service Tracking: ON  
Release Individual  
Assist a new Individual

My Staff Workspace  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

Services for Workforce Staff  
Manage Individuals

Public Assistance | Individual Barriers | Application Eligibility | Application Participation

Start Page | Contact Information | Demographic Information | Veteran Information | Individual Employment

\* indicates required fields. For help click the question mark icon.

### Employment Information

\* Individual Registration Current Employment Status: Employed

\* Federally Reported Employment Status: Employed

\* Are you receiving Unemployment Compensation? No, Neither Claimant nor Exhaustee

[ Verify | Scan | Upload | Link | View ]

Conversion

### Unemployment Compensation Verification

UI records (Benefit History, Wage Record)

Conversion

Other Applicable Documentation (specify)

## Employment Information

1. Select the appropriate answer to “Individual Registration Current Employment Status.” (mandatory)
2. Select the appropriate answer to “Federally Reported Employment Status.” (mandatory)
3. Select the appropriate answer to “Are you receiving Unemployment Compensation?” (mandatory)
4. If the answer to question #3 is anything other than “No, neither claimant nor exhaustee” click on “Verify”
5. Select the appropriate documentation and if necessary upload a copy of the document into the system.

## Individual Employment Tab (cont.)

▶		
▶	* Did you attend a group orientation? (Rapid Response)	<input type="radio"/> Yes, attended a group orientation. <input checked="" type="radio"/> No, did not attend a group orientation.
▶	Rapid Response Event Number	<input type="text"/>
▶	View Rapid Response Events	<a href="#">[Click Here]</a>
▶	Has been threatened with layoff	<input type="radio"/> Yes, has been threatened with layoff. <input checked="" type="radio"/> No, has not been threatened with layoff.
▶	Search DOL for Petition	<a href="#">[Find DOL Petition]</a>
▶	Search TAA petition numbers	<a href="#">[Find TAA Petition]</a>
▶	* TAA Petition	
▶	* TAA Petition Verification	[ <a href="#">Verify</a>   <a href="#">Scan</a>   <a href="#">Upload</a>   <a href="#">Link</a>   <a href="#">View</a> ]
	* TAA Liable/Agent State	None Selected ▼
	TAA Employer	
	Employer Address 1	
	Employer Address 2	

### Rapid Response

1. Select the appropriate answer to “Did you attend a group orientation?” (Rapid Response)(mandatory)
2. Click on “Click Here” to locate a Rapid Response Event Number.

Note: If they have attended a rapid response meeting you must select “Yes” on “Did they attend a group orientation?” in order for this information to be captured for reporting purposes.

## Rapid Response Search Screen

Rapid Response Search

Identification Number:

Company Name:

Site Location:

Begin Date:  

End Date:  

1. Rapid Response Events can be searched by any of the following:
  - Identification Number
  - Company Name
  - Site Location
  - Begin Date
  - End Date
2. Enter the search criteria
3. Click Search

## Events Listing

Event Number	Company Name	Site Location	Begin Date	End Date
<a href="#">9999999999</a>	Event not Listed	Event not Listed	01/01/1974	12/31/2020
<a href="#">10118</a>	Goodyear Tire & Rubber Co	Goodyear Tire & Rubber Co	09/01/2008	09/01/2008
<a href="#">11908</a>	Goodyear Tire & Rubber Co	Goodyear Tire & Rubber Co	02/28/2009	08/30/2009
<a href="#">13138</a>	Goodyear Tire and Rubber Co	Goodyear Tire and Rubber Co	07/11/2011	12/31/2011
<a href="#">13164</a>	Goodyear Tire and Rubber Co	Goodyear Tire and Rubber Co	07/11/2011	12/31/2011

1. Click on "Event Number"
2. Rapid Response event number will populate on the Individual Employment Tab beside "Rapid Response Event Number"
3. If the employer does not show up and you know they attended an event please select #99999999 "Event not Listed".

## Individual Employment Tab (cont.)

* Did you attend a group orientation? (Rapid Response)	<input type="radio"/> Yes, attended a group orientation. <input checked="" type="radio"/> No, did not attend a group orientation.
Rapid Response Event Number	<input type="text"/>
View Rapid Response Events	<a href="#">[Click Here]</a>
Has been threatened with layoff	<input type="radio"/> Yes, has been threatened with layoff. <input checked="" type="radio"/> No, has not been threatened with layoff.
Search DOL for Petition	<a href="#">[Find DOL Petition]</a>
Search TAA petition numbers	<a href="#">[Find TAA Petition]</a>
* TAA Petition	
* TAA Petition Verification	[ <a href="#">Verify</a>   <a href="#">Scan</a>   <a href="#">Upload</a>   <a href="#">Link</a>   <a href="#">View</a> ]
* TAA Liable/Agent State	None Selected <input type="button" value="v"/>
TAA Employer	
Employer Address 1	
Employer Address 2	

## Petition

1. To complete petition information, click on "Find TAA Petition"
2. The "Filter Criteria" screen will appear.

Note: If participant application happens to be a conversion record, a petition search is still required so that the dislocating employment information will be populated.

Note: Any employment information not populated must be manually enter.

**Individual Employment Tab (cont.)**  
**Petition Filter Criteria Screen**

- [Hide Filter Criteria](#)

Filter Criteria	
Petition Number	<input type="text"/>
Company Name	<input type="text"/>
Decision Date	From <input type="text" value="mm/dd/yyyy"/>  To <input type="text" value="mm/dd/yyyy"/> 
Impact Date	From <input type="text" value="mm/dd/yyyy"/>  To <input type="text" value="mm/dd/yyyy"/> 
Expiration Date	From <input type="text" value="mm/dd/yyyy"/>  To <input type="text" value="mm/dd/yyyy"/> 
City	<input type="text"/>
State	<input type="text"/>
Zip code	<input type="text"/>
Status	<input checked="" type="radio"/> All <input type="radio"/> Active <input type="radio"/> Inactive
<a href="#">[ Apply Filter   Reset Filter ]</a>	

TAA Petition Number	Company Name	City	State	Zip	Employer Contact	ATAA Certified
<a href="#">81945</a>	Pfizer	Knoxville	TN	37901	Jonas Smith	Yes
<a href="#">75252</a>	Goodyear Tire and Rubber	Gadsden	AL	35903	Susie Q	Yes
<a href="#">82939</a>	Volex, Inc.	Hickory	NC	28602	HR	Yes

[Add New TAA Petition](#)

- On this screen you can filter by:
  - Petition Number
  - Company Name
  - Decision Date
  - Impact Date
  - Expiration Date
  - City
  - Zip Code
  - Status
- Key the search information and click "Apply Filter"
- The Petition information should appear
- Click on the appropriate Petition Information

*NOTE: The option to add a new petition may only be accessed by TAA Central Office Staff.*

## Individual Employment Tab (cont.)

▶		
▶	* Did you attend a group orientation? (Rapid Response)	<input type="radio"/> Yes, attended a group orientation. <input checked="" type="radio"/> No, did not attend a group orientation.
▶	Rapid Response Event Number	<input type="text"/>
▶	View Rapid Response Events	<a href="#">[Click Here]</a>
▶	Has been threatened with layoff	<input type="radio"/> Yes, has been threatened with layoff. <input checked="" type="radio"/> No, has not been threatened with layoff.
▶	Search DOL for Petition	<a href="#">[Find DOL Petition]</a>
▶	Search TAA petition numbers	<a href="#">[Find TAA Petition]</a>
▶	* TAA Petition	
▶	* TAA Petition Verification	<a href="#">[ Verify   Scan   Upload   Link   View ]</a>
	* TAA Liable/Agent State	<input type="text" value="None Selected"/>
	TAA Employer	
	Employer Address 1	
	Fmnlver Address 2	

1. TAA Petition, will appear after the petition has been selected on the Filter screen (mandatory)
2. Click "Verify" to the right of TAA Petition Verification and select the appropriate documentation (mandatory)
3. Select the appropriate answer to "TAA Liable/Agent State" (mandatory)

**NOTE:** *Liabile State is the state that holds the petition and pays the TRA benefits. Agent State is the state that assists the liable state with training funds when the participant is an out-of – state participant. Select both when Tennessee is the petition state and the state covering the training cost.*

4. Petition information, i.e. company and address will appear after the petition has been selected on the Filter screen.

## Individual Employment Tab (cont.)

The screenshot displays the 'Individual Employment Tab' interface. On the left is a navigation menu with sections: Reports (My Reports, Summary Reports, Detailed Reports, Custom Reports, Ad-Hoc Query Wizard, Federal Reports), Communications (Messages, Correspondence, Alerts, Virtual Recruiter, Email Log), and Templates (Job Order Skill Sets, Job Order Templates, Communication Templates, Case Note Templates, Search List). The main form contains the following fields:

- \* Hours Per Week (xx.x): 40.0
- Entered Employers: None Selected
- \* Job Title: sales person
- \* Employment Begin Date: 06/01/2013
- \* Employment End Date: 06/18/2014 Today
- Months Employed: 12
- \* Dislocation Hourly Wage: \$ 10.00
- Projected Date of Layoff: 06/18/2014
- \* Date of Qualifying Separation: 06/18/2014 Today
- Verify Date of Qualifying Separation: [ Verify | Scan | Upload | Link | View ]
- Notice of Layoff

Below the form is a section titled 'Actual Layoff Date Verification' with the following options:

- Verification from employer
- Rapid Response List
- Notice of Layoff
- Public announcement with cross-match from UI
- Self Attestation
- Conversion
- Other Applicable Documentation, (specify)

A 'Reset' button is located at the bottom right of the 'Actual Layoff Date Verification' section.

### Dislocating Employment Information

1. Key number of Hours per Week. (mandatory) Must be keyed in xx.x format, Or like 00.0
2. Key dislocating job title (mandatory)
3. Key "Employment Begin Date" with the dislocating employer. (mandatory)
4. Key "Employment End Date" from the dislocating employer. (mandatory)
5. Months Employed will auto-populate
6. Key "Dislocating Hourly Wage" (mandatory). This is the wage the participant was making when he/she was laid off.
7. Key the "Date of Qualifying Separation" (mandatory). This information can be found in ESCOT on the TMQ1 (shows TMQ4) Screen. It would be identified as the Separation Date.
8. Click "Verify" to the right of Verify Date of Qualifying Separation
  - a. Select the appropriate documentation used for verification. (mandatory)

## Individual Employment Tab (cont.)

**Document Management**  
Search Documents

**Manage Schedules**  
Appointment Calendar  
Events Calendar

**Other Staff Services**  
Labor Market Services ▶  
Assistance Center ▶  
Staff Online Resources  
Staff Online Courseware ▶  
Geographic Solutions Community Site

**My Workspace**  
My Dashboard  
How We Can Help You ▶  
Employment Strategy  
Directory of Services  
My Resources ▶

**Quick Menu**  
Job Search  
Resumé Builder  
My Portfolio ▶

**Services for Individuals**  
Career Services ▶  
Job Seeker Services ▶  
Education Services ▶  
Labor Market Services ▶  
Learning Center  
Unemployment Services ▶

**Other Services**  
Communication Center ▶  
Appointment Center ▶  
Assistance Center ▶  
Learning Center  
Customer Satisfaction

\* Re-Employed since layoff from Trade affected job  
 Yes, re-employed since layoff from trade affected job.  
 No, has not been re-employed since layoff from Trade affected job.  
New Employment Projected or Actual Start date    
Projected or Actual Annual wage of individual's new employment \$   
Age at Re-employment

**Employment History**  
 Hide Volunteer Employment Histories

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				

[Add a new Employment History]

**Exit Wizard**

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1. Re-employment since layoff from trade affected job is mandatory
2. Select the appropriate answer and complete the remaining information if applicable.

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

**Individual Employment Tab (cont.)**  
**Public Assistance Tab**

\* indicates required fields. ? For help click the question mark icon.

**Public Assistance Aid**

\* Are you receiving TANF?  Yes, I am receiving TANF  
 No, I am not receiving TANF

\* Are you receiving Food Stamps?  Yes, I am receiving Food Stamps  
 No, I am not receiving Food Stamps

\* Are you receiving Supplemental Security Income (SSI)?  Yes, I am receiving SSI  
 No, I am not receiving SSI

\* Receiving Social Security Disability Income (SSDI) – 6 months prior to participation  Yes, I am receiving SSDI  
 No, I am not receiving SSDI

\* Are you receiving Refugee Cash Assistance (RCA)?  Yes, I am receiving RCA  
 No, I am not receiving RCA

\* Are you receiving General Assistance (GA)?  Yes, I am receiving General Assistance  
 No, I am not receiving General Assistance

\* Receiving or Notified of Pell Grant:  Yes, receiving Pell Grant  
 No, not receiving Pell Grant

1. These are questions that the participant should have answered when completing the Wagner Peyser Application. All questions should be answered.
2. Review for accuracy and correct if necessary.

## Individual Barriers Tab

Search

Search...

Currently Managing

TOM

Tracking: ON

Individual

New Individual

Staff Workspace

Dashboard

Resources

Account

History of Services

Services for

Start Page

Contact Information

Demographic Information

Veteran Information

Individual Employment

Public Assistance

Individual Barriers

Application Eligibility

Application Participation

\* indicates required fields. For help click the question mark icon.

**Barrier**

Individual or family members have limited English, or difficulties with reading, writing or understanding of English.

Yes, has limited English.

No, does not have limited English.

**Exit Wizard**

<< Back

Next >>

Services Portfolio Site Map Site Search Preferences Assistance

1. Select appropriate answer to “Individual or family members have limited English...”

CLICK “NEXT”

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

## Application Eligibility Tab

[Start Page](#)
[Contact Information](#)
[Demographic Information](#)
[Veteran Information](#)
[Individual Employment](#)

[Public Assistance](#)
[Individual Barriers](#)
[Application Eligibility](#)
[Application Participation](#)

\* indicates required fields. For help click the question mark icon next to each section.

### Eligibility Information

Meets definition for TAA? Yes  
 TAA System Set: Yes  
[Set TAA Eligibility to No](#)

Meets definition for ATAA? No  
 ATAA System Set: No  
[Set ATAA Eligibility to Yes](#)

Meets definition for RTAA? No  
 RTAA System Set: No  
[Set RTAA Eligibility to Yes](#)

Eligible for TRA?  Yes  No

Reemployed since layoff from Trade affected employer is set to No!  
 Petition Number does not qualify for ATAA!

Re-employed since layoff from Trade affected employer is set to No!

1. Meets definition of TAA will indicate yes or no
2. Meets definition of ATAA will indicate yes or no
3. Meets definition of RTAA will indicate yes or no
4. Eligible for TRA, if you are aware that the participant is drawing TRA mark eligibility “Yes”. Leave blank if you are not sure.

**NOTE:** At this point you should have a good idea as to whether the participant is in fact trade impacted. If the answers do not appear to be accurate some investigation may need to be conducted. Contact your Trade Specialist in Central Office for assistance.

**NOTE:** Case Notes are a must for everything we do in Trade. Update case notes as you work through the enrollment process to ensure needed information is available for eligibility determination.

## Completion of the Application

ent	Relocation Allowance (Separation)	0/1/2013
	Relocation Allowance (Certification)	12/24/2013
	Relocation Allowance (After training)	Not Applicable
	ATAA Eligibility	Not Applicable
	Training (Separation)	12/20/2014
	Training (Certification)	4/27/2013
	Additional TRA (Separation)	Not Applicable
	Additional TRA (Certification)	Not Applicable

**TO PROCEED DIRECTLY TO ENROLLMENT CLICK THE NEXT BUTTON**

**TO NOT ENROLL AT THIS TIME CLICK THE FINISH BUTTON**

[Exit Wizard](#)

**Note: At this point in the process you are ready to enroll the participant. To enroll a participant into the TAA program you must enter at least one activity.**

CLICK "NEXT" if you are ready to enroll. CLICK "FINISH" if not

*Note: If you click finish at this point you can go ahead and print the application. If you chose to click next to proceed to the enrollment and activity you can wait to print the application when those are finished. (Print instruction can be located on page 42 of this manual.*

**NOTE: If you do not press either Next or Finish here the information you have captured on this tab will not be saved.**

## Application Participation Tab

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

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Manage Case Participation Record.

Start Page Contact Information Demographic Information Veteran Information Individual Employment

Public Assistance Individual Barriers Application Eligibility Application Participation

\* indicates required fields. For help click the question mark icon.

**General Information**

Staff Username 2772  
State ID 67  
Name tom Jones  
Application Date 06/18/2014

**Participation Information**

\* Participation Date 06/18/2014 (mm/dd/yyyy) Today  
Participation Age 31  
\* Highest Education Level Achieved Bachelor's degree or equivalent  
\* Are You Attending School? Not attending school, H.S. Graduate  
\* Employment Status at Time of Participation Employed  
\* UC/UI Eligibility status at Participation No, Neither Claimant nor Exhaustee

Exit Wizard

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### Participant Information

1. Key "Participation Date" In most cases that would be the current date. (mandatory)
2. Participation Age will auto-populate from the Wagner Peyser application
3. Select appropriate answer for "highest education level achieved. (mandatory)
4. Select appropriate answer for "are you attending school?" (mandatory)
5. Select appropriate answer for "employment status at time of participation" (mandatory)
6. Select appropriate answer for " UC/UI eligibility status at participation" (mandatory)

CLICK "NEXT"

**NOTE:** If you do not press **NEXT** here the information you have captured on this tab will not be saved.

**NOTE: To start participation you must give the participant an activity. The date that you give the client their first activity is the applicant's participation date.**

*NOTE: Activity Enrollment is up to 7 screens. For non-funded activity you will use only 3 of the tabs. If this activity is a funded activity, all 7 screens will be utilized by both you and your TAA Specialist.*

*NOTE: The very first activity we should see on a trade impacted participant is **Initial Assessment!!!!** (For basic services provided by career center staff, the provider will be the Tennessee Department of Labor.)*

## General Information Tab

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

Activity Enrollment - General Information  
This page displays activity information for the specified participant.

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Quick Search  
Enter Search...

Currently Managing  
JONES, TOM  
Service Tracking: ON  
Release Individual  
Assist a new Individual

My Staff Workspace  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

Services for Workforce Staff  
Manage Individuals  
Manage Employers  
Manage Resumes  
Manage Job Orders

General Information

Participant User Name: GSITESTER11

Last Name, First Name MI: Jones, tom

Social Security Number: 2222

Address: 2343 Clearwater, FL 33761

Application Summary: Program: Trade Adjustment Act (TAA)  
Application Date: 06/18/2014  
Eligibility Date: 06/18/2014

\* Customer Program Group: TA1 - TAA

\* LWIA Region: LWIA 09

\* Office Location: None Selected

This is general information on the trade impacted participant. It gives you his “user name”, his name, last 4 digits of his SSN, address, and application Summary.

His application summary identifies the participant’s application date and eligibility date.

1. Select the appropriate “Customer Program Group. (mandatory) For Trade this will be “TAA” (mandatory)
2. Select the appropriate LWIA/Region if not already identified. (mandatory)
3. Select the appropriate Office Location if not already identified. (mandatory)

## General Information Tab (cont.)

Manage Labor Exchange

Manage Activities

Manage Case Assignment

Manage Profiling

Manage Follow-Up

Manage Providers

Manage Funds

Manage WARN Notifications

Reports

My Reports

Summary Reports

Detailed Reports

Custom Reports

Ad-Hoc Query Wizard

Federal Reports

Communications

Messages

Correspondence

Alerts

Virtual Recruiter

Email Log

**Enrollment Information**

WIA Title II Partner Program:  Yes, service is a WIA Title II Partner Program.

\* Activity Code:  [ Select Activity Code ]

Projected Begin Date:  Today

Actual Begin Date:  06/18/2014  
Actual begin date may not be modified on the first activity.

\* Projected End Date:  Today

Training leads to an Associate's Degree:  Yes  No

Training funded by the TAACCCT Grant Program:  Yes  No

Attending Full Time or Part Time Training as defined by the training institution:  None Selected

Total Number of Hours attending currently:

Date Verified current training attendance:  Today

Any classes attended through Distance Learning:  Yes  No

Date Verified current distance learning attendance:  Today

### Enrollment Information

4. Click on "Select Activity Code"

*NOTE: There are some activities that are fundable and some that are not.*

## General Information Tab (cont.)

### Activity Screen

This is a list of activity codes that can be utilized in the trade program. In this example we have selected Initial Assessment Code 102. This is not a fundable activity. All TAA participants must have this activity and should be your first activity.

