

Instructions

Request for Determination of Entitlement to TRA Trade Act of 1974 amended 2002, 2009, 2011, 2015

This document must be completed in order for an official determination to be made regarding your entitlement to TRA benefits. The section found on this form that reads *(For Office Use)* should not be completed by the worker.

General Information Section:

Worker's Name: Enter your name (Last, First, and Middle) *If there is no middle name, please leave blank.

Social Security Number: Enter only the last four digits.

Address: Enter the official mailing address (Number and Street Name, City, County, State, Zip Code)

Telephone Number: Enter your 10 digit contact number to include the Area Code. **Last Occupation:** Enter your job title you had with the company in

Box A1.

Section A.

A1. Name of Firm: This information is pre-populated with the trade-affected employer name and subsidiaries, if applicable.

A2. Address of Firm: This information is pre-populated with the primary trade-affected employer's address where the work was performed.

A3. Number of Weeks earned \$30 or more: Enter the number of weeks you earned \$30 or more a week from the company in A1. If you worked over a year, enter "More than 52 weeks."

A4. Last Day Worked: Enter the date of the last day you worked for the company in A1.

A5. Official Layoff Date: Enter the date you were officially laid off from company in A1.

Date of Hire with Trade-Affected Employer: The first date of hire with the company in A1.

Section B.

B1. TOTAL GROSS EARNINGS FROM TRADE-AFFECTED EMPLOYER THE YEAR OF YOUR SEPARATION (year-to-date)

§: Enter the total amount you earned this year before taxes have been taken out.

From: Enter the date, one year prior to your official separation date from laid off company in A1.

To: Enter your official separation date from laid off company from A5.

B2. TYPE OF SEPARATION (choose one)

Permanent: Choose this one if you are no longer an employee of the company.

Partial: Choose this one if you are still working with the company but your hours have been reduced.

Temporary: Choose this one if you have been laid off but the company has given you a definite return to work date or recall date.

B3. Reason for Separation (choose one)

Lack of Work: Choose this one if your company has told you that they have to lay you off due to lack of work.

Other (specify): Choose this one if you were separated due to a discharge, fired, quit, job refusal, health or leave of absence.

B4. IF REASON FOR THE SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN.

Briefly describe why you are no longer employed **if you were not laid off.**

B5. List your employment other than the trade-affected employer for the last year and six months. Start with your last employer and work back.

Example:

BEGINNING AND END DATES OF EMPLOYMENT		NAMES OF EMPLOYERS	TOTAL GROSS WAGES PAID
From:	To:	(LAST EMPLOYER) – PRIOR TO TRADE-AFFECTED EMPLOYER	
From:	To:		

C. OTHER QUALIFYING INFORMATION (To be completed by worker by checking appropriate boxes. If “YES” is selected, you must provide an explanation.

C1. Did you work for any other employer after the employment shown in Section A. (Trade-Affected Employer)?

If “Yes”, please complete 1.a, 1.b, 1.c, 1.d, 1.e and 1.f

C2. Have you filed a request for a determination of entitlement to Trade Readjustment Allowance (TRA