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	Provider Type
001	<a href="#">Hold waiting for activities or health/medical</a>	PS - Office Services
101	<a href="#">Orientation</a>	PS - Office Services
102	<a href="#">Initial Assessment</a>	PS - Office Services
107	<a href="#">Provision Of Labor Market Research</a>	PS - Office Services
110	<a href="#">Attended Rapid Response</a>	PS - Office Services
125	<a href="#">Job Search/Placement Asst. inc. Career Counseling</a>	PS - Office Services
185	<a href="#">Support Service -Other</a>	SS- Other
202	<a href="#">Career Guidance/Planning</a>	PS - Office Services
205	<a href="#">Develop Service Strategies (IEP/ISS/EDP)</a>	PS - Office Services
209	<a href="#">Referred To State And Local Training</a>	PS - Office Services
210	<a href="#">Referred To Educational Services</a>	PS - Office Services
211	<a href="#">Referred To WIA/NII/OA</a>	PS - Office Services
214	<a href="#">Adult Literacy, Basic Skills or GED Preparation</a>	PS- Other
215	<a href="#">Short Term Pre-Vocational Services</a>	PS- Other
217	<a href="#">Supportive Service - Relocation assistance</a>	SS - Relocation
222	<a href="#">English as a Second Language (ESL)</a>	PS - Training Non-ITA
231	<a href="#">Waiver - Recall</a>	PS - Office Services
232	<a href="#">Waiver - Marketable Skills</a>	PS - Office Services
233	<a href="#">Waiver- Retirement</a>	PS - Office Services
234	<a href="#">Waiver- Poor Health</a>	PS - Office Services
235	<a href="#">Waiver - Delay for Training</a>	PS - Office Services
236	<a href="#">Waiver - Training Not Available</a>	PS - Office Services

## General Information Tab (cont.)

**Enrollment Information**

WIA Title II Partner Program:  Yes, service is a WIA Title II Partner Program.

\* Activity Code:  [ Select Activity Code ]

Projected Begin Date:  Today

Actual Begin Date:  06/18/2014  
Actual begin date may not be modified on the first activity.

\* Projected End Date:  Today

Training leads to an Associate's Degree:  Yes  No

Training funded by the TAACCOCT Grant Program:  Yes  No

Attending Full Time or Part Time Training as defined by the training institution:  None Selected

Total Number of Hours attending currently:

Date Verified current training attendance:  Today

Any classes attended through Distance Learning:  Yes  No

Date Verified current distance learning attendance:  Today

1. Key Actual Begin Date if not already populated.
2. Key Projected End Date (mandatory)

**NOTE:** Remaining items on this page are not applicable to this activity.

*Initial Assessment begin and end date should be the same date because you completed this activity all in the same day.*

## General Information Tab (cont.)

**Staff Information**

Staff ID: 2772

\* Position:

Current Case Manager: Case currently Not Assigned to a Case Manager  
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments:

Case Notes: [Add a new Case Note](#) | [Show Filter Criteria](#)

ID	Create Date	Subject	Action
No data found.			

[Next >>](#)

[Exit Wizard](#)

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1. Select the appropriate answer to “Position”
2. You may add a comment here if you choose.

CLICK “NEXT”

**NOTE:** If you do not press **NEXT** here the information you have captured on this tab will not be saved.

## Service Provider Tab

**Enrollment Service Provider Information**

**Enrollment Summary:**  
Enrollment ID: 1606114  
Username: DAKers41945  
TAA Application ID: 3410391  
Activity Code: 300  
Activity Dates: 8/18/2014 - 12/10/2012

\* **Provider:**   
[\[ Select Provider \]](#)

\* **Service, Course or Contract:**   
[\[ Select Service, Course or Contract \]](#)

**Provider Locations:**   
[\[ Select Provider Locations \]](#)

**Provider Contacts:**   
[\[ Select Provider Contacts \]](#)

\* **Occupational Training Code:**   
[\[ Occupational Training Code \]](#)

<< Back    Next >>

1. Click on "Select Provider." (mandatory)

The Provider box will pop up for you to search for a provider of services. See following screen for an example.

## Service Provider Tab Provider Search Box

This is a list of service providers that can be utilized in the trade program. Since we are using the “Initial Assessment “, we will use the Tennessee Department of Labor as the Provider. (This is not a fundable activity.)

Click on any Provider Name to select it.

[ - ] Hide Filter Criteria

Use the fields below to filter the displayed Providers

Provider Name:

Provider FEID/SSN:

Vendor ID:

[ Filter | Reset ]

Provider Code	Provider Name	Address	Programs Available
5396	<a href="#">Conversion Provider</a>		1
5397	<a href="#">Tennessee Department of Labor</a>	220 French Landing Drive Nashville, TN 37243	1

Close Window

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1. Click on the provider name or filter by the provider name, FEID, SSN, or vender ID to locate the provider you are seeking. Provider box will be populated.

**NOTE:** In other activities a provider could be the LWDA, school, bookstore, uniform store, etc.

**NOTE:** If the provider is not shown in the drop down you will need to contact the TAA Central Office unit so they can create the provider.

## Service Provider Tab (cont.)

**Enrollment Service Provider Information**

**Enrollment Summary:**  
Enrollment ID: 1606114  
Username: DAkers41945  
TAA Application ID: 3410391  
Activity Code: 300  
Activity Dates: 8/18/2014 - 12/10/2012

\* **Provider:**   
[\[ Select Provider \]](#)

\* **Service, Course or Contract:**   
[\[ Select Service, Course or Contract \]](#)

1. Click on “Select Service, Course or Contract.” The Service Search Box will appear. (mandatory) See following example.

Click on any Service, Course or Contract name to select it.

ID	Service, Course or Contract Name	Program Type	Location Count
95797	<a href="#">office services</a>	Program Services	1

Close Window

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1. Click on appropriate service. Enrollment Service Provider Information screen will be populated.

## Service Provider Tab (cont.)

**Enrollment Service Provider Information** ?

**Enrollment Summary:**  
Enrollment ID: 1614306  
Username: LWiese87434  
TAA Application ID: 3393900  
Activity Code: 125  
Activity Dates: 6/20/2013 - 10/28/2014

**\* Provider:**   
[\[ Select Provider \]](#)

**\* Service, Course or Contract:**   
[\[ Select Service, Course or Contract \]](#)

**Provider Locations:**   
[\[ Select Provider Locations \]](#)

**Provider Contacts:**   
[\[ Select Provider Contacts \]](#)

**\* Occupational Training Code:** Not Applicable

1. Service, Course or Contract will be populated. (mandatory)
2. Click on "Select Provider Location". Select appropriate information and the name and address of training provider will populated the location box. (not mandatory)
3. Click on "Select Provider Contact" to obtain name of contact for the provider. (not mandatory)

CLICK "NEXT"

**NOTE:** If you do not press **NEXT** here the information you have captured on this tab will not be saved.

## Closure Information Tab

The screenshot shows the 'Closure Information' tab in the TN.GOV system. The page title is 'Please note - This is the Review/Training site'. The main heading is 'Closure Information' with a sub-heading 'This page displays activity closure information for the specified participant.' Below this are several tabs: 'General Information', 'Service Provider', 'Enrollment Cost', 'Financial Aid', 'Enrollment Budget', 'Budget Planning', and 'Closure Information'. The 'Closure Information' tab is selected, showing the following details:

- Enrollment Summary:** Enrollment ID: 70, Username: GSITESTER11, TAA Application ID: 185, Activity Code: 125, Activity Dates: 6/18/2014 - 6/18/2014
- Last Activity Date:** 06/18/2014 (Today)
- Completion Code:** Successful Completion
- Received Credential:** Not Applicable
- Case Notes:** [ Add a new Case Note | Show Filter Criteria ]

Below the case notes is a table with columns: ID, Create Date, Subject, Action. The table is empty, showing 'No data found.' At the bottom of the form are three buttons: '<< Back', 'Finish' (circled in red), and 'Delete'. Below the form is an 'Exit Wizard' section with a link 'Finish and Start a New Enrollment'. The footer contains copyright information: 'Copyright © 1998-2014 Geographic Solutions, Inc. All rights reserved. For more information contact Geographic Solutions 14.0'.

*Note: Final Tab is Closure Tab. Once a non-fundable activity has been completed, it should be closed by completing the following steps. Most non-fundable activities will be closed the same day they are created, with one exception. The IEP must remain open throughout the training and reemployment search.*

1. Key "Last Activity Date"
2. Select the appropriate "Completion Code"
3. Update "Case Notes" with information regarding the closure of this activity.
4. Select "Finish"

*NOTE: At this point in the process you will need to print the application and have the participant sign and date it. You will sign your name and date the form.*

## Closure Information Tab

Job Search Allowance (Certification)	4/15/2016
Job Search Allowance (After training)	Not Applicable
Relocation Allowance (Separation)	3/29/2017
Relocation Allowance (Certification)	6/14/2016
Relocation Allowance (After training)	Not Applicable
ATAA Eligibility	7/30/2016
Training (Separation)	5/21/2016
Training (Certification)	6/13/2015
Additional TRA (Separation)	8/26/2016
Additional TRA (Certification)	11/12/2015

[Edit Eligibility Information](#)

Individual Signature

Create PDF  
 Include Staff Signature

[Applicant Signature](#)

---

Return

Print

### To Print the Application:

1. Return to the Programs Tab
2. Click on "Trade Application" to open
3. Scroll to bottom of the screen
4. You will see a "Print" button
5. Uncheck the "Create a PDF" checkbox at the bottom of the screen.
6. Click on "Print"
7. Document will appear on your screen
8. Click your "Print" button for hard copy
9. Have the participant sign and date the document.
10. You will need to sign and date the document.

See next 2 pages for a print view of the TAA Application

TAA Application:  
JOBS4TN.GOV

General Information:

Username:	1297769	LWIA/Region:	13-IWA 13
State ID:	1265277	Office Location:	Near Cell Phone/Mailbox
Application Date:	06/15/2016	Date of Eligibility:	06/15/2016
Application ID:	300763005	Social Security #:	300763005

Contract Information:

Name:	HUDSON, KATIE	Email:	HUOSONKATI@AFT.COM
Primary Phone:	(901)857-7182	Primary Phone Type:	Home
Residential Address:	440 DREGER RD	Mailing Address:	440 DREGER RD
City, State, Zip:	MEMPHIS, TN 38119-0000	City, State, Zip:	MEMPHIS, TN 38109

Equal Employment Opportunity Information:

DOB:	03/09/1956	Age:	60
Do you have a Disability?	No, I do not have a disability	Registered with Selective Service:	
Are you a U.S. Citizen?	U.S. Citizen/Hispanic	Type of Disability:	
Hispanic or Lat of Heritage:	No, I am not of Hispanic or Latino heritage	USAS Number:	
Highest Education Level Achieved:	12th Grade	Race:	African American/Black

Veteran Information:

Question 1:	Are you currently in the military (Transit/Original/State-Member/Contract)?	NO
Question 2:	Have you ever been discharged from active duty for more than 180 days, or received a Military Campaign Badge (i.e., Desert Storm), or been medically retired for 180 days of active service?	NO
Question 3:	Are you the spouse of a veteran who has a total or permanent disability, is missing in action, or died in the line of duty or as a result of a service-related disability?	NO
Transiting Disability:		
Military Service Begin Date:		
Eligible Veteran Status:		Military Campaign Badge: No
Disabled Veteran:		Homeless Veteran: No
Recently Separated:	No	Attended TAP Workshop within 5 Years: No

Employment Information:

Employment Status:	*****	TAA Position:	085926
TAA Employer:	IQCC Custom Products Wc	Unemployment Compensation?:	No, Not eligible for Unemployment
Employer Address:	1725 South Main St, Memphis, TN 38109	Job Title:	SSCI
Employment Begin Date:	01/12/2016	Hours per Week:	40.0
Dislocation Hourly Wage:	\$25.00	Months Employed:	192
Re-Employed Since Layoff From Trade Adjusted Job:		Employment End Date:	01/29/2016
		Date of Qualifying Separation:	01/29/2016

**New Employment Projected or Actual Start Date:** 05/27/2016 Projected or Actual Annual Wage of individual's New Employment: \$13.00

Barrier Information:

Individual (or family) members have written English or difficulties with writing a or understanding of English: NO

Eligibility Information:

Meets Definition for TAA? : Meets Definition for TAA? :  
 Meets Definition for RTAA? : Yes

TAA Certification:

Waiver Date (Certification):	06/13/2015	Waiver Date (Most Recent Application Date):	05/21/2016
Waiver Issued:	01/11/16	Job Search Allowance (Settlement):	01/28/2017
Job Search Allowance (Certification):	04/15/2016	Job Search Allowance (After Training):	
Relocation Allowance (Copayment):	03/29/2017	Relocation Allowance (Certification):	06/14/2018
TAA Eligibility:	07/30/2016	Relocation Allowance (After Training):	
Training (Start Date):	05/21/2016	Training (Certification):	06/13/2015
Additional TRA (Settlement):	08/26/2016	Additional TRA (Certification):	11/12/2015

Staff Information:

Staff ID:	CC40149	Staff Position:	
Date Created:	06/15/2016	Other Location of Responsibility:	TN Career Center (Hickory Hill) - Walnut Grove
Current Case Manager:		Previous Case Manager:	
Staff Edited ID:	CC40149	Staff Edited:	06/15/2016
Record Review Status ID:		Record Review Date:	
Met Quality Requirements:			

Signatures

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

- I certify that the information on this application is accurate to the best of my knowledge.
- I understand the facts of my case and the facts of my case may be used for the purpose of determining my eligibility for TAA and may be used in any legal proceeding.
- I give permission to the State of Tennessee to be contacted and for them to disclose any information on necessary to verify my eligibility for TAA.
- I further understand and agree that my Social Security number will be used for other purposes if necessary to verify my eligibility for TAA and to comply with applicable law.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

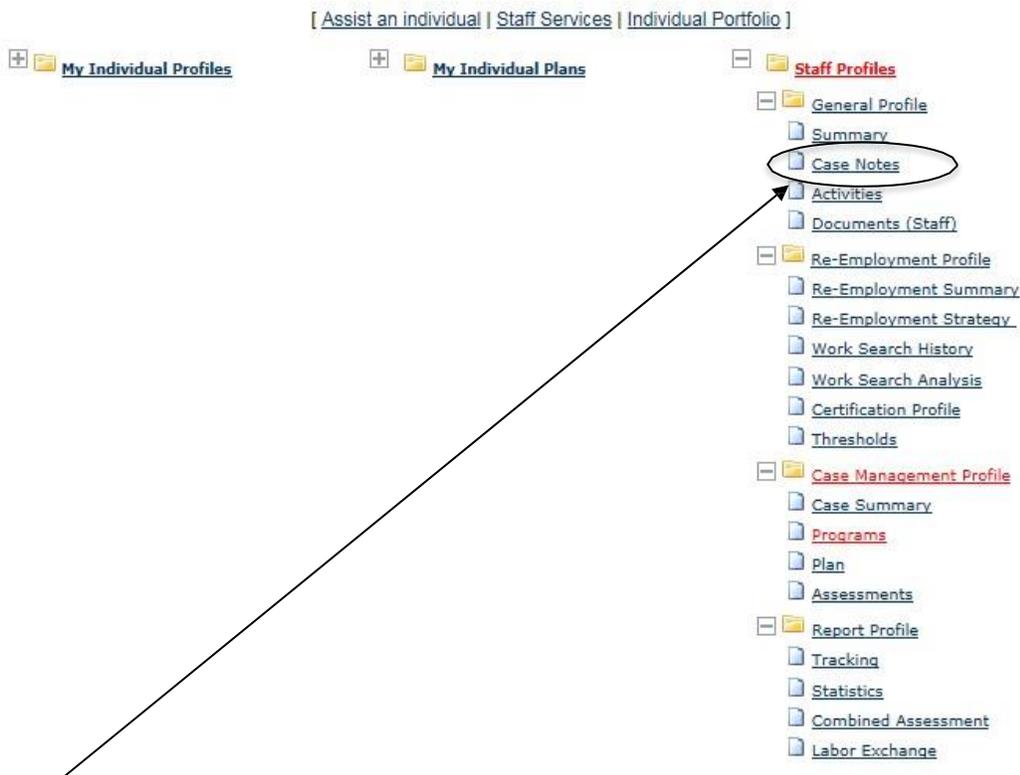
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ TN Career Center - Memphis Walnut Grove One Stop Center

**NOTE: This document will print off in 2 pages. Be sure the participant and you sign and date the document. Scan and upload when you have the complete packet into Jobs4TN {VOS} and maintain only the original signed documents in the participant's casefile.**

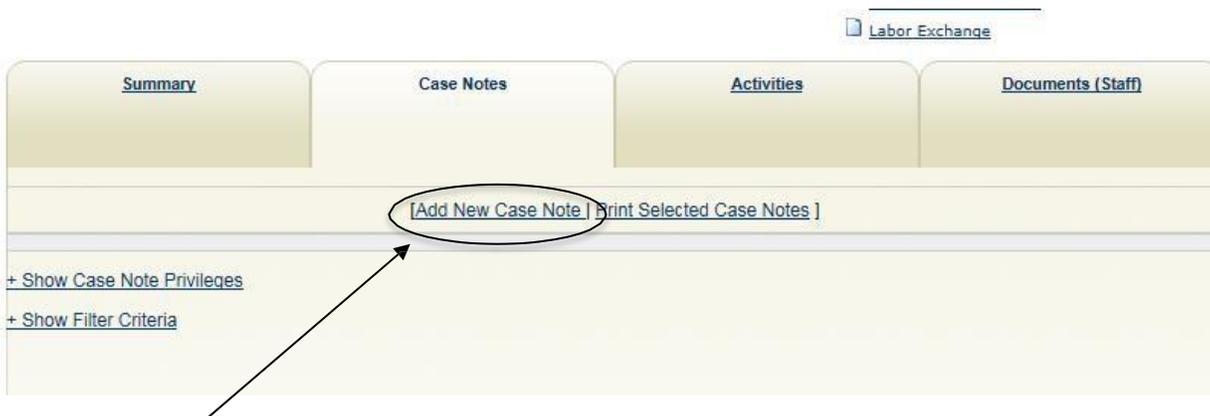
## CASE NOTES

Case notes are a must for everything we do in Trade. If you do not document it, it didn't happen! Create case notes throughout the worker's participation in Trade.

*(Examples: activities, IEP's, enrollment(s), benchmarks, etc.)*



To create a case note you select Case Notes under the General Profile.



Then you click on add new case note. An example of a case note is on the next page.

## Case Note Details

Please check to suppress this Case Note

\* Contact Date:   [Today](#)

\* Program:  

App ID:  

Case Note Type:  

Type ID:

\* LWIA/Region:  

\* Office Location:  

Partner Program:  

\* Subject:

Contact Type:  

\* Case Note Description:

Mr. Allen, has requested information concerning TAA. I have completed his application and referred him to the WIA for Assessment and also to the school to gather information about training he may be interested in applying for.

1. Indicate Date Case Note is written
2. Select Program if not already populated
3. Identify the Case Note Type
4. Select appropriate LWIA/Region (Mandatory)
5. Select appropriate Office Location (Mandatory)
6. Note Subject of Case Note (Mandatory)
7. Indicate appropriate Contact Type (not mandatory)
8. Post case note.

Click "Save"

*Note: To prevent duplication of case notes you can either post a case note from the Case Note Link or within an activity or benchmark. It is not necessary to create a case note in both.*

## Other Activities Needed

After completing the *Initial Assessment Activity (102)* you will create the following activities as you do them:

- Individual Employment Plan (IEP - 205) – *End date needs to be 6 month past estimated completion date.*
- Labor Market Information (LMI - 107)
- Rapid Response (110)
- Job Search (125)
- Referral to LWDA/WIOA for Assessment (211)

You will create these by selecting the “Create Activity” button under the expanded trade application section, as shown below.

The screenshot shows a software interface with four tabs: **Case Summary**, **Programs**, **Plan**, and **Assessments**. Below the tabs, there is a section titled **Show Filter Criteria** with a **Common Intake** filter. Underneath, there are two expandable sections: **+ Wagner-Peyser (WP) Program - 5 Applications** and **- Trade Adjustment Assistance (TAA) Program - 1 Application**. The TAA section is expanded, showing a list of applications. One application is highlighted: **Trade Adjustment Assistance (TAA) Program #326209, App Date 10/7/2013, Eligibility Date 10/7/2013, LWIA 09 (Complete)**. Below this application, there are two buttons: **Create Participation** and **Edit Participation for TAA #326209 Participation Date 10/7/2013**. The **Create Activity** button is circled in red, and an arrow points to it from the right. Below the buttons is a table with the following columns: **Status**, **Activity / Provider**, **WZ Funding**, **Projected Begin Date**, **Actual Begin Date**, **Projected End Date**, and **Actual End Date**.

After you select this, the steps will be the same for all the above listed activities.

*Note: All of these activities will have closure date with the exception of the IEP (205) it should have an anticipated closure date of 6 months past the anticipated completion date of training.*

## **Requesting Training**

At this point the participant should have been assessed by the LWDA/WIOA and had training recommended (Activity 211) and no suitable employment was found. Therefore, he/she may request TAA Funded Training. For a participant to be considered as eligible for a training service, a training activity will be required. To be able to complete the activity in Jobs4TN (VOS) the participant will be required to assist in obtaining the necessary documentation from the provider to establish the cost of training, as well as, meeting the other criteria. The TAA Training Check List LB- 0948, located at [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs) can be a tool used to obtain the needed information. The following documentation will be required to be scanned and uploaded into Jobs4TN (VOS) as supporting documentation for eligibility determination:

### **Total Training Cost**

- Cost sheet showing the total cost of training, broken down by term for each of the following: tuition/fees, total book cost, total tool cost (if applicable), and total miscellaneous cost (if applicable).
- Breakdown of books, tools, and supplies with cost of each item per term

### **Training Information**

- Academic plan/course outline per term
- Signature of authority for the attendance forms and billing
- School Calendar showing breaks in training

### **Miscellaneous Information**

- Mileage information (1 source)
- Demand Documentation
- Worker Training Agreement & Responsibilities LB-1092
- TAA Training Financial Support Statement LB-1090
- Willing to Commute LB-1089 (if traveling outside area for employment)
- TABE/CASAS Scores
- WIOA Referral to Training Form LB-0738

### **Documents**

- Signed and Dated TAA application, by Participant and Career Center TAA Staff
- Signed and Dated IEP, by Participant and Career Center TAA Staff
- Completed, signed and dated IRS Form W-9

### **Remember:**

- All of the above items (those on the check list) will need to be collected and saved to be uploaded as one packet to VOS when you are ready to request review and determination from your TAA Area Specialist.
- Maintain a file with the original signed TAA Application and the documents you have uploaded.
- Case notes must be completed every time you interact with the participant, so that there is a record of the services and activities you have provided the participant.

TAA Training Activity will be completed in the same manner as any other activity. This is a funded activity so there will be 7 tabs to complete by both you and the TAA Specialist, instead of 3 (none funded training).

**NOTE:** *Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider's List to verify the training institution and the course the participant is requesting is indicated on the Eligible Provider's List (ETPL), located on the Department's website, [www.tn.gov/workforce/article/eligible-training-providers](http://www.tn.gov/workforce/article/eligible-training-providers)*

***If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.***

*Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select "Activity Code" 328, Occupational Skills Training- Non Approved Provider's List (ITA) for this activity.*

*If the provider and course of study are on the Eligible Provider's List, select "Activity Code" 300.*



## Create Training Activity

### [Trade Adjustment Assistance \(TAA\) Program - 1 Application](#)

#### [Create Trade Adjustment Assistance \(TAA\) Program](#)

-     [Trade Adjustment Assistance \(TAA\) Program #3393900, App Date 8/26/2011, Eligibility Date 8/26/2011, LWIA 09 \(Complete\)](#)  
Case Manager: None Assigned  
Petition number: 075252

#### [Create Participation](#)

[Edit Participation for TAA #3393900 Participation Date 6/20/2013](#)

#### [Create Activity](#)



1. Click "Create Activity"

## Create Activity General Information

Please note - This is the Review/Training site

Home Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

TN.GOV  
TENNESSEE GOVERNMENT

Activity Enrollment - General Information  
This page displays activity information for the specified participant.

GOVERNOR  
Bill Haslam

Quick Search  
Enter Search...

Currently Managing  
JONES, TOM  
Service Tracking: ON  
Release Individual  
Assist a new Individual

My Staff Workspace  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

Services for Workforce Staff  
Manage Individuals  
Manage Employers  
Manage Resumes  
Manage Job Orders

General Information Service Provider Enrollment Cost Financial Aid Enrollment Budget Budget Planning Closure Information

General Information

Participant User Name: GSITESTER11

Last Name, First Name MI: Jones, tom

Social Security Number: 2222

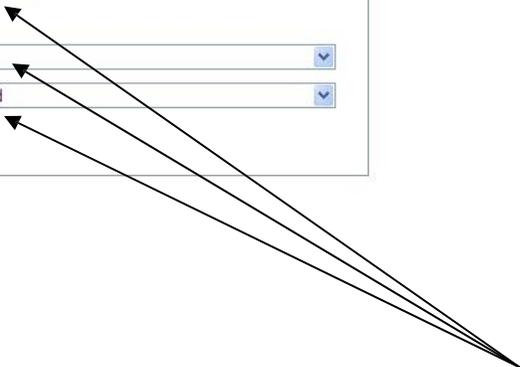
Address: 2343  
Clearwater, FL 33761

Application Summary: Program:Trade Adjustment Act (TAA)  
Application Date:06/18/2014  
Eligibility Date:06/18/2014

\* Customer Program Group: TA1 - TAA

\* LWIA Region: LWIA 09

\* Office Location: None Selected



1. Select TAA as your customer Program Group.
2. LWDA Region is already populated from the first activity
3. Select the appropriate "Office Location "

## Create Activities(cont.)

### General Information

#### Enrollment Information

**NOTE:** Prior to searching for Activity Code in Jobs4TN (VOS) for training activity, it is important that you check the Eligible Provider's List to verify the training institution and the course the participant is requesting is indicated on the Eligible Provider's List (ETPL), located on the Department's website, [www.tn.gov/workforce/article/eligible-training-providers](http://www.tn.gov/workforce/article/eligible-training-providers)

**If it is not, you will need to contact your TAA Specialist. He/She will gather the needed information from you about the provider to get the provider setup in the Jobs4TN (VOS) system. You will be notified once the provider has been set up in the system.**

Once the provider and course of study have been added, you will be notified to continue with the training activity. You will select "Activity Code" 328, Occupational Skills Training- Non Approved Provider's List (ITA) for this activity.

If the provider and course of study are on the Eligible Provider's List, select "Activity Code" 300.

WIA Title II Partner Program:  Yes, service is a WIA Title II Partner Program.

\* Activity Code:    
[\[ Select Activity Code \]](#)

Projected Begin Date:   Today

Actual Begin Date:   
Actual begin date may not be modified on the first activity.

\* Projected End Date:   Today

Training leads to an Associate's Degree:  Yes  No

1. Click on "Select Activity Code"

## Create Activities(cont.)

### General Information

#### Enrollment Information

237	<a href="#">TAA - Approved Out of Area Job Search Allowance</a>	SS - Other
300	<a href="#">Occupational Skills Training - Approved Provider List (ITA)</a>	PS - Approved Provider Training - ITA
301	<a href="#">On-The-Job Training</a>	PS - OJT
303	<a href="#">Distance Learning</a>	PS - Approved Provider Training - ITA
304	<a href="#">Customized Training</a>	PS - Non-ITA Occupational Skills
324	<a href="#">Adult Educ w/ Occ. Skills Training -Approved Provider List (ITA)</a>	PS - Approved Provider Training - ITA
328	<a href="#">Occupational Skills Training - Non Approv Provider (No ITA)</a>	PS - Non-ITA Occupational Skills
331	<a href="#">TAA - Approved Travel in Training</a>	SS - Transportation
332	<a href="#">TAA - Approved Subsistence in Training</a>	SS - Other
333	<a href="#">TAA - Approved Remedial Training (for those with GED/HS Diploma)</a>	PS - Approved Provider Training - ITA
335	<a href="#">TAA - Approved Occupational Skills Training - Approved by Other State</a>	PS - Non-ITA Occupational Skills
339	<a href="#">TAA - Approved GED Training</a>	PS - Training Non-ITA
341	<a href="#">TAA - Approved Remedial Training (for those with GED HS Diploma) Approved by Other State</a>	PS - Training Non-ITA

In this example we will be selecting a service provided by a provider on the Eligible Provider's List

1. Select "Occupational Skills Training – Approved Provider list (ITA)," activity code 300.

**NOTE:** Do not select Activity Code 300 if you have not first checked the Eligible Provider's List, located on the department's website. Select Activity Code 328 and contact your TAA Specialist for assistance.

## Create Activities(cont.)

### General Information

#### Enrollment Information

Projected Begin Date:	<input type="text" value="11/01/2014"/>		<a href="#">Today</a>
Actual Begin Date:	<input type="text"/>		<a href="#">Today</a>
* Projected End Date:	<input type="text" value="10/28/2016"/>		<a href="#">Today</a>
Training leads to an Associate's Degree:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Training funded by the TAACCCT Grant Program:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Attending Full Time or Part Time Training as defined by the training institution:	<input type="text" value="Full Time"/>		
Total Number of Hours attending currently:	<input type="text"/>		
Date Verified current training attendance:	<input type="text" value="10/29/2014"/>		<a href="#">Today</a>
Any classes attended through Distance Learning:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Date Verified current distance learning attendance:	<input type="text"/>		<a href="#">Today</a>

1. Key the Projected Begin Date (date training is scheduled to begin)
2. If the actual begin date is the same day the activity is being completed, key it in the "Actual Begin Date" block. If not, leave blank.
3. Key the Projected End Date (date training is scheduled to complete)(Mandatory)
4. Select the appropriate answer for "Training leads to an Associate's Degree"
5. Select the appropriate answer for "Training funded by the TAACCCT Grant Program"

**NOTE: The Actual Begin Date must be completed before the system will allow you to create Benchmarks or close the activity.**

**NOTE: It is important that we verify whether the training is TAACCCT training for reporting purposes.**

## **Create Activities(cont.)**

### **General Information**

#### *Enrollment Information*

6. Select the appropriate answer for “Attending Full Time or Part Time training as defined by the training institution.”

***NOTE: It is important that we indicate whether the training is full-time or part-time, because the participant’s eligibility for training or TRA could be impacted.***

7. Key the Total number of hours attending currently. (credit hours per term)
8. Key the “date Verified current training attendance” (mandatory)

***NOTE: This would be the date that you contacted the school to verify that the participant was on track to start school on the start date of training (or a letter of acceptance can justify).***

9. Select the appropriate answer to “Any classes attended through distance learning.”
10. If Distance Learning is part of the training, key the date you verified that there would be someone who would sign off on the attendance records.

***NOTE: It is important that we indicate whether the training was or had distance learning classes for reporting purposes.***

## Create Activities(cont.)

### General Information

#### Enrollment Information

The screenshot shows a web form titled "Staff information" with the following fields and content:

- Staff ID:** 234839
- Position:** A dropdown menu with "Staff" selected.
- Current Case Manager:** "Case currently Not Assigned to a Case Manager" with links for "Assign Case Manager", "Assign Me", and "Remove Case Manager Assignment".
- Previous Case Manager:** An empty text input field.
- Comments:** A large text area for entering comments.
- Case Notes:** A section with links for "Add a new Case Note" and "Show Filter Criteria", and a table with columns "ID", "Create Date", "Subject", and "Action". The table currently displays "No data found."
- Staff Create:** cc01128
- Create Date:** 10/29/2014
- Last Edited by:** cc01128
- Last Edit Date:** 10/29/2014

At the bottom of the form, there is a "Next >>" button and a "[Exit Wizard]" link.

1. Select appropriate answer for "Position" (staff)
2. Comments can be posted here if you choose to do so.
3. **Be sure to add a case note so when reviewing the request we will have the needed information to make an accurate determination.**

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

## Create Activities(cont.)

### Service Provider

#### Enrollment Service Provider Information

**Enrollment Service Provider Information** ?

**Enrollment Summary:** Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

\* **Provider:**   
[\[ Select Provider \]](#)

\* **Service, Course or Contract:**   
[\[ Select Service, Course or Contract \]](#)

**Provider Locations:**   
  
[\[ Select Provider Locations \]](#)

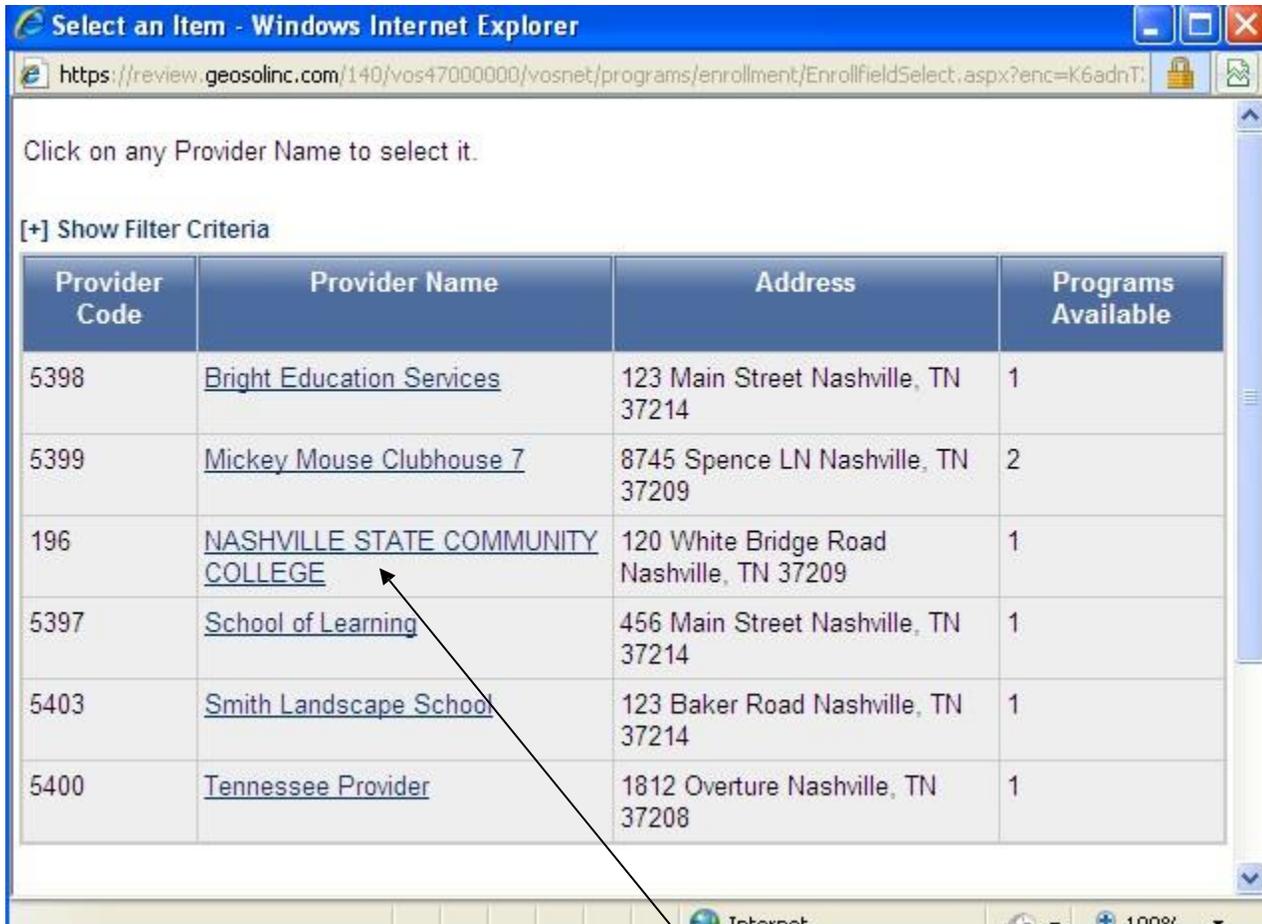
**Provider Contacts:**   
[\[ Select Provider Contacts \]](#)

\* **Occupational Training Code:**   
[\[ Occupational Training Code \]](#)

1. Click on Select Provider

**NOTE:** Be sure you have first checked the Eligible Provider's List for the training facility and course of study, located on the department's website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.

Create Activities(cont.)  
Service Provider  
Provider List



Click on any Provider Name to select it.

[+] Show Filter Criteria

Provider Code	Provider Name	Address	Programs Available
5398	<a href="#">Bright Education Services</a>	123 Main Street Nashville, TN 37214	1
5399	<a href="#">Mickey Mouse Clubhouse 7</a>	8745 Spence LN Nashville, TN 37209	2
196	<a href="#">NASHVILLE STATE COMMUNITY COLLEGE</a>	120 White Bridge Road Nashville, TN 37209	1
5397	<a href="#">School of Learning</a>	456 Main Street Nashville, TN 37214	1
5403	<a href="#">Smith Landscape School</a>	123 Baker Road Nashville, TN 37214	1
5400	<a href="#">Tennessee Provider</a>	1812 Overture Nashville, TN 37208	1

1. Select Provider (In this example we are using Nashville State)

**Create Activities(cont.)  
Service Provider (cont)**

**Enrollment Service Provider Information**

Enrollment Summary: Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

\* Provider: NASHVILLE STATE COMMUNITY COLLEGE  
[\[ Select Provider \]](#)

\* Service, Course or Contract:   
[\[ Select Service, Course or Contract \]](#)

Provider Locations:   
[\[ Select Provider Locations \]](#)

Provider Contacts:   
[\[ Select Provider Contacts \]](#)

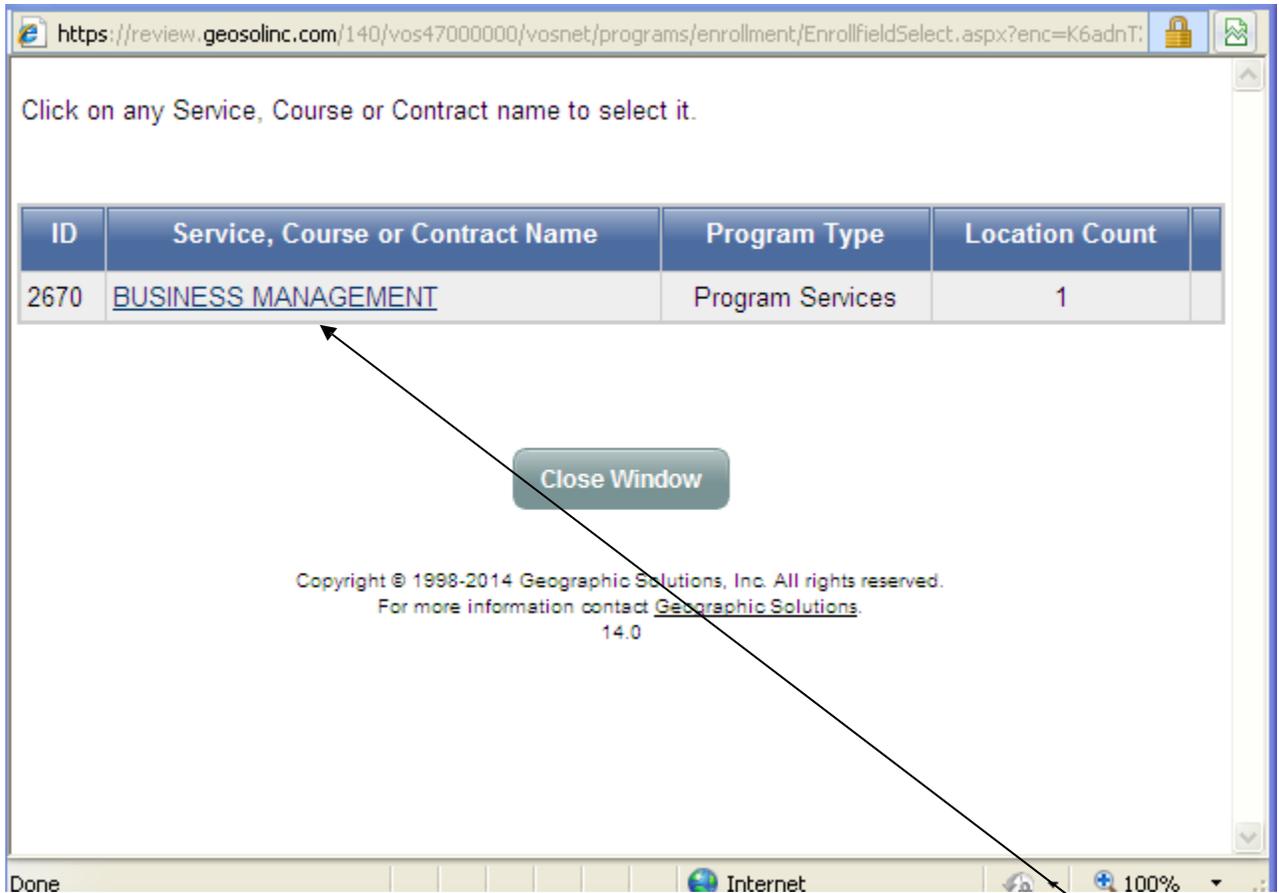
\* Occupational Training Code:   
[\[ Occupational Training Code \]](#)

[<< Back](#) [Next >>](#)

1. Click on Select Service, Course or Contract

**NOTE:** Be sure you have first checked the Eligible Provider's List for the training facility and course of study, located on the department's website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.

**Create Activities(cont.)**  
**Service Provider (cont)**



1. Select the course the participant is enrolling in. (In this example we are using the Business Management Course of study)

**NOTE: Be sure you have first checked the Eligible Provider’s List for the training facility and course of study, located on the department’s website before selecting Activity Code. If provider and course of study is not on the list, contact your TAA Specialist for assistance.**

## Create Activities(cont.)

### Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

\* Provider: NASHVILLE STATE COMMUNITY COLLEGE  
[\[ Select Provider \]](#)

\* Service, Course or Contract: BUSINESS MANAGEMENT  
[\[ Select Service, Course or Contract \]](#)

Provider Locations: NASHVILLE STATE COMMUNITY COLLEGE  
120 White Bridge Road  
Nashville, TN 37209  
[\[ Select Provider Locations \]](#)

Provider Contacts: [\[ Select Provider Contacts \]](#)

\* Occupational Training Code: [\[ Occupational Training Code \]](#)

Once you select a provider and course of study, if the provider is on the Eligible Training Provider List, the location will automatically populate the information for you.

1. Click on "Select Provider Contacts"

*NOTE: In most cases the Occupational training code will populate if the school and course of study is coming from the provider's list. Contact your TAA Specialist if you have problems.*

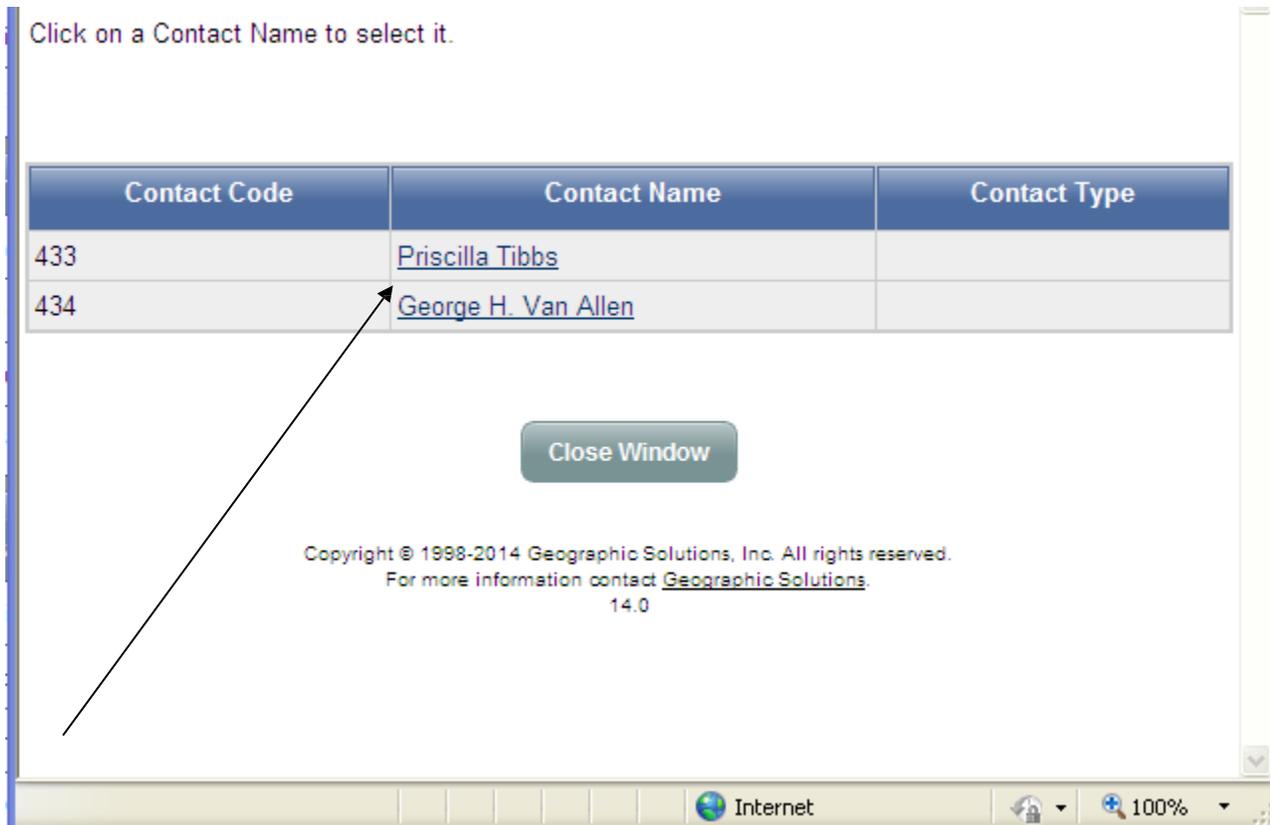
## Create Activities(cont.)

Click on a Contact Name to select it.

Contact Code	Contact Name	Contact Type
433	<a href="#">Priscilla Tibbs</a>	
434	<a href="#">George H. Van Allen</a>	

Close Window

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1. Select the appropriate Contact Name. "Provider Contacts" will automatically populate the name you selected.

## Create Activities(cont.)

### Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

\* Provider: NASHVILLE STATE COMMUNITY COLLEGE  
[\[ Select Provider \]](#)

\* Service, Course or Contract: BUSINESS MANAGEMENT  
[\[ Select Service, Course or Contract \]](#)

Provider Locations: NASHVILLE STATE COMMUNITY COLLEGE  
120 White Bridge Road  
Nashville, TN 37209  
[\[ Select Provider Locations \]](#)

Provider Contacts: Priscilla Tibbs  
[\[ Select Provider Contacts \]](#)

\* Occupational Training Code:   
[\[ Occupational Training Code \]](#)

1. Click on "Occupational Training Code."
2. If you receive a message that no occupational code is found for the course of study you have selected, click on "Select Occupation from ONET Table"
3. Search Screen will appear (see example next)

## Create Activities(cont.) Occupational Training Code Search Box

Here are your most recently selected and/or desired occupations: [Emergency Medical Technicians and Paramedics](#), [Tire Builders](#)

[Occupations by Keyword](#)   [Occupations by Group](#)   [Occupation Listing](#)   [Occupations by Education Program](#)   [Occupations by Military Specialty](#)   [Occupations by Occupation Code](#)   [Occupations by License](#)

Display only Occupations with a Bright Outlook    Display Green occupations only

**Search for an occupation by keyword(s)**

Type a job title or occupational keywords in the box and click the Search button. (e.g. Accountant)

[+ Keyword Search Options](#)

Click [Occupation Listing](#) to see an alphabetical list of all available occupation titles.

 Click [Occupations by Military Specialty](#) to enter a military occupational specialty

1. Occupational codes may be search several different ways. You can start with “Search for an occupation by keywords(s) first. Click on the keyword search options box
2. Key your “keyword”
3. Click search
4. Review your options and select the code you feel is the best for the training the participant is entering.

## Create Activities(cont.)

### Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

\* Provider: NASHVILLE STATE COMMUNITY COLLEGE  
[\[ Select Provider \]](#)

\* Service, Course or Contract: BUSINESS MANAGEMENT  
[\[ Select Service, Course or Contract \]](#)

Provider Locations: NASHVILLE STATE COMMUNITY COLLEGE  
120 White Bridge Road  
Nashville, TN 37209  
[\[ Select Provider Locations \]](#)

Provider Contacts: Priscilla Tibbs  
[\[ Select Provider Contacts \]](#)

\* Occupational Training Code: 11102100 - General and Operations Managers  
[\[ Occupational Training Code \]](#)

<< Back **Next >>**

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

Create Activities(cont.)  
Enrollment Tab

**NOTE: Once you reach this tab you will scan and upload required training documents (complete packet). Notify your TAA Specialist of the existing training activity. Please be sure to include contact and address information on all vendors.**

**Your TAA SPECIALIST will review the information uploaded, complete this screen, and the following screens using the information you have provided from the school and other vendors, if any.**

**Enrollment Cost Information**

300 - Occupational Skills Training - Approved Provider List (ITA)  
NASHVILLE STATE COMMUNITY COLLEGE  
BUSINESS MANAGEMENT

Enrollment Summary: Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

Total costs are itemized below:

---

Total Training Costs	<input type="text" value="\$ 7,020.00"/> <small>Available: \$7,020.00 Obligated: \$0.00</small>
Tuition/Fee	<input type="text" value="\$ 7,020.00"/> <small>Available: \$7,020.00 Obligated: \$0.00</small>
Books	<input type="text" value="\$ 0.00"/> <small>Available: \$0.00 Obligated: \$0.00</small>

---

Total Training Costs	<input type="text" value="\$ 7,020.00"/> <small>Available: \$7,020.00 Obligated: \$0.00</small>
Tuition/Fee	<input type="text" value="\$ 7,020.00"/> <small>Available: \$7,020.00 Obligated: \$0.00</small>
Books	<input type="text" value="\$ 0.00"/> <small>Available: \$0.00 Obligated: \$0.00</small>
Tools	<input type="text" value="\$ 0.00"/> <small>Available: \$0.00 Obligated: \$0.00</small>
Other Costs	<input type="text" value="\$ 0.00"/> <small>Available: \$0.00 Obligated: \$0.00</small>
Comments	<input type="text" value="\$ 0.00"/> <small>Available: \$0.00 Obligated: \$0.00</small>

**Additional Costs**  
These optional fields are used to record additional expenses related to the service.

This enrollment currently has no line items.  
Select an item from the list and then click on the Add button to add the selected Line item.

Line Items

---

Total Enrollment Cost **\$ 7,020.00**

<< Back    Next >>

[ Exit Wizard ]

CLICK "Exit Wizard" and refer to page 77 for your next steps.

**PAGES 70 – 76 ARE FOR CENTRAL OFFICE USE ONLY**

Financial Aid Tab

**NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, and the following screens using the information you have provided from the school.**

Enrollment Financial Aid ?

Financial Aid Applicable:  Yes  No

Financial Aid Web Site: [\[ Click here to view the Financial Aid Web Site \]](#)



[\[ Exit Wizard \]](#)

CLICK "NEXT"

*NOTE: If you do not press **NEXT** here the information you have captured on this tab will not be saved.*

**NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budget Information, and the following screens using the information you have provided from the school.**

## ENROLLMENT BUDGET SCREEN SHOT

**Enrollment Budget Information** 

**Enrollment Summary:** Enrollment ID: 970270  
Username: LWiese87434  
TAA Application ID: 3143727  
Activity Code: 300  
Activity Dates: 11/1/2014 - 10/28/2016

<b>Total Enrollment Cost:</b>	\$7,020.00
<b>Financial Aid Contribution:</b>	\$0.00
<b>Net Cost:</b>	\$7,020.00
<b>Total Funded Costs:</b>	\$0.00
<b>Total Obligations:</b>	\$0.00
<b>Costs To Be Funded:</b>	\$7,020.00

**Budget Allocation**

[ [Click Here To Select a Budget](#) ]

## AVAILABLE BUDGETS SCREEN SHOT

**NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.**



### Select a Budget

Select one budget from the list.

Available Budgets	Budget Amount	Available Balance
<a href="#">TAA Fund Stream</a> Test 1 (12/11/2012 - 12/10/2014) State [State]	\$150,000.00	\$21,300.00

Close

**BUDGET ALLOCATION SCREEN SHOT**

**NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budget Information, and the following screens using the information you have provided from the school.**

- Resources ▾
- Account ▾
- Types of Services ▾
- Budget Allocation for Service Staff
- Individuals ▾
- Employers ▾
- Resumés ▾
- Job Orders ▾
- Labor ▾
- Activities ▾
- Case Management ▾
- Profiling ▾
- Follow-Up ▾

Net Cost: \$20,500.00

Total Funded Costs: \$0.00

Total Obligations: \$0.00

Costs To Be Funded: \$20,500.00

Budget Allocation

Budget	Funded Amount	Obligated Amount	Current Balance	Action
TAA Fund Stream Test 1 (12/11/2012 - 12/10/2014) State [State]	\$0.00	\$0.00	\$0.00	<a href="#">Edit</a> <a href="#">History</a>

[\[ Click Here To Select a Budget \]](#)

Over Payments

Date	Over Payment Amount	Waiver Issued	Action
------	---------------------	---------------	--------

## FUNDED COST ALLOCATION SCREEN SHOT



### Edit Funded Cost

Change or remove the funded cost amount for this record.

Funded Cost Allocation	
Budget Amount:	\$250,000.00
Available to Allocate:	\$122,300.00
Available to Obligate:	\$119,800.00
<hr/>	
* Funded Amount:	<input type="text" value="\$20,500.00"/>

**VOUCHER SELECTION SCREEN SHOT**

**NOTE: The Specialist will review the information, Complete the Enrollment Cost, the Enrollment Financial Aid screen, the Enrollment Budge Information, and the following screens using the information you have provided from the school.**

**Budget Plan Information**

Enrollment Summary: Enrollment ID: 973197  
Username: TINYTIMMY  
TAA Application ID: 3163216  
Activity Code: 300  
Activity Dates: 11/26/2014 - 11/26/2016

Total Funded Costs:	\$1,304.00
Total Obligations:	\$0.00
Total Paid Obligations:	\$0.00
Total Outstanding Obligations:	\$0.00
Total Funded Costs to be Obligated:	\$1,304.00

[+] Show Filter Criteria (Showing all records)

**TAA Fund Stream PY 2014 : PY 2014 (7/1/2014 - 6/30/2015)**

Budget Location: State [State]

---

Funded Amount: \$1,304.00	Obligated Amount: \$0.00	Current Balance: \$1,304.00
Total Payments: \$0.00	Total Refunds: \$0.00	Total Paid: \$0.00

[ [Add a Voucher](#) ]

# VOUCHER INPUT SCREEN

## Voucher

Please provide information for the data items listed below.

**Summary**

**Participant:** Timmy Allen  
1212 East Main  
Lebanon, TN 37087

**State ID:** 3372840

**Program:** Trade Adjustment Assistance (TAA) Program

**Service:** Culinary Arts and Chef Training 202

**Actual Begin Date:** 11/26/2014

**Projected End Date:** 11/26/2016

**Actual End Date:** N/A

**Fund Stream:** TAA Fund Stream PY 2014

**Provider:** Tennessee Provider  
1812 Overture  
Nashville, TN 37208

**Provider FEID/SSN:** 303742525

**Manage Voucher**

**Funds Available:** \$1,304.00

**Status:**  Active  Void  Paid In Full

**Approval Status:**  Approved  Pending Approval

**Payable To:**  Participant  Service Provider  Another Provider

**Bill Address 1:** 1812 Overture

**Bill Address 2:**

**Bill City:** Nashville

**Bill State:** Tennessee

**Bill Zip:** 37208

**Address Update Options:**  Update Address for this Obligation only  
 Update Address in Provider profile

**Student ID:**

**Reference No.:**

**Date:** 12/02/2014 Today

**Expire Date:** 12/02/2015 Today

**For Services Provided Between**

**Beginning Date:** 11/26/2014 Today

**Ending Date:** Today

**Cost Details**

**\* Total Training Costs:** \$ 0.00  
Available: \$1,304.00  
Planned: \$1,304.00

**\* Tuition/Fee:** \$ 0.00  
Available: \$1,000.00  
Planned: \$1,000.00

**\* Books:** \$ 0.00  
Available: \$54.00  
Planned: \$54.00

**\* Tools:** \$ 0.00  
Available: \$0.00  
Planned: \$0.00

**\* Other Costs:** \$ 0.00  
Available: \$250.00  
Planned: \$250.00

**Comments:** Other Cost = 25% of total cost

**Total Amount:** \$ 0.00

**Comment:**

Save Cancel

- The TAA Specialist will complete the Voucher based on the information you have provided from the training facility and vendors (if any).
- First voucher will be submitted with the Approval document for you to provide to the participant at the time he/she comes in to sign the Approval.
- If the decision is to Deny the training, no voucher will be issued.

# SCREEN SHOT OF ADDED VOUCHER

**Quick Search**  
Enter Search...

**Currently Managing**  
ALLEN, TIMMY  
**Service Tracking: ON**  
Release Individual  
Assist a new Individual

**My Staff Workspace**  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

**Services for Workforce Staff**  
Manage Individuals  
Manage Employers  
Manage Resumes  
Manage Job Orders  
Manage Labor Exchange  
Manage Activities  
Manage Case Assignment  
Manage Profiling  
Manage Follow-Up  
Manage Surveys  
Manage Providers  
Manage Funds  
Manage WARN Notifications

**Reports**  
My Reports  
Summary Reports  
Detailed Reports  
Custom Reports  
Ad-Hoc Query Wizard  
Federal Reports

**Communications**  
Messages  
Correspondence  
Alerts  
Virtual Recruiter  
Email Log

General Information
Service Provider
Enrollment Cost
Financial Aid
Enrollment Budget
Budget Planning
Closure Information

**Budget Plan Information**

Enrollment Summary: Enrollment ID: 973197  
Username: TINYTIMMY  
TAA Application ID: 3163216  
Activity Code: 300  
Activity Dates: 11/26/2014 - 11/26/2016

Total Funded Costs:	\$1,304.00
Total Obligations:	\$0.00
Total Paid Obligations:	\$0.00
Total Outstanding Obligations:	\$0.00
Total Funded Costs to be Obligated:	\$1,304.00

**[\*] Show Filter Criteria (Showing all records)**

TAA Fund: Stream PY 2014 : PY 2014 (7/1/2014 - 6/30/2015)

**Budget Location:** State [State]

<b>Funded Amount:</b> \$1,304.00	<b>Obligated Amount:</b> \$0.00	<b>Current Balance:</b> \$1,304.00
<b>Total Payments:</b> \$0.00	<b>Total Refunds:</b> \$0.00	<b>Total Paid:</b> \$0.00

[\[ Add a Voucher \]](#)

[\[ Expand All \]](#) | [\[ Collapse All \]](#)

**[ - ] Voucher #5381 - Active - Pending Approval \$150.00**

ID #	Ref #	Amount	Payable To	Approval Status	Date	Expire Date	Status	Action
5381		\$150.00	Tennessee Provider	Pending Approval	12/02/2014	12/02/2015	Active	<a href="#">Edit</a> <a href="#">History</a> <a href="#">Print</a>

Type	Date	Check Number	Amount	Service Dates	Doc #	Action
You have no records						

[\[ Add a Payment \]](#) | [\[ Add a Refund \]](#)

<< Back
Next >>

**[Exit Wizard]**

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**EXAMPLE OF PRINTED VOUCHER**

Print    Export to PDF    Close

**Tennessee**  
 LWIA/Region: LWIA 09  
 TN Career Center - Nashville

<b>Voucher ID:</b> 5381	<b>Check Here if Final:</b>
<b>Voucher Remittance Address:</b>  TN Career Center - Nashville 665 Mainstream Drive Nashville, TN 37243	<b>For Participants Name:</b> Timmy Allen  <b>SSN:</b> XXX-XX-4445  <b>Student ID:</b> N/A  <b>State ID:</b> 3372840  <b>Program:</b> Trade Adjustment Assistance (TAA) Program - TAA  <b>Appid:</b> 3163216
<b>Provider of Service:</b> Tennessee Provider  <b>Address:</b> 1812 Overture Nashville, TN 37208  <b>Attn:</b> Mel Sharples <b>FEIN/SSN:</b> 303742525 <b>Vendor ID:</b> 21214	<b>Agreement Information:</b>  <b>Agreement #:</b> N/A  <b>Service Code:</b> 300 - Occupational Skills Training - Approved Provider List (ITA)  <b>Service Dates:</b> Start - 11/26/2014 End - 11/26/2016  <b>Fund Stream:</b> TAA Fund Stream PY 2014

Total payment for this voucher cannot exceed the TOTAL VOUCHER amount

Item	Voucher Amount	Payments To Date	Amount Submitted for Payment
			For Service Provided Between: Start Date: 11/26/2014 End Date:
<b>Total Training Costs</b>	\$150.00	\$0.00	
Tuition/Fee	\$100.00	\$0.00	
Books	\$50.00	\$0.00	
Tools	\$0.00	\$0.00	
Other Costs	\$0.00	\$0.00	
Comments			
<b>TOTAL VOUCHER:</b>	<b>\$150.00</b>	<b>\$0.00</b>	

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

Providers Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

EXAMPLE OF TAA ENROLLMENT

Print Close

TAA Enrollment  
JOBS4TN.GOV

TN Career Center - Nashville  
665 Mainstream Drive  
Nashville, TN 37243

Participant Name	SSN	AppID
Tinny Allen	X..XX-X..X-4445	13163216
Funding Source	Case Manager	
TAA-TAA Petition: 085552-Ferrara Candy Company		
Activity/Service: 300 - Occupational Skills Training - Approved Provider List (ITA)	Break in Training (weeks): 0	
Authorization Begin Date	Authorization End Date	
Projected Begin 11/26/2014 Actual Begin 11/26/2014	Projected End 11/26/2016 Actual End: N/A	
Comments: N/A		

Enrollment Provider Information

Entity	FEIN#
Tennessee Provider Program/Service: Culinary Arts and Chef Training 202	303742525
Training Site Address	Telephone Number
Tennessee Provider 1812 Overture Nashville, TN 37208	(342)323-2222 Ext.

Scheduled Service Cost:	\$1,304.00	Current funded Costs:	\$1,304.00
Total Training Costs	\$1,104.00	FundStream: TAA FundStream PY 2014	
Tuition/Fee	\$ 000.00	Period: PY 2014 7/1/2014 - 6/30/2015	
Books	\$54.00	Alloc: \$ 304.00 Oblig: \$0.00 Amt: \$ 304.00	
Tools	\$0.00		
Other Costs	\$250.00		
	Other Cost =		
Comments	25% of total cost		

Record ID: 973197  
Last Edited By: 234839  
Last Edit Date: 12/2/2014 10:03:00 AM

Once you have saved the training activity, you will notify your TAA Specialist in the Central Office by email to let them know that the activity is in the system and is waiting for review.

NOTE: All documents that the Specialist will need to make an eligibility determination should have been scanned and uploaded to the Jobs4TN (VOS) System (see page 77 for instructions on how to upload scanned documents into the Jobs4TN (VOS) system)

NOTE: Case notes should be complete and up to date. (See page 45 for instructions on how to complete case notes)

NOTE: There should be several activities indicated in the system prior to the training activity. Activities expected on each TAA participant are:

Orientation  
Rapid Response  
IEP/EDP  
LMI  
Job Search  
Referral to WIA for Assessment  
Training

NOTE: An IEP/EDP should be developed and remain open (for six (6) months after anticipated completion date) for viewing and continued updating. (See page 78 for instructions on how to complete the IEP/EDP)

NOTE: Vouchers will be issue at the beginning of each term. These vouchers will be prepared by TAA Specialists in the Central Office.

- 
- The first voucher will be issued after the approval of the training.
  - The TAA Specialist will email the Approval (for signature), the enrollment, the voucher with agreement, the term book/supply list, and the TA-2 to the career center TAA Representative, the training facility, participant, and the TRA Unit. **It will be extremely important to insure the needed contact information is available.**
  - Career Staff will provide the Approval information to their LWDA partners and will contact the participant to schedule an appointment to report to the office to sign and date the Approval Document.
  - Subsequent voucher(s) will be distributed after the participant has reported for his/her benchmark reviews when providing grades, registration for the next term, and an itemized cost sheet for that term.
  - Grades, registrations, and updated cost sheets are required to be scanned and uploaded into Jobs4TN (VOS) at the end of each term and the TAA Specialist notified.
  - The Specialist will review all documents, request any needed information, and issue the next voucher if everything is accurate.

NOTE: The providers will bill TAA each term just as they have all along. However, a new voucher will not be issued for the next term if TAA Central Office has not received and processed an invoice for the previous term.

## INDIVIDUAL EMPLOYMENT PLAN ACTIVITY

Activity 205 (create an activity on page 47) documents the development of an Individual Employment Plan (IEP). This activity is required on all participants. Example of activity below.

### Create Activity

Status	Activity / Provider	WZ	Funding	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	<a href="#">300 - Occupational Skills Training - Approved Provider List (ITA)</a> TENNESSEE COLLEGE OF APPLIED TECHNOLOGY AT ELIZABETHTON		TAA	01/04/16	01/04/16	08/23/16	<a href="#">Close</a>
	<a href="#">331 - TAA - Approved Travel in Training</a> Tennessee Department of Labor		TAA	01/04/16	01/04/16	08/23/16	<a href="#">Close</a>
	<a href="#">101 - Orientation</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion
	<a href="#">107 - Provision Of Labor Market Research</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion
	<a href="#">110 - Attended Rapid Response</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion
	<a href="#">125 - Job Search/Placement Asst., inc. Career Counseling</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion
	<a href="#">205 - Develop Service Strategies (IEP/ISS/EDP)</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/23/16	<a href="#">Close</a>
	<a href="#">209 - Referred To State And Local Training</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion
	<a href="#">211 - Referred To WIA/WIOA</a> Tennessee Dept of Labor and Workforce		TAA	12/16/15	12/16/15	12/16/15	<a href="#">12/16/15</a> Successful Completion

*Note: Creating the activity is not the same as creating the IEP. The IEP is created in the Plan Tab (see next page).*

## INDIVIDUAL EMPLOYMENT PLAN (IEP)

The Plan Tab is located under *Staff's Profiles > Case Management*.

Use this folder to manage Plan information for the selected Individual.

[ [Assist an individual](#) | [Staff Services](#) | [My Portfolio](#) ]

- [-] [My Individual Profiles](#)
  - [+] [Personal Profile](#)
  - [+] [Search History Profile](#)
  - [+] [Self Assessment Profile](#)
  - [+] [Communications Profile](#)
- [-] [My Individual Plans](#)
  - [+] [Employment Plan Profile](#)
  - [+] [Training Plan Profile](#)
  - [+] [Benefits Plan Profile](#)
- [-] [Staff's Profile](#)
  - [-] [General Profile](#)
    - [Summary](#)
    - [Case Notes](#)
    - [Activities](#)
    - [Documents \(Staff\)](#)
  - [-] [Re-Employment Profile](#)
    - [Re-Employment Summary](#)
    - [Employment Strategy](#)
    - [Work Search History](#)
    - [Work Search Analysis](#)
    - [Certification Profile](#)
    - [Thresholds](#)
  - [-] [Case Management Profile](#)
    - [Case Summary](#)
    - [Programs](#)
    - [Plan](#)
    - [Assessments](#)



## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

### Creating an Individual Employment Plan

The screenshot displays a web interface with four tabs: [Case Summary](#), [Programs](#), [Plan](#), and [Assessments](#). The [Plan](#) tab is selected. Below the tabs, there are two main sections:

- Objective Assessment Summary**: This section contains the text "There are No Objective Assessment Summaries" and a button labeled "Create Objective Assessment Summary".
- Individual Employment Plan**: This section contains the text "There are No Individual Employment Plans" and a button labeled "Create Individual Employment Plan/Service Strategy". This button is circled in black, and an arrow points to it from below the screenshot.

Click "Create Individual Employment Plan/Service Strategy" under the Individual Employment Plan section.

Note: The IEP is utilized by all WIOA programs. If there is already a plan created you will NOT create a new plan, but will create your own goal and objectives for TAA.

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

Starting at the left tab (Plan) the WIZARD will step you through the appropriate steps to create the IEP.

THIS SITE IS ONLY TO BE USED BY THOSE IN TRAINING SESSIONS.

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

Step 1 of 4. Enter your information below. When you are finished click the Next>> button.

GOVERNOR Bill Haslam

Plan Goals Objectives Services

\* indicates required fields. For help click the question mark icon.

**Identifying Information**

Plan ID Number	0
State ID	3372840
User Name	TINYTIMMY
User ID	3442539
Name	Allen, Timmy
Created By	234839
Create On	
Last Edited By	
Edited On	

**Currently Participating:**

Currently participating in the following programs:

<b>Wagner Peyser:</b>	Application Date: 11/18/2014 Participation Date: 11/18/2014
<b>Trade Adjustment Assistance:</b>	Application Date: 11/18/2014 Participation Date: 11/18/2014

**Plan Information**

\* Plan Start Date  (mm/dd/yyyy) Today

\* LWIA/Region

\* Plan started in office location

Plan closed on  (mm/dd/yyyy) Today

When printing plan do you want to print services?

Exit Wizard

Save Next >>

Complete the Plan Information: Plan Start Date, Region, and Office. Then, click the Next Button.

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

### IEP Goal

Plan Goals **Objectives** Services

(\*) indicates required fields.  For help click the question mark icon.

**General Information**

User Name	gsiterriadams
Name	Adams, Terri

**IEP Goals**

#	Goal	Goal Type	Date Established	Est. date for Completion	Program	Staff	Status	Action
No History Records								

[Add New Goal](#)

Your IEP first needs a **GOAL**. What is the primary plan for assisting this person? Click the **ADD New Goal** link in the center of the page.

Note: The IEP is utilized by all WIOA programs. If there is already a **GOAL** created by another program, you **WILL NEED** to create a new goal and objectives for TAA.

# INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

## IEP Goal

General Information	
User Name	TINYTIMMY
User ID	3442539
Name	Allen, Timmy
Plan Start Date	11/18/2014

Goal Information	
* LWIA/Region	LW09-Nashville Career Advancement C
* Office	TN Career Center - Nashville
* Program Affiliation	<input checked="" type="checkbox"/> TAA <input type="checkbox"/> Wagner-Peyser (WP) Program
* Type of Goal	Training
* Term of Goal	Long Term
* Description of Goal	HVAC Diploma training
* Date Established	11/18/2014 (mm/dd/yyyy)  Today
* Estimated Completion Date	05/01/2016 (mm/dd/yy)
Actual Completion Date	(mm/dd/yy)
* Completion Status	Open
Reason Closed	None Selected

Complete the required fields to create your client's goal.

Click save to move to the next screen.

Use text box for more information about the Goal.

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

**B I U T<sub>x</sub> ¶ ☰ Ω ☒**

Format

Desires employment in the HVAC field, but lacks required credentials to obtain employment. Will enroll in HVAC training to obtain the needed credentials, so that full time unsubsidized employment can be obtained.

[ [Spell Check](#) | [Clear Text](#) | [Remove All Formatting](#) ]

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

### IEP Goal

[Plan](#)      Goals      [Objectives](#)      [Services](#)

(\*) indicates required fields.

 For help click the question mark icon.

#### General Information

User Name                      gsiterriadams  
Name                              Adams, Terri

#### IEP Goals

#	Goal	Goal Type	Date Established	Est. date for Completion	Program	Staff	Status	Action
98	Getting individual re-employed.	Employment	10/28/2011	12/12/2011	WIA	Staff, GSI	Open	<a href="#">Edit</a> <a href="#">Delete</a>

[Add New Goal](#)

The Goal appears in a table. To edit the goal, click the **EDIT** link in the *Action* Column. If a goal requires deletion, please contact your TAA Specialist for assistance.

Objectives are required next! Click the **NEXT** button.

# INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

## IEP Objectives

THIS SITE IS ONLY TO BE USED BY THOSE IN TRAINING SESSIONS.

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

Step 3 of 4. Enter your information below. When you are finished click the *Next>>* button.

GOVERNOR Bill Haslam

Plan Goals **Objectives** Services

For help click the question mark icon.

**General Information**

User Name	TINYTIMMY
User ID	3442539
Name	Allen, Timmy

**Objective Information**

Goal Description	Objective	Date Established	Review Date	Program(s)	Staff	Status
No Objective Records						

[Add new objective](#)

[Select pre-defined objectives](#)

Exit Wizard

<< Back Next >>

Services Portfolio Site Map Site Search Preferences Assistance

Privacy Statement | Disclaimer | Terms of Use | Accessibility | Recommended Settings | EEO | Protect Yourself | About this Site | Contact Us

Track Page

Home Sign Out

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14.0

After the *Goal*, you must create required **Objectives** that will be used to achieve the *Goal*. An **Objective** is defined as individual events that will lay the groundwork for the *Goal's* success.

The system will let you add a new **Objective** manually, or use some predefined Objectives. In TAA we will be adding our **Objectives** manually.

# INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

## IEP Objective

General Information	
Username	TINYTIMMY
User ID	3442639
Name	Allen, Timmy

Objective Information	
• Goal	HVAC Diploma training
Goal Date Established	11/18/2014
• LWIA/Region	LW09-Nashville Career Advancement C
• Office Location	TN Career Center - Nashville
• Program Affiliation	HVAC Diploma training
Goal Date Established	11/18/2014
• LWIA/Region	LW09-Nashville Career Advancement C
• Office Location	TN Career Center - Nashville
• Program Affiliation	Training & Assistance (TAA) Program
• Objective	Job Search
• Date Established	11/18/2014 (mm/dd/yyyy) Today
• Review Date	01/02/2015 (mm/dd/yyyy) Today
Actual Completion Date	(mm/dd/yyyy) Today
Completion Status	Open
Reason Closed	None Selected
Created By	234839
Last Edited By	234839
Objective Details (Comments)	<p>Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.</p> <p><b>B I U T L</b> [List Bulleted] [List Numbered] [Link] [Image]</p> <p>Format [Undo] [Redo] [Help]</p> <p>Objective Details (Comments)</p> <p>Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.</p> <p><b>B I U T L</b> [List Bulleted] [List Numbered] [Link] [Image]</p> <p>Format [Undo] [Redo] [Help]</p> <p>Completed job search, no suitable employment is available.</p> <p>[ Spell Check   Clear Text   Remove All Formatting ]</p>

Manual **Objectives** are created from beginning to end. You determine the accurate title and nature of an Objective for the TAA Program.

Add additional comments that will clarify the need for this objective in the **Detailed** box.

Click **SAVE**.

Note: Any additional Objectives will be created in the same manner.

Save Cancel

**INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)**

**IEP Objectives**

After the *Objectives* have been created, they will appear in a table. To edit an *Objective*, click the **EDIT** link in the *Action* Column. To delete an *Objective*, contact your TAA Specialist for assistance.

Click the **NEXT** button to continue.

Goal Description	Objective	Date Established	Review Date	Program (s)	Staff	Status	action
HVAC Diploma training	Requested training in HVAC	11/18/2014	01/02/2015	TAA	Wright, Robin	Closed	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Completed WIA Assessment	11/20/2014	01/04/2015	TAA	Wright, Robin	Closed	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Enroll in TAA Funded Training	11/20/2014	01/04/2015	TAA	Wright, Robin	Closed	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Maintain good progress while in training	11/20/2014	01/04/2015	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Will meet benchmarks while in trg	11/20/2014	11/20/2014	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Report every 60 days/ grades, reg. & cost	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Notify TAA Staff of any changes	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Receive Credential	11/24/2014	01/08/2015	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>
HVAC Diploma training	Job Search	11/18/2014	01/02/2015	TAA	Wright, Robin	Open	<a href="#">Edit</a> <a href="#">Delete</a>

[Add new objective](#)

Note: Above is an example of, at a minimum, what the different *Objectives* should include. It shows the status of each Objective. As the participant progresses through their TAA services, you will close each Objective as it is completed.

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

### IEP Objectives

The Services tab displays services from an individual's service plan. If you checked the box in the Plan Tab to print the Service Plan with the IEP, services on this page will print with the rest of the form.

Click the **Finish** button.

[Plan](#)   [Goals](#)   [Objectives](#)   [Services](#)

(\*) indicates required fields.

 For help click the question mark icon.

#### General Information

User Name                      gsiterriadams  
Name                                Adams, Terri

#### IEP Services

App # - program	Service/Activity	Begin Date	End Date	Provider	Staff
205 - Development of Individual Employment Plan	60 - WIA	A - 10/27/2011	A - 10/27/2011	Employment Service	GSISA0
205 - Development of Individual Employment Plan	60 - WIA	A - 10/28/2011	P - 12/20/2011	GSI Test Provider	GSISA0
102 - Initial Assessment (WP/WIA)	60 - WIA	A - 10/28/2011	A - 10/28/2011	GSI Test Provider	GSISA0

[Exit Wizard](#)

[<< Back](#)   [Finish](#)   [Delete](#)

**CONGRATULATIONS, YOU HAVE CREATED AN IEP!** Skip to page 93 to continue.

## Closure Process for IEDP

### PAGES 92 – 95 ARE FOR CENTRAL OFFICE USE ONLY

#### INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

When you are ready to close the plan, click the EDIT link in the Plan Table. You will have to close the plan in the opposite order that you created it!

[Programs](#)      **Plan**      [Assessments](#)

---

**Objective Assessment Summary**

There are No Objective Assessment Summaries

[Create Objective Assessment Summary](#)

---

**Individual Employment Plan**

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
66	Jefferson Parish Department of Employment & Training	West Jefferson Career Solutions Center	OPEN	1	Staff, GSI	10/27/2011	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Print</a>

[Create Individual Employment Plan](#)

**INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)**



**General Information**

User Name                      gsiterriadams  
 Name                              Adams, Terri

**Objective Information**

Goal Description	Objective	Date Established	Review Date	Program (s)	Staff	Status	action
Getting individual re-employed.	Resume Writing	10/31/2011	12/15/2011	WIA	Staff, GSI	Open	<a href="#">Edit</a> <a href="#">Delete</a>
Getting individual re-employed.	Counseling	10/31/2011	12/15/2011	WIA	Staff, GSI	Open	<a href="#">Edit</a> <a href="#">Delete</a>
Getting individual re-employed.	Attend Job Fair on Nov 17	10/31/2011	11/21/2011	WIA	Staff, GSI	Open	<a href="#">Edit</a> <a href="#">Delete</a>

**Close** the IEP in this order:

1. Objectives
2. Goals
3. The date in the Plan Tab itself.

# INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

**Objective Information**

• Goal: Getting individual re-emplo

Goal Date Established: 10/28/2011

• LIVIA/Region: Jefferson Parish Depa

• Office Location: West Jefferson Caree

• Program Affiliation: Workforce Investment

• Objective: Resume Writing

• Date Established: 10/31/2011 (mm/dd/yyyy) Today

• Review Date: 12/15/2011 (mm/dd/yyyy) Today

Actual Completion Date: 10/31/2011 (mm/dd/yyyy) Today

Completion Status: Closed

Reason Closed: Successful

Goal Description	Objective	Date Established	Review Date	Program (s)	Staff	Status	act
Getting individual re-employed	Resume Writing	10/31/2011	12/15/2011	WA	Staff GSI	Closed	Edit Delete
Getting individual re-employed	Counseling	10/31/2011	12/15/2011	WA	Staff GSI	Closed	Edit Delete
Getting individual re-employed	Attend Job Fair on Nov 17	10/31/2011	11/21/2011	WA	Staff GSI	Closed	Edit Delete

**Objective Information**

• Estimated Completion Date: 12/12/2011 (mm/dd/yyyy) Today

Actual Completion Date: 10/31/2011 (mm/dd/yyyy) Today

• Completion Status: Closed

**Annotations:**

- Edit each of the Objectives by selecting the Edit link.
- The status must be Closed on each objective.
- Provide an Actual Completion Date, Completion Status, and Reason Closed. Do the same for the Goal.
- The goal must be Closed in the same way.

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

Plan Information	
* Plan Start Date	<input type="text" value="10/27/2011"/> (mm/dd/yyyy)  <a href="#">Today</a>
* LWIA/Region	<input type="text" value="Jefferson Parish Department of Employer"/> 
* Plan started in office location	<input type="text" value="West Jefferson Career Solutions Center"/> 
Plan closed on	<input type="text" value="10/31/2011"/> (mm/dd/yyyy)  <a href="#">Today</a>
When printing plan do you want to print services?	<input type="checkbox"/>

### [Exit Wizard](#)

<input type="button" value="Next &gt;&gt;"/>	<input type="button" value="Delete"/>	<input type="button" value="Print"/>
--	---------------------------------------	--------------------------------------

Provide a Closed Date in the Plan Tab, then click the Next button all the way out of the IEP.

**INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)**

**Individual Employment Plan**

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
66	Jefferson Parish Department of Employment & Training	West Jefferson Career Solutions Center	CLOSED	1	Staff, GSI	10/27/2011	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Print</a>

If the IEP goal and objectives were successfully closed, the status will say 'Closed.'

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

Once the IEP has been completed you will need to print a copy for signatures. Both the worker and you must sign and date the document. To print, click the Display/Print Link on the Plan main screen.

[Case Summary](#)   [Programs](#)   [Plan](#)   [Assessments](#)   [Documents \(Staff\)](#)

**Objective Assessment Summary**

There are No Objective Assessment Summaries

[Create Objective Assessment Summary](#)

**Individual Employment Plan**

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
1581	LWDA 02	TN Career Center - Morristown	OPEN	4	[redacted]	04/03/2014	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Display/Print</a>

[Create Individual Employment Plan/Service Strategy](#)

INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

EXAMPLE OF AN IEP

EXAMPLE

General Information:

Plan ID:  
 User ID:  
 Name:  
 Plan was started on: 03/23/2016  
 Plan was started in office location: TN Career Center -  
 Plan closed on:

Goals and Objectives Established:

Goal #	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status
1	TAA	Training	Long Term	03/23/2016	04/29/2017		Open
<b>Goal Description:</b> Welding Program							
<b>Comments:</b> Desires employment in the Welding field but lacks needed credentials to secure full time suitable employment. Will enroll in the Welding Program to obtain the needed credential.							
<b>Objectives to Goal #1</b>							
<b>Objective</b>			<b>Date Established</b>	<b>Review Date</b>	<b>Program</b>	<b>Staff</b>	<b>Status</b>
Job Search			03/23/2016	05/07/2016	TAA		Closed
<b>Comments:</b> Assisted with job search. No suitable employment found at this time.							
Requested training in Welding			03/23/2016	05/07/2016	TAA		Closed
<b>Comments:</b> I requested training in Welding at the UC campus of TCAT Newbern. School placement rate for Welding is 74%.							
Completed WIOA Assessment			03/23/2016	05/07/2016	TAA		Closed
<b>Comments:</b> was referred to WIOA for assessment and recommended for training.							
Enroll in TAA funded training			03/23/2016	05/07/2016	TAA		Closed
<b>Comments:</b> applied and was enrolled through TCAT Newbern to attend the Welding Program at their Union City campus beginning May 2, 2016 and ending April 29, 2017. He received his AS in Drafting & Design from Murray State University in 1982 but never used his training. He will travel 14 miles one way to school Monday through Friday.							
Maintain satisfactory progress			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will maintain satisfactory progress throughout his welding training.							
Will meet benchmarks			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will meet all benchmarks set by TCAT Newbern.							
Report every 60 days			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will report to the AJC every 60 days to discuss his progress in the Welding Program.							
Notify TAA of any changes in training			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will notify his TAA representative of any changes in his training program as soon as possible.							
Receive credential			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will receive his credential at the end of his training program.							
Job Search Assistance			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will come into the AJC at the end of his training period to receive job search assistance.							
Obtain employment			03/23/2016	05/07/2016	TAA		Open
<b>Comments:</b> will obtain full time suitable employment in the Welding field.							

**INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)**

EXAMPLE OF AN IEP

Signatures

EXAMPLE

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

• Staff Signature - \_\_\_\_\_

## INDIVIDUAL EMPLOYMENT PLAN (IEP) (cont.)

This is an example of what IEP Alerts look like.



IEP Alerts			
	Alert Description	Days	Notify
<input checked="" type="checkbox"/>	<b>IEP Goals Alert</b> This alert will notify you when any IEP goal is nearing the Estimated Date of Completion.	5 days prior <input type="button" value="v"/>	<input checked="" type="radio"/> On the day only <input type="radio"/> Everyday after
<input checked="" type="checkbox"/>	<b>IEP Objectives Alert</b> This alert will notify you when any IEP Objective is nearing the Review Date of Completion.	5 days prior <input type="button" value="v"/>	<input checked="" type="radio"/> On the day only <input type="radio"/> Everyday after

There are two (2) staff alerts available for the IEP:

- **IEP Goals Alert.** This alert will notify you when an IEP goal Estimated Date of Completion is coming soon.
- **IEP Objectives Alert.** This alert will notify you when an IEP objective review date of completion is coming soon.

## BENCHMARKS

Go to the Programs tab in JOBS4TN (VOS) and click on the + next to the Trade Adjustment Assistance (TAA) Program.

Click on the + next to the TAA Application.

Trade Adjustment Assistance (TAA) Program #323363, App Date 4/29/2013, Eligibility Date 4/29/2013, LWIA 09 (Case Closed)  
Case Manager: None Assigned  
Petition number: 082165

Create Participation

[Edit Participation for TAA #323363 Participation Date 4/29/2013](#)

Create Activity

Status	Activity / Provider	WZ	Funding	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
C	<a href="#">125 - Job Search/Placement Asst., inc. Career Counseling</a> No Provider Information	W	TAA		04/07/14	04/07/14	04/07/14 Successful Completion
C	<a href="#">300 - Occupational Skills Training - Approved Provider List (ITA)</a> ROANE STATE COMMUNITY COLLEGE	W	TAA	08/24/13	08/24/13		04/07/14 Successful Completion

[Training Benchmark View](#)

[Create Waiver Entry](#)

[Create Approved Training](#)

Under Create Activity, Click on **Training Benchmark View**.

Click on **Add Training Benchmark**.

Under Training Benchmark Information, fill out the beginning and ending dates of the benchmark period, and answer

**Training Benchmark Information**

\* Beginning Date of Benchmark Period:  Today

\* Ending Date of Benchmark Period:  Today

\* Is maintaining satisfactory academic standing (e.g. not on probation or determined to be "at risk" by the instructor or institution)?  Yes  No

\* Is scheduled to complete training within the timeframes identified in the approved training plan?  Yes  No

Supporting evidence for the above [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) | [View](#) ]

\* Review Date:  Today

Case Notes: [ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
No data found.			

the questions regarding the participants training. *Include uploaded documentation from the participant to support the Benchmark by verifying grades/progress report/etc. and add to documents.* Enter the date the benchmark was completed. **Enter case notes to go with benchmark information.** Click **Save**.

**Note: If you cannot see the Training Benchmark View link on your screen, verify that you have entered the actual begin date in the training activity.**



## WAIVERS

[Create Waiver Entry](#)

[Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011](#)

[Create Approved Training](#)

[Create Bona Fide](#)

[Create Transportation Assistance](#)

[Create ATAA](#)

[TRA Payment View](#)

[Create Closure](#)

[Create Outcome](#)

1. Click on "Create Waiver Entry"

Note: *Only create a waiver when instructed to by the TRA Unit.*

## WAIVERS (cont.)

**Waiver General Information**

User ID: 2643640  
State ID: 1028597  
Eligibility Date: 8/26/2011 12:00:00 AM  
Trade Petition Number: 075252  
First Name:  
Middle Name:  
Last Name:  
Staff: 234839

**Waiver Entry**

\* Waiver Issued Date: 08/26/2011 Today

Allow waiver to be issued for extenuating circumstances:  No  Yes  
Reason for Extenuating Circumstance: None Selected

Allow waiver to be issued for maximum extenuating circumstances:  No  Yes  
Reason for Maximum Extenuating Circumstance: None Selected

Allow waiver to be issued for Good Cause:  No  Yes  
Reason for Good Cause: None Selected

\* Waiver Reason: Training Not Available

Occupation Code:  [Select Occupation](#)  
Occupation Title:

Case Note: [Add a new Case Note](#) | [Show Filter Criteria](#)

	Required by Date	Review Status	Reviewed Date
<a href="#">Edit</a>	09/25/2011	Pending	
<a href="#">Edit</a>	10/25/2011	Pending	
<a href="#">Edit</a>	11/24/2011	Pending	
<a href="#">Edit</a>	12/24/2011	Pending	
<a href="#">Edit</a>	01/23/2012	Pending	
<a href="#">Edit</a>	02/22/2012	Pending	
<a href="#">Edit</a>	03/23/2012	Pending	
<a href="#">Edit</a>	04/22/2012	Pending	
<a href="#">Edit</a>	05/22/2012	Pending	
<a href="#">Edit</a>	06/21/2012	Pending	
<a href="#">Edit</a>	07/21/2012	Pending	
<a href="#">Edit</a>	08/20/2012	Pending	

Create Date: 10/29/2014  
Created By: 234839  
Last Edit Date:  
Last Edited By:

1. Key the date the "Waiver" is issued. (mandatory)
2. Key the "Waiver Reason" (mandatory)

Click "Save"

You must select Save if you want the information you have created to be saved.

Note: All open waivers must be reviewed every 30 days until the participant enters training.

TRANSPORTATION ASSISTANCE

Create Waiver Entry

Edrt Waiver Entry for TAA #3143727 Warver Issued 812612011

Create Approved Training

Create Bona Fide

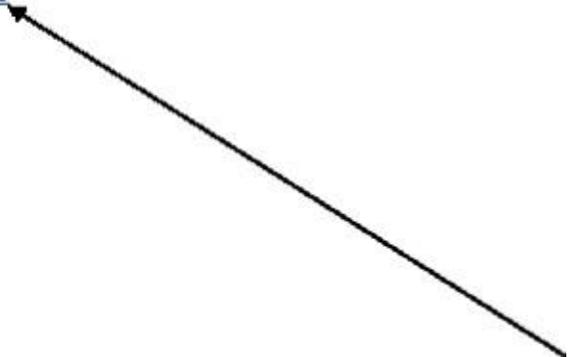
Transportation Assistance

Create ATAA

TRA payment View

Create Closure

Create Outcome



## TRANSPORTATION ASSISTANCE (cont.)

### Individual Information

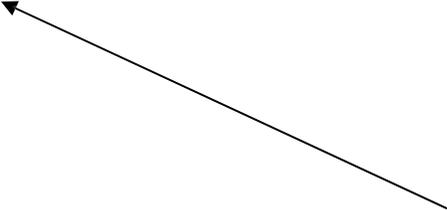
User ID:	2643640
State ID:	1028597
Eligibility Date:	08/26/2011
Petition Number:	075252
First Name:	Linda
Middle Initial:	K
Last Name:	Wiese
Create User:	Wright, Robin [234839]

### Application Information

\* Application Date for Transportation Assistance:   [Today](#)

[Exit Wizard](#)

Next >>



**TRANSPORTATION ASSISTANCE (cont.)**

**Training Information**

[ [Search for Training Provider](#) ]

\* Training Provider:

[ [Search for Training Location](#) ]

\* Training Location:

\* School Address 1:

School Address 2:

\* City:

\* State:

\* Zip Code:

Create Date: 10/31/2014

Create User: Wright, Robin[234839]

Edit Date: 10/31/2014

Edit User: Wright, Robin[234839]

[Exit Wizard](#)

<< Back

Next >>

**TRANSPORTATION ASSISTANCE (cont.)**

Travel Information									
Begin Date:	10/31/2014								
End Date:	10/30/2016								
Is this Training 100% Online?:	No								
Travel Distance from Home to School One Way:	51.00								
Mileage Rate:	\$0.560								
Commuting Distance is Greater than 50 miles:	Yes								
Daily Mileage Rate:	\$57.12								
Federal Per Diem Rate:	\$0.00								
50% Federal Per Diem:	\$0.00								
Daily Amount of Eligible Transportation Assistance:	\$0.00								
TAA Transportation Assistance Determination:	Approved								
Case Note:	[ <a href="#">Add a new Case Note</a>   <a href="#">Show Filter Criteria</a> ]								
	<table border="1"> <thead> <tr> <th>ID</th> <th>Create Date</th> <th>Subject</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4">No data found.</td> </tr> </tbody> </table>	ID	Create Date	Subject	Action	No data found.			
ID	Create Date	Subject	Action						
No data found.									
Create Date:	10/31/2014								
Create User:	Wright, Robin[234839]								
Edit Date:	10/31/2014								
Edit User:	Wriaht. Robin[234839]								

NOTE: Transportation Assistance will be set up after receipt of the training request by the TAA Specialist if training is approved and transportation assistance will be a part of the training cost. An Activity will be established by the TAA Specialist to coincide with the transportation assistance applications.

**CREATE APPROVED TRAINING (TAA Specialist use only)**

[Create Waiver Entry](#)

[Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011](#)

[Create Approved Training](#)

[Create Bona Fide](#)

[Create Transportation Assistance](#)

Provider	Location	Application Date	Start Date	End Date	Status	Action
NASHVILLE STATE COMMUNITY COLLEGE	NASHVILLE STATE COMMUNITY COLLEGE	10/31/2014	10/31/2014	10/30/2016	Approved	<a href="#">Edit</a>   <a href="#">Delete</a>

[Create ATAA](#)

[TRA Payment View](#)

[Create Closure](#)

---

**CREATE APPROVED TRAINING (TAA Specialist use only)(cont.**

**Approved Training Information**

User ID: 2643640  
State ID: 1028597  
Eligibility Date: 8/26/2011  
Approved Training based upon qualifying separation date: 11/5/2011  
Approved Training based upon certification date: 6/4/2011  
First Name:  
Middle Name:  
Last Name:

**Approved Training Entry**

Approved Training Application Date: 10/31/2014 | Today

Suitable employment is not available to the worker:  Yes  No

The worker would benefit from this training:  Yes  No

There is reasonable expectation of employment following completion of this training:  Yes  No

This training is reasonably available to the worker:  Yes  No

The worker is qualified to undertake and complete the training:  Yes  No

This training is available at a reasonable cost:  Yes  No

Approval of training:

Case Note:

[ Add a new Case Note | Show Filter Criteria ]

10	Create Date	Subject	Action
----	-------------	---------	--------

No data found

EXAMPLE OF THE ELIGIBILITY DETERMINATION

Print Close

Tennessee \Yorks Online Services
Trade Adjustment Assistance Program (TAA)
Application for TAA Training

Participant Information
Name: Tinuny Allen State ID: 33i2840 Petition Number: 085552
Most Recent Qualifying Separation Date: 9/1/2014 Petition Certification Date: 10/8/2014
Training Information
Provider: NASHVILLE STATE COMMUNITY COLLEGE Program: CULINARY ARTS
Projected Start Date: 1/15/2015 Projected End Date: 12/31/2016 Weeks of Training: 102
I understand that I may exhaust my UI and TRA benefits before the projected end date of my training even though the cost of the training may continue to be paid. I will have ( ) will not have ( ) the financial resources available to pay my living expenses during the duration of training.
Participant Signature Date

Training Criteria
Training Application Date: 11/26/2014
Suitable employment is not available to the worker: Yes
The worker would benefit from this training: Yes
There is reasonable expectation of employment following completion of this training: Yes
This training is reasonably available to the worker: Yes
The worker is qualified to undertake and complete the training: Yes
This training is available at a reasonable cost: Yes
TAA Training Determination
Based on TAA guidelines, the training specified above is: APPROVED
Staff Signature Date

Appeal Rights: If you do not agree with this determination, you have ten days (10) from the date mailed in which to file an appeal. Any appeal should be filed through the Workforce Center where you originally filed your claim. If you cannot contact the office in person in the time allowed, write or call that office. In your letter you must explain why you disagree with the determination and provide documentation.

BONA FIDE DATE (TAA Specialist use only)

Create Waiver Entry

Edit Waiver Entry for TAA #3143727 Waiver Issued 8/26/2011

Create Approved Training

Create Bona Fide

Create Transportation Assistance

Provider	Location	Application Date	Start Date	End Date	Status	Action
NASHVILLE STATE COMMUNITY COLLEGE	NASHVILLE STATE COMMUNITY COLLEGE	10/31/2014	10/31/2014	10/30/2016	Approved	<a href="#">Edit</a>   <a href="#">Delete</a>

Create ATAA

TRA Payment View

Create Closure

Bona Fide Application

User ID:	2643640
Name:	Wiese, Linda
Petition Number:	075252
Petition Certification Date:	04/06/2011
Qualifying Separation Date:	07/11/2011
* Bona Fide Application Date:	110/31/2014    Today
* Training Requested:	<input type="text"/>
Meets 210 day application requirement:	No

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE

Job Search Allowance and Relocation Allowance Activity are completed in the same fashion as a training activity. However, a paper application from [www.tn.gov/workforce/article/technical-assistance-policies-wfs](http://www.tn.gov/workforce/article/technical-assistance-policies-wfs) will be required to complete the request for allowances. Please see page 110 for list of application forms and required documents.

[Create Activity](#)

Status	Activity / Provider	WZ	Funding	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	<a href="#">237 - TAA - Approved Out of Area Job Search Allowance</a> Tennessee Department of Labor		TAA	10/31/14	10/31/14	11/05/14	<a href="#">Close</a>

Click "Create Activity"

Job Search activity code is **237** TAA –*Approved out of Area Job Search Allowance* and Relocation activity code is **217** *Supportive Services Relocation*

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

General Information	
Participant User Name:	LWiese87434
Last Name, First Name MI:	Wiese, Linda K
Social Security Number:	7434
Address:	1012 E Main St Union City, TN 38261
Application Summary:	Program:Trade Adjustment Act (TAA) Application Date:08/26/2011 Eligibility Date:08/26/2011
* Customer Program Group:	TA1 - TAA Customer program group cannot be modified.
* LWIA Region:	LWIA 12 LWIA cannot be modified.
* Office Location:	<input type="text" value="TN Career Center - Dyersburg"/>

Select your American Job Center location.

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

WIOA Title II Partner Program:  Yes, service is a WIOA Title II Partner Program.

\* Activity Code:    
[ Select Activity Code ]

Projected Begin Date:

Actual Begin Date:

\* Projected End Date:

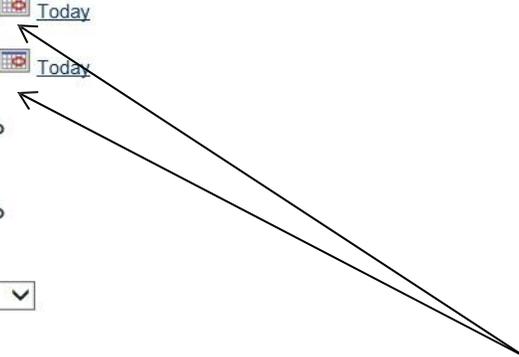
Training leads to an Associate's Degree:  Yes  No

Training funded by the TAACCT Grant Program:  Yes  No

Attending Full Time or Part Time    
Training as defined by the training institution:

Total Number of Hours attending currently:

Date Verified current training attendance:



A Job Search application is active for 30 days. The projected end date should be 30 days after the Job Search application was requested.

Click "Next"

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

<b>Enrollment Summary:</b>	Enrollment ID: 1217729 Username: EParker52486 TAA Application ID: 300765602 Activity Code: 237 Activity Dates: 7/8/2016 - 7/8/2016
* <b>Provider:</b>	<input type="text" value="Tennessee Department of Labor"/> <a href="#">[ Select Provider ]</a>
* <b>Service, Course or Contract:</b>	<input type="text" value="SS- Other"/> <a href="#">[ Select Service, Course or Contract ]</a>
<b>Provider Locations:</b>	<input type="text"/> <a href="#">[ Select Provider Locations ]</a>
<b>Provider Contacts:</b>	<input type="text"/> <a href="#">[ Select Provider Contacts ]</a>
* <b>Occupational Training Code:</b>	Not Applicable

You will select the Provider “Tennessee Department of Labor” and Services, Course or Contract “SS-Other”  
Click “Next”

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45)

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

**Enrollment Service Provider Information**

**Enrollment Summary:** Enrollment ID: 1614308  
Username: LWiese87434  
TAA Application ID: 3393900  
Activity Code: 237  
Activity Dates: 10/31/2014 - 11/5/2014

\* **Provider:**   
[\[ Select Provider \]](#)

\* **Service, Course or Contract:**   
[\[ Select Service, Course or Contract \]](#)

**Provider Locations:**   
[\[ Select Provider Locations \]](#)

**Provider Contacts:**   
[\[ Select Provider Contacts \]](#)

\* **Occupational Training Code:** Not Applicable

[<< Back](#) [Next >>](#)

You will now be at the Enrollment Cost tab.

Click "Exit Wizard"

At this point you will notify your TAA Specialist in Central Office of the activity and upload the application with signature and the completed appropriate documents to Jobs4TN (VOS).

**PAGES 118 – 129 ARE FOR CENTRAL OFFICE USE ONLY**

**EXAMPLE OF ENROLLMENT COST INFORMATION FOR JOB SEARCH ALLOWANCE**

**Enrollment Cost Information**

**237 - TAA - Approved Out of Area Job Search Allowance**  
Tennessee Department of Labor  
SS- Other

**Enrollment Summary:** Enrollment ID: 1218465  
Username: JBenefield31841  
TAA Application ID: 3487017  
Activity Code: 237  
Activity Dates: 7/18/2016 - 7/18/2016

Total costs are itemized below:

---

<b>Total Support Service Cost - Fee Based</b>	<input type="text" value="\$ 1,250.00"/> <small>Available: \$50,000.00 Obligated: \$0.00</small>
<b>Service Fee</b>	<input type="text" value="\$ 1,250.00"/>
<b>Other Costs</b>	<input type="text" value="\$ 0.00"/>

**Additional Costs**  
These optional fields are used to record additional expenses related to the service.

This enrollment currently has no line items.

Select an item from the list and then click on the **Add** button to add the selected Line Item.

Line Items:

---

**Total Enrollment Cost \$ 1,250.00**

[\[ Exit Wizard \]](#)

You will change the "Total Support Service Cost" to the amount allotted for Job Search services e.g. petitions in 2015 are allowed to use \$1250.00 in Job Search services.

Click "Next"

Note: When doing Relocation you will leave the prefilled amount of \$50,000 for the "Total Enrollment Cost".

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

### SCREEN SHOT OF FINANCIAL AID

[General Information](#) [Service Provider](#) [Enrollment Cost](#) **Financial Aid** [Enrollment Budget](#) [Budget Planning](#) [Closure Information](#)

**Enrollment Financial Aid**

Financial Aid Applicable:  Yes  No

Financial Aid Web Site: [\[ Click here to view the Financial Aid Web Site \]](#)

[<< Back](#) [Next >>](#)

[\[ Exit Wizard \]](#)

Click "Next"

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

### SCREEN SHOT OF ENROLLMENT BUDGET INFORMATION

**Enrollment Budget Information**

**Enrollment Summary:** Enrollment ID: 1614308  
Username: LWiese87434  
TAA Application ID: 3393900  
Activity Code: 237  
Activity Dates: 10/31/2014 - 11/5/2014

**Total Enrollment Cost:** \$50,000.00  
**Financial Aid Contribution:** \$0.00  
**Net Cost:** \$50,000.00  
**Total Funded Costs:** \$0.00  
**Total Obligations:** \$0.00  
**Costs To Be Funded:** \$50,000.00

**Budget Allocation**

[ [Click Here To Select a Budget](#) ]

**Over Payments**

Date	Over Payment Amount	Waiver Issued	Action
You have no records			

[ [Add Over Payment](#) ]

<< Back

Next >>

Select "Click Here To Select a Budget"

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF AVAILABLE BUDGETS**

**TN.GOV**  
TENNESSEE GOVERNMENT

**Select a Budget**  
Select one budget from the list.

Available Budgets	Budget Amount	Available Balance
<a href="#">TAA FY12 Grant</a> TAA FY12 Grant (10/1/2010 - 12/31/2014) State [State]	\$19,061,049.00	\$6,911,091.92
<a href="#">TAA Fund Stream PY 2014</a> PY 2014 (7/1/2014 - 6/30/2015) State [State]	\$2,500,000.00	\$2,461,416.00

Close

You will select the correct fiscal year's budget the job search or relocation applies.

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

### SCREEN SHOT OF AVAILABLE BUDGETS ALLOCATION

The screenshot displays a web browser window titled "JOBS4TN.GOV - Internet Explorer" with the URL "https://www.jobs4tn.gov/vosnet/IFT/FundManagement/FundedCost.aspx?enc=0W". The main content is a modal dialog box titled "Edit Funded Cost" with the instruction "Change or remove the funded cost amount for this record." The dialog contains a section titled "Funded Cost Allocation" with the following values:

- Budget Amount:** \$6,275,918.00
- Available to Allocate:** \$2,699,033.13
- Available to Obligate:** \$2,699,033.13
- \* Funded Amount:** \$ 0.00

At the bottom of the dialog are three buttons: "Save", "Cancel", and "Delete".

In the background, a table is partially visible with the following structure:

Obligated amount	Current Balance	Action
\$0.00	\$0.00	<a href="#">Edit History</a>

Below the table, there is a message: "You have no records".

Select "Edit" to insert the "Funded amount" and click "Save"

Note: Job search and relocation allowance amounts will vary depending on the petition. Please refer to your TAA manual for specific petition amounts.

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF AVAILABLE BUDGETS ALLOCATION**

<b>Total Enrollment Cost:</b>	\$50,000.00
<b>Financial Aid Contribution:</b>	\$0.00
<b>Net Cost:</b>	\$50,000.00
<b>Total Funded Costs:</b>	\$1,250.00
<b>Total Obligations:</b>	\$0.00
<b>Costs To Be Funded:</b>	\$48,750.00

**Budget Allocation**

Budget	Funded Amount	Obligated Amount	Current Balance	Action
<b>TAA Fund Stream FY 2014</b> FY 2014 (10/1/2013 - 9/30/2016) State [State]	\$1,250.00	\$0.00	\$1,250.00	<a href="#">Edit</a> <a href="#">History</a>

[ [Click Here To Select a Budget](#) ]

**Over Payments**

Click "Next"

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF BUDGET PLAN INFORMATION**

<b>Enrollment Summary:</b>	Enrollment ID: 1217812 Username: BLANKDRC64 TAA Application ID: 3480493 Activity Code: 237 Activity Dates: 7/11/2016 - 7/11/2016
<b>Total Funded Costs:</b>	\$1,250.00
<b>Total Obligations:</b>	\$0.00
<b>Total Paid Obligations:</b>	\$0.00
<b>Total Outstanding Obligations:</b>	\$0.00
<b>Total Funded Costs to be Obligated:</b>	\$1,250.00

[+] [Show Filter Criteria](#) (Showing all records)

**TAA Fund Stream FY 2014 : FY 2014 (10/1/2013 - 9/30/2016)**

**Budget Location:** State [State]

---

<b>Funded Amount:</b> \$1,250.00	<b>Obligated Amount:</b> \$0.00	<b>Current Balance:</b> \$1,250.00
<b>Total Payments:</b> \$0.00	<b>Total Refunds:</b> \$0.00	<b>Total Paid:</b> \$0.00

[\[ Add a Voucher \]](#)

You have no records

[<< Back](#)   [Next >>](#)

[\[ Exit Wizard \]](#)

Note: You will only create a voucher once you have received all appropriate documentation from AJC.

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF Voucher**

**Manage Voucher**

Funds Available: \$1,250.00

\* Status:  Active  Void  Paid In Full

\* Approval Status:  Approved  Pending Approval

\* Payable To:  Participant  Service Provider  Another Provider

Bill Address1: 333 CAMBRIDGE CIR

Bill Address2:

Bill City: ROSSVILLE

Bill State: Georgia

Bill Zip: 30741-0000

Address Update Options:  Update Address for this Obligation only  
 Update Address in Provider profile

Student ID:

Reference No:

\* Date: 07/11/2016 Today

\* Expire Date: 07/11/2017 Today

**For Services Provided Between**

Beginning Date: 07/11/2016 Today

Ending Date: Today

Voucher should be marked as "Approved" and Payable to the "Participant".  
Student ID (SID): 123456

Reference No. : Doe, Jane 07-10-2016-0878  
(Last Name, First Name Processed Date, Last 4 SSN)

Click "Save"

## JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

### SCREEN SHOT OF COST DETAILS

**Cost Details**

\* Total Support   
Service Cost - Fee Available: \$50,000.00  
Based: Planned: \$50,000.00

\* Service Fee:

\* Other Costs:

Total Amount:   
Comment:

In the "Service Fee" field you will change to the approved payable amount.

Click "Save"

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF VOUCHER INFORMATION**

[ - ] Voucher #98751 - Active - Approved \$120.00 - Ref #Doe, Jane 07-10-2016-1234

ID	Ref #	Amount	Payable To	Approval Status	Date	Expire Date	Status	Action
98751	Doe, Jane 07-10-2016-1234	\$120.00	Coe, DANYELLE Blank	Approved	07/11/2016	07/11/2017	Active	<a href="#">Edit</a> <a href="#">History</a> <a href="#">Print</a>

Type	Date	Check Number	Amount	Service Dates	Doc #	Action
You have no records						

[ [Add a Payment](#) | [Add a Refund](#) ]

Click "Add a Payment" to add approved payment payable to the participant.

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**SCREEN SHOT OF MANAGE PAYMENTS (TAA Specialist use only)**

**Manage Payments**

Amount Available : \$120.00

\* Status:  Open  
 Approved for Payment  
 Payment Hold  
 Payment Offline  
 Payment Processed  
 Void

Paid Date: 07/11/2016 Today

Cash Forecast Date: Today

Check No:

Vendor Document #: Doe, Jane 07-10-2016-12

**For Services Provided Between**

Beginning Date: 06/01/2016 Today

Ending Date: 07/01/2016 Today

Verify the "Status" is **Open**

"Paid Date" is the date the payment was approved and processed.

"Vendor Document #" is the voucher number (Last Name, First Name Processed Date, Last 4 SSN)

Beginning Date: Date participant signed the Job Search Allowance application

Ending Date: 30 days from the signed Job Allowance application date.

Click "Save"

Note: Leaving the payment status *Open* allows appointed staff to reconcile the approved payment at a later date.

## SCREEN SHOT OF ACTIVITY ENROLLMENT CLOSURE TAB (TAA Specialist use only)

**Closure Information**

**Enrollment Summary:** Enrollment ID: 1217812  
Username: BLANKDRC64  
TAA Application ID: 3480493  
Activity Code: 237  
Activity Dates: 7/11/2016 - 7/11/2016

**Last Activity Date:**   Today

**Completion Code:**  ▼

**Received Credential:** Not Applicable.

**Case Notes:** [ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
No data found.			

**Credential History**

**Education/Credential History:**

Insert "Last activity Date" which is the day you are completing the activity.

"Completion Code" should be changed to Successful Completion.

Click "Finish".



RE GOVERNMENT  
**REOIJEST FOR RELOCATION ALIOIiiANCES**  
 EACtOF'11i1U

FOR STATE OFFICIAL USE

PETITION NO.		DATE P
LOCAL OFFICE	COST CENTER NO.	DATE C
SOCIAL SECURITY NUMBER		PAYING
ADDRESS (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)		ADDRESS FOR CHECK MAILING (NO., STREET, CITY OR COUNTY, STATE, ZIP CODE)

**A. WORKER APPLICATION FOR RELOCATION ALLOWANCES**

1. WERE YOU TOTALLY SEPARATED FROM ADVERSELY AFFECTED EMPLOYMENT? ..... YES  NO

2. ARE YOU CURRENTLY E ..... YES  NO   
 (IF "YES," COMPLETE I

NAME AND ADDRESS OF FIRM

---

3. IS THIS YOUR FIRST REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED? ..... YES  NO

4. HAVE YOU OBTAINED SUITABLE EMPLOYMENT, OR DO YOU HAVE A SONA FIDE OFFER OF EMPLOYMENT? ..... YES  NO

5. NAME, TITLE AND COMPLETE TELEPHONE NUMBER OF PERSON WHO HIRED YOU

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

101	101	101	101	101	101	101	101	101
-----	-----	-----	-----	-----	-----	-----	-----	-----

101	101	101	101	101	101	101	101	101
-----	-----	-----	-----	-----	-----	-----	-----	-----

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

**Relocation Allowance Application LB-0430 (pg 2 of 2)**

**D. WORKER REQUEST FOR LUMP SUM PAYMENT**

WEEKLY WAGE \$ \_\_\_\_\_ (MULTIPLIED BY THREE (3)) \$ \_\_\_\_\_

**E. WORKER RECORD OF EXPENSES**

MEALS				DAILY TOTAL
BREAKFAST	LUNCH	DINNER		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
LODGING NAME OF MOTEL _____				_____
_____	_____	_____	_____	_____

**F. WORKER CERTIFICATION**

I GAVE THIS INFORMATION TO SUPPORT MY REQUEST FOR RELOCATION ALLOWANCES UNDER THE TRADE ACT OF 1974, AS AMENDED. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I FURTHER CERTIFY THAT THE FUNDS RECEIVED WILL BE USED FOR THE INTENDED PURPOSE AND THAT I WILL PROVIDE PROOF OF SUCH EXPENDITURES AS REQUIRED.

**G. STATE AGENCY DETERMINATION**

**D** a...r J:qp; MOT ruat:BiE ;oRECS""E r... al : ?tL.La<NK?Ea U i)ER !=fi!Ov'tiid?7 71-IE TFilE.iE C OF 1'574, AMENDID, CF?: EF EF44: !SE 'W

RELOCATION ALLOWANCES ARE APPROVED FOR PAYMENT OF THE FOLLOWING COST:

2. \D TI'VIII-tx?ENIIE AT -----  
 !!?OS C/I' TIE IDT4-CIT:  
  III; FER MILE  
 \!f\itLY Oii'MED N.'170  
 \_\_\_\_\_ MILES

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 ID A:C:TJAL OR  
  III% 01' -50SIAL CAL'¥  
 J\J..OA\.. ES

LUMP SUM OF \_\_\_\_\_  
 COMPUTED AT 3 X \$ \_\_\_\_\_  
 AVERAGE WEEKLY WAGE: NOT TO EXCEED \$1,250.00  
 TOTAL AMOUNT PAID \$ \_\_\_\_\_

TRA COORDINATOR \_\_\_\_\_

DATE \_\_\_\_\_

DATE OF PAYMENT (MO., DAY, YR) \_\_\_\_\_

**H. APPEAL RIGHTS**

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL OR REQUEST A RECONSIDERATION; HOWEVER, YOUR APPEAL RIGHTS EXPIRE FIFTEEN DAYS FROM THE DATE THIS DETERMINATION IS MAILED OR DELIVERED. YOU MAY FILE AN APPEAL BY LETTER OR PERSONAL VISIT TO THE OFFICE WHERE YOU FILED YOUR APPLICATION FOR TRADE READJUSTMENT ALLOWANCES.

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

Documentation Required for Relocation:

- Signed Application
- Back up documentations
  - Bona Fide* Job Offer
  - Gas receipts
  - Lodging receipt
  - Meal receipts
  - Travel documentation
  - Truck rental receipts and estimates
  - Trailer rental receipts and estimates
  - Moving Company receipts and estimates

Note: Refer to the TAA Manual for specific details on Job Search and Relocation. (pg. 37-45).

# JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)

Job Search Allowance Application LB-1117 (pg 1 of 3)



## Trade Adjustment Assistance Job Search Allowances Application

Trade Act of 1974 as Amended by the Trade Act of 2002, 2009, 2015

### I. General Information

Participant Name	<input type="text"/>	JS Application Start Date	<input type="text"/>
State ID	<input type="text"/>	JS Application End Date	<input type="text"/>
Petition Number	<input type="text"/>	JS Remaining Balance	<input type="text"/>
2002, 2011, or 2015 Max. Allowance \$1250	<input type="checkbox"/>	JS App Deadline per Qualifying Separation	<input type="text"/>
2009 Max Allowance \$1500	<input type="checkbox"/>	JS App Deadline per Petition Certification	<input type="text"/>
		JS App Deadline per Training End Date	<input type="text"/>

### II. Eligibility Criteria

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

### III. Payment Criteria

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

### IV. Job Search Activity Definition

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

1. Going to a job interview with a potential employer;
2. Making an in-person visit with a potential employer who may reasonably be expected to have openings for suitable work;
3. Completing a job application in person with a potential employer who may reasonably be expected to have openings for suitable work;
4. Going to a local AJC, copy shop, US Postal Service Office, or similar entity to print, copy, mail, email, or fax a job application, cover letter, and/or a résumé;

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

Job Search Allowance Application LB-1117 (pg 2 of 3)

5. Going to a local AJC, public library, community center, or similar entity to use online job matching systems, including Jobs4TN, to search for job matches, request referrals, submit applications/résumés, and/or apply for jobs;
6. Using certified professional employment resources from a provider other than the AJC (*Example interview preparation meeting with a headhunter or private placement agency*);
7. Attending a job fair or professional association meeting (*for networking purposes*);
8. Going to a local AJC to use resources that may lead directly to obtaining employment, such as:
  - Obtaining and using local labor market information;
  - Participating in skills assessments for occupation matching;
  - Attending job finding clubs;
  - Participating in pre-vocational workshops, incl. soft skills, résumé writing, interviewing skills, etc.; or
  - Obtaining and following up on job referrals from AJC staff.

**V. Required Documentation for Reimbursement**

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

**VI. Participant Attestation**

By signing below, I affirm the following:

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

I give this information to support my request for payment of a job search allowance under the Trade Act of 1974, as amended. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TAA AJC Representative Signature

\_\_\_\_\_  
Date

**JOB SEARCH ALLOWANCE AND RELOCATION ALLOWANCE (cont.)**

Job Search Allowance Application LB-1117 (pg 3 of 3)

**VII. Eligibility Determination (FOR C.O. USE ONLY)**

1. Is the applicant eligible for TAA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is suitable employment available within the commuting area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the customer totally separated from employment with the Trade-affected company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the Date of Request within:	<input type="checkbox"/> 365 days of most recent qualifying separation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 365 days of petition certification? <input type="checkbox"/> 182 days after conclusion of training?	

**VIII. AGENCY VERIFICATION OF JOB INTERVIEW**

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

Per the Trade Act of 1974, as amended, the above-named applicant is  eligible  not eligible to receive Job Search Allowances for job search activities outside the commuting area (greater than 10 miles) within the specified date range.

Amount to be reimbursed \$

\_\_\_\_\_  
TAA Coordinator/Merit Staff

Date

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

Page 3 of 3 ROA 1586

Job Search Allowance Application LB-1119 Guidance

### Guidance for Trade Adjustment Assistance Job Search Allowances Application.

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

Section I: General Information to be completed by TM representative

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

#### Section II: Eligibility Criteria

1. Discuss with the worker the eligibility criteria

Section III: Payment Criteria

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

Section IV: Job Search Activity Demonstration

1. Discuss with the worker the activity demonstration to ensure they understand what can be covered.

Section V: Required Documentation for Reimbursement

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

Section VI: Participant Attestation

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

Section VII: Eligibility Determination

1. This section is to be completed and filled out by the central office (C.O.)



Trade Adjustment Assistance Job Search Act Activity Verification

Dear Madam or Sir -

whether you provide direct job offers or a service that is utilized for successful job search strategies, we would like to thank you for being an integral part of the Tennessee Department of Labor & Workforce Development's Trade-affected Dislocated Workers Program. We greatly appreciate your efforts of returning Tennesseeans to suitable employment!

By signing the statement below, you provide the necessary documentation to reimburse a participant for costs incurred with job search activities (within parameters of eligibility).

Thank you in advance for your collaboration. Sincerely,

Th. & TN TAA Te.a.t1

PLEASE PRINT CLEARLY

Participant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Employer/Service Provider: \_\_\_\_\_ Contact Person, Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Search Activity ID: \_\_\_\_\_

Job Search Activity Type: \_\_\_\_\_ Job Search Activity Title: \_\_\_\_\_

(OO: . ep;mU:g, IIC\$III, A.JC, CltC.)

By signing below, I certify the information provided above is correct to the best of my knowledge. I understand that willful misrepresentation made to obtain allowances to which the participant is not entitled may result in serious penalties. Additionally, I understand that I may be contacted by a TAA staff member at the information listed above in order to verify this job search activity.

Comment: \_\_\_\_\_

Employer/Service Provider Signature \_\_\_\_\_

Title: \_\_\_\_\_



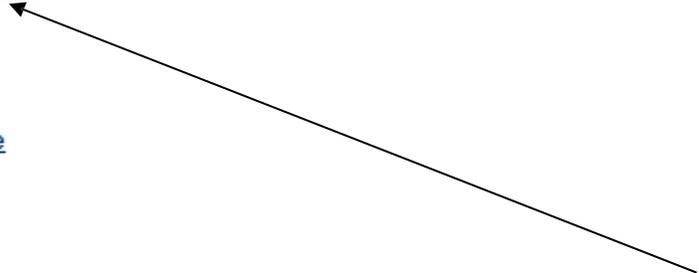
## TRA PAYMENTS VIEW

[Create ATAA](#)

[TRA Payment View](#)

[Create Closure](#)

[Create Outcome](#)



Click on TRA Payment View Link

ID	Payment Type	Payment Date	Payment Amount	Check #	Login Name	Internal User Name	Internal User Id	Cancelled	Action
26275	1st Basic TRA Payment	10/31/2014	275.00	12345	cc01128	234839	234839	No	<a href="#">View</a> <a href="#">Delete</a>

Navigation: Page 1 Of 1 Rows 5

Return



## OTHER SCREENS YOU WILL BE UTILIZING

### Document Upload

Use this folder to review summary information on the selected Individual.

[ Assist an individual | Staff Services | My Portfolio ]

**My Individual Profiles**

- Personal Profile
  - General Information
  - Background
  - Activities
  - Memo
  - Documents
- Search History Profile
  - Jobs
  - Employers
  - Programs
  - Occupations
  - Industries
  - Areas
- Self Assessment Profile
- Communications Profile

**My Individual Plans**

- Employment Plan Profile
  - Resumés
  - Job Applications
  - Online Application
  - Virtual Recruiter
  - Employment Strategy
  - Employment Goals
- Training Plan Profile
  - Classroom Training
  - Online Training
- Benefits Plan Profile
  - Workforce Investment Act (WIA)
  - Trade Adjustment Assistance (TAA)
  - Other Benefits

**Staff's Profile**

- General Profile
  - Summary
  - Case Notes
  - Activities
  - Documents (Staff)
- Re-Employment Profile
  - Re-Employment Summary
  - Employment Strategy
  - Work Search History
  - Work Search Analysis
  - Certification Profile
  - Thresholds
- Case Management Profile
  - Case Summary
  - Programs
  - Plan
  - Assessments

1. Click on Documents (staff) under “Staff’s Profile”

## Document Upload (cont.)

Once you have scanned and saved your *properly named* document to your computer, you will need to upload the document(s) in to Jobs4TN (VOS).

**Note: The document name structure must be LastName, FirstName (DocumentType) Date of Upload.**

**Example: Smith, Sally (Training Packet) 06-16-2016.**

The screenshot displays the Jobs4TN (VOS) interface. On the left is a vertical navigation menu with items like 'Individuals', 'Employers', 'Resumés', 'Job Orders', 'Labor', 'Activities', 'Case Management', 'Profiling', 'Follow-Up', 'Providers', 'Funds', and 'W/ARNments'. On the right, there are links for 'Tracking', 'Statistics', 'Combined Assessment', and 'Labor Exchange'. The main content area has four tabs: 'Summary', 'Case Notes', 'Activities', and 'Documents (Staff)'. The 'Documents (Staff)' tab is active, showing a 'Documents Available' section. Below this, there is a message: 'Listed below are the documents available on the selected Individual. Click the View link below to view that particular item.' A link for '+ Show Filter Options (Showing all records)' is present. A grey box indicates 'No records found'. At the bottom of this section are two buttons: 'Add a Document' (circled in red) and 'Scan a Document'. An arrow points from the 'Add a Document' button to the first step in the instructions below.

1. Click on "Add A Document"

## Creating a Closure (TAA Specialist use only)

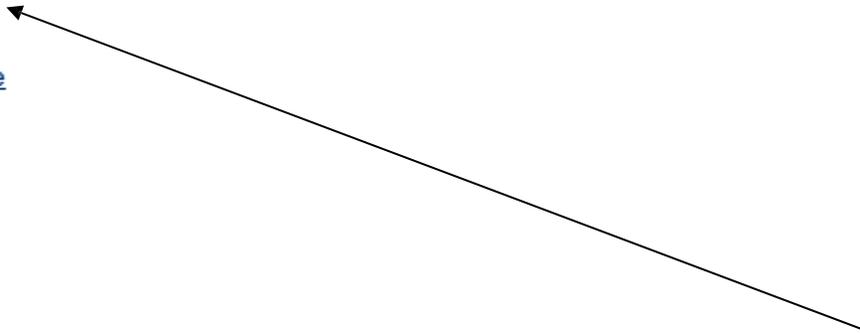
1. Click on the “Program” tab
2. Expand the “Trade Adjustment Assistance (TAA) Program” tab
3. Beneath the activities you will find the “Create Closure” option.

[Create ATAA](#)

[TRA Payment View](#)

[Create Closure](#)

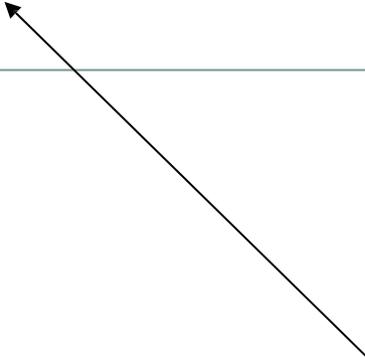
[Create Outcome](#)



## Creating a Closure (TAA Specialist use only) (cont.)

### Closure

General Information	
User ID:	2643640
Last 4 of SSN:	***.**-7434
Name:	Linda Wiese
Date of Last Service:	10/31/2014
Exit Date:	
Exit Reason:	
Local Workforce Investment LW09-Nashville Career Advancement C Area:	
* Office Location:	<input type="text" value="None Selected"/>
Closure Date:	10/31/2014



### Exit Wizard



1. Select the appropriate "Office Location"

Click "Next"

If "**Next**" is not selected the information will not be saved.

## Creating a Closure (TAA Specialist use only) (cont.)

**THIS SITE IS ONLY TO BE USED BY THOSE IN TRAINING SESSIONS.**

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

**TN.GOV**  
TENNESSEE GOVERNMENT

Step 2 of 5. Enter Credential Information for the Case Closure. Click the Next>> button to proceed to the next step.

GOVERNOR  
Bill Haslam

Quick Search  
Enter Search...

Currently Managing  
WIESE, LINDA  
WP Services not recording  
Release Individual  
Assist a new Individual

My Staff Workspace  
My Staff Dashboard  
My Staff Resources  
My Staff Account  
Directory of Services

Services for Workforce Staff  
Manage Individuals  
Manage Employers  
Manage Resumés  
Manage Job Orders  
Manage Labor Exchange  
Manage Activities  
Manage Case Assignment  
Manage Profiling  
Manage Follow-Up

General Info Credentials Employment Staff Info

**Credential**

This individual was enrolled in a program(s) which lead to a credential. Please indicate if the individual received a credential.

Received Credential:  Yes, received credential.  
 No, did not receive credential.

Credential Attainment: None Selected

Occupational Completion Point (specify):

Credential Other:

Date Credential Attained:

Verify Credential:

**Credentials received in enrollment**

Activity Code	Credential	Provider
No Credentials received in enrollment.		

Exit Wizard

<< Back Next >>

1. Select the appropriate answer for "Received Credential"
2. If the answer is yes, select the "Credential Attainment" and the "Date Credential Attained".

Click "Next"

If "Next" is not selected the information will not be saved.

## Creating a Closure (TAA Specialist use only) (cont.)

### Employment Information

\*Entered Employment:  Yes, entered employment.  
 Yes, recall employer.  
 No, did not enter employment.

No employers available.

[\[ Add Employer \]](#)

[Exit Wizard](#)



1. Select the appropriate answer for “Entered Employment”

Click “Next”

If “**Next**” is not selected the information will not be saved.

Creating a Closure (TAA Specialist use only) (cont.)

**Staff Information**

Case Note: [ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager: Case currently Not Assigned to a Case Manager   
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

Previous Case Manager:

Position:

Staff Created: 234839

Last Edited By:

Exit Wizard



Click "Finish"

If "Finish" is not selected the information will not be saved.



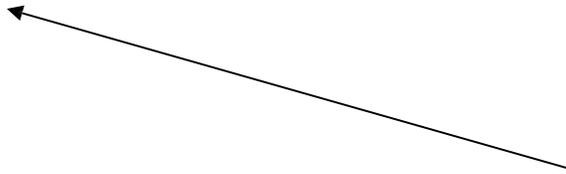
**Outcome (TAA Specialist use only)**

[Create ATAA](#)

[TRA Payment View](#)

[Create Closure](#)

[Create Outcome](#)



1. Select "Create Outcome"

## Outcome (TAA Specialist use only)(cont.)

THIS SITE IS ONLY TO BE USED BY THOSE IN TRAINING SESSIONS.

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

TN.GOV  
TENNESSEE GOVERNMENT

Step 1 of 1. Enter your information below. In order to save your changes, click the Save button.

Governor Bill Haslam

\* indicates required fields. For help click the question mark icon.

**Outcome General Information**

User ID: 2643640  
SSN: 7434  
Name: Linda Wiese  
\* LWIA/Region: LW09-Nashville Career Advancement C  
\* Office Location: TN Career Center - Nashville  
\* Staff Position: Staff

**Outcome Exit Information**

\* Exit Date: 10/31/2014 Today  
\* Other Exit Reason: Health/Medical  
Other Exit Reason Description:  
Alternate Contacts: [Click Here](#)

**Contact List**

Contact Name	Relationship	Phone Number	Date Inactive
		731-796-6761	

Comments:

**Outcome Staff Information**

Case Note: [Add a new Case Note](#) | [Show Filter Criteria](#)

ID	Create Date	Subject	Action
			<a href="#">Edit</a>

Current Case Manager: Case currently Not Assigned to a Case Manager  
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

Previous Case Manager:

Staff Create:  
Create Date:  
Last Edited By:  
Last Edit Date:  
Soft Exit Date:

[Exit Wizard](#)

Save Cancel

1. Select "LWIA/Region"
2. Select "Office Location"
3. Select "Staff Position"
4. Key "Exit Date"
5. Select "Other Exit Reason"

Click "Save"

If "Save" is not selected the information keyed will not be saved.

## SCHEDULING APPOINTMENTS

**Currently Managing**

ALLEN, TIMMY

**Service Tracking: ON**

Release Individual

Assist a new Individual

**My Staff Workspace**

My Staff Dashboard

My Staff Resources

My Staff Account

Directory of Services

**Services for Workforce Staff**

Manage Individuals

Manage Employers

Manage Resumes

Manage Job Orders

Manage Labor Exchange

Manage Activities

Manage Case Assignment

Manage Profiling

Manage Follow-Up

Manage Surveys

Manage Providers

Manage Funds

Manage WARN Notifications

**Reports**

My Reports

Summary Reports

Detailed Reports

Custom Reports

Ad-Hoc Query Wizard

Federal Reports

**Communications**

Messages

Correspondence

Alerts

Virtual Recruiter

Email Log

**Templates**

Job Order Skill Sets

Job Order Templates

Communication Templates

Case Note Templates

Search List

**Document Management**

Search Documents

**Manage Schedules**

Appointment Calendar

Events Calendar

**Other Staff Services**

Labor Market Services

Assistance Center

Staff Online Resources

Staff Online

**Calendar to Display Appointment On**

My Calendar (and any attendees I select)

Timmy Allen's Calendar (other attendees cannot be selected)

**Appointment Information**

**Subject:** Benchmark appointment

**Description:** Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Please report to the career center on 12/10/2014 at 3:30 and bring your transcripts with you.

[\[ Spell Check \]](#) [\[ Clear Text \]](#)

**Location**

**Appointment Type:** In Person - Designated Office

**Workforce Region:** LW09-Nashville Career Advancement C

**Office Location:** TN Career Center - Nashville

**Meeting Room:** There are no rooms tied to this location. Please select a different office.

You are the organizer for this meeting, please check this box if you will also be attending:  
 I am attending

**Schedule**

All Day Appointment

**Start Date/Time:** 12/10/2014 3:30 PM

**End Date/Time:** 12/10/2014 4:30 PM

**Send Reminder:** 1 day before

**Attendees**

**Staff Attendee(s)**

**Search Select Staff**

[ Remove ]

**Individual Attendee(s)**

**Search Select Individual(s)**

**Recent Selections**  
Timmy Allen

Allen, Timmy

[ Remove ]

**Employer Attendee(s)**

**Search Select Employer(s)**

[ Remove ]

**Notification Options**

**Select Method:**

Internal Message (Message Center)

Email (if Available)

Text Message (if Available)

Text Message Notification (if Available)

Preferred Notification Method

Download appointment for my local calendar eg. Outlook (creates vCalendar .ICS file)

- Click on Appointment Calendar
- This is a screen shot of setting up an appointment for a particular person.
- You can indicate if you want an appointment to show on your calendar and others.
- Subject is mandatory
- Location – Region and Location are mandatory
- Schedule date are mandatory
- You can select yourself or other staff to attend the appointment
- Select the Individual you want to meet with.
- Indicate how you want the appointment to be forwarded to the participant
- Click Save
- Appointment will print to both your calendar and the participant's calendar.



## General Q & A's

1. What is required if the participant does not pass his/her TABE' test?  
TABE scores should be scanned into Jobs4TN (VOS) to document whether the participant has passed the assessment portion. Case notes should be updated to show whether the participant needs to retake the assessment. It should also indicate when and where the test will be given.
2. Who, what, and how will the training decision be distributed?  
All decisions will be emailed to the following with the Determination, Voucher (if approved) and a copy of the enrollment.
  - The career center TAA Representative
  - The training provider
  - The vendor (if any)
  - The TRA Unit
  - The LWIA Representative
3. What does the Career Center TAA Representative do upon receipt of the information  
CC Rep must contact the participant and request he/she return to the office to sign the determination and receive the voucher along with the cost list for the current term.
4. How is the information on the Jobs4TN site saved?  
Once you click on "Next", "Save", or "Finished" at the bottom of the screen the information you keyed on that screen will be saved.
5. What activities should be shown for TAA?  
Orientation (TRA Staff) / Initial Assessment (TAA Staff) (closed)  
Rapid Response (closed)  
IEP (open)  
LMI (closed)  
Job Search (closed)  
Referral to WIA for Assessment (open for up to 2 weeks, depending on your WIA)  
Training (open)  
Mileage – TAA Specialist (if Applicable) (Open)  
Job Search Allowance (Open for 30 days)  
Relocation Allowance
6. Once an IEP (our EDP) is keyed into Jobs4TN (VOS), when should it be closed?  
The IEP will be a common one used by all partners. Therefore it should stay open until the last service has been completed. If TAA is developing the IEP, the projected end date should be at least the last date of training. The projected end date can be edited if needed.
7. What do I do if the IEP has already been established by another partner?

You may update the IEP with TAA information. A goal can be added, objectives can be added. This is a living document so information can be added when necessary.

8. How do I know if the training provider and course of study is an eligible provider?  
Prior to selecting the training service code “300” look at the eligible provider’s list located on TDLWD’s website to see if the name of the training provider and course are showing on the list. If so you can proceed with using service code “300.” If not you must call your TAA Specialist.
9. How should the documents be scanned in the system, individually or as a group?  
Prior to submitting the training request information for determination, please scan all documents as a group and upload it into Jobs4TN (VOS) and name it “worker’ lastname, first name Training Request for Review – Date (xx-xx-xxxx) uploaded.”
10. What documents do I need to include in the scan?
  - Signed Training application
  - Signed EDP
  - Total Cost sheet broken down by term
  - Books & Supplies, including tools, broken down with cost of each per term
  - Academic plan/course outline per term
  - Signature of authority for the attendance forms and billing
  - School Calendar showing breaks in training
  - Mileage information (1 source if less than 45 miles one way, 3 sources if the participant is traveling more than 45 miles one way.)
  - Demand Documentation
  - Worker Training Agreement & Responsibilities LB-1092
  - TAA Training Financial Support Statement LB-1090
  - Willing to Commute LB-1089 (if traveling outside area for employment)
11. What happens to the originals once they are scanned into Jobs4TN (VOS)?  
All original signed documents must be maintained in a file at the Career Center
12. What needs to be included in the cost and cost breakdowns, and how do they need to be documented?  
All items including tuition/fees and all required books/supplies/tools, etc. must be broken down by term on both the total cost sheet and the item lists. No percentage mark up will be needed.
13. How is the voucher affected if the student registers for a class and the class is cancelled?  
Nothing, the school should only bill for the items purchase. However, if the participant is under Revision 2014, and the student can’t get full-time for the term, it could affect his TRA eligibility and eligibility for training. Each case must be evaluated individually before a decision can be made.

14. When a participant is approved for training, since there is not contract will the participant be approved for the entire training or just approved each term?  
The participant should be approved for the full training, however, the participant's progress will be evaluated. The participant's eligibility could be affected if he/she is not maintaining satisfactory status at the training facility.
15. What happens to the previously approved training contracts once we go live in Jobs4TN (VOS)?  
Contracts already in place at the time of Go-Live will remain intact through the end of the participant's schedule training date. However, we will convert to vouchers for payment. This will be handled primarily by the TAA Unit.
16. Are all participant's required to submit grades and registrations for next term at the end of each term?  
Yes, in fact the participant cannot obtain a voucher for the next term without presenting these things at the completion of each term. These items must be uploaded into VOS and named "worker's lastname, firstname Grades for term (summer 2015) – DATE (xx-xx-xxxx) uploaded"
17. Jobs4TN (VOS) allows the participant to not input his/her social security number when they are registering? For TAA purposes, how will the program work without SSN's?  
To receive assistance under TAA, the participant must provide documented proof of his/her social security when staff completes the TAA application. The system requires verification of social security number.
18. Can the information keyed by the participant incorrectly when registering in the system be corrected when staff assists the individual with TAA services?  
Yes
19. Is there a waiver form that must be signed by the participant?  
Yes, when you completed the waiver in the system, you should be able to print a copy.
20. When closing an activity do you wait until all invoices have been received and processed?  
Yes
21. How often should case notes be completed on a TAA participant?  
A case note should be completed in the Jobs4TN (VOS) system, every time you interact with the participant, whether it is in Wagner Peyser, TAA, or WIA.
22. Is the Application Date the date of Request?  
No, the date of request is still the date the participant provides sufficient information to indicate his/her desire to enroll in training. The definition of the Request Date will still have to be met. Definition can be found in the 2014 TAA Manual.
23. With Jobs4TN (VOS) system will forms on TNUI.net still be required.  
Yes

## IEP Questions

1. Goal Types: What is the difference between Schooling and Training?  
A schooling goal should be used if a person needs to go back for their GED, while training should be used if the client needs to pursue a new career.
2. Is the default for review dates always six weeks?  
Yes
3. If an IEP is left open, will it keep the system from exiting the participant?  
No, the participant will still exit.
4. Can the IEP remain open indefinitely?  
Yes.
5. Can you change an existing goal, or add a new goal if a person's goals change?  
You can add a new goal if a person's situation changes.
6. Are there any reports associated with the IEP?  
Unfortunately no, there are currently no reports that document IEP information.
7. Can a list of objectives be printed?  
Yes, either use a Print icon available on the main Plan Tab, or click the right side of your mouse and print that way.
8. If you set alerts for the IEP and the client doesn't complete the goal, do you keep getting alerts until the task is completed?  
No, it will only alert you based on the estimated completion date of the goal.
9. If the client is enrolled in WIA will the IEP services create an activity into WIA?  
Yes.
10. Is there a requirement to complete an objective assessment prior to creating a plan?  
No, unless local policy dictates.
11. What is the difference between a goal and an objective?  
A goal is the primary reason why a person needs your help (get re-employed, go back to school). Objectives are the "baby steps" taken to achieve that goal.
12. How do you determine whether a goal is short term or long term?  
There is no set time frame for short, intermediate, or long. This may be something local policy will define.
13. Only an assigned case manager will get the alerts?  
Yes.

14. Do staff privileges calculate into the selection of the WIA or WP goals?  
No.
15. Are there different objectives for both WP and WIA?  
There can be different predefined objectives based on the goal type. While WP may always deal with re-employment, WIA may be training or schooling related objectives.
16. If staff was to use an IEP in WP, and a core service has been provided in WIA, will the WP intensive service populate over to WIA?  
Only if the IEP is set up with the WIA and WP boxes both checked.
17. If you accidentally click the Delete button, will the system ask for confirmation before deleting?  
Yes.
18. If the plan requires closure prior to exiting a participant, is it possible to have a post exit IEP goal or objective for 12 month follow-up purposes?  
Yes. The plan can also stay open and you can still prepare the client for exit.
19. When selecting a predefined objective, is there an option to add comments?  
Yes.
20. Can we create our own predefined goal and objective templates?  
From a template perspective, not at this time.
21. When checking the program affiliation, do you have to check the WP option if you're a WIA case manager?  
No, you can check only WIA if you wish.
22. Does the activity code 205 connect to the WIA participation and, if so, is there activity codes for youth tied to the IEP?  
For youth, the code is 413.
23. Can the system be set up to automatically close out the goals and/or plan when a case closure is created?  
Not at this time.
24. Why can't other staff close out goals who are not assigned to manage the record?  
The administrative side of the system can be set up so that other staff members have the privileges to close out IEP goals.
25. Do you have to close the objectives in order to close the goal?  
Yes.
26. After you have closed a goal or objective, can you re-open it?  
You would have to edit more than that in many situations, such as Completion and Review dates. But you could re-open it.

27. Is there a time when you can no longer delete a goal or objective?

This is only limited through the administrative side of the system.

28. If a WIA client does not complete a goal or objective successfully, is that considered a negative with our WIA measures?

For reporting purposes, the outcome of activities in a client's service plan is more important. What appears in the Plan Tab is limited in regard to where the information will appear.

29. Will the 205 activity in the enrollment table of the program tab shown as staff created or system created?

It is staff created. However, the comments text box can display "system created from creation of an IEP Plan."

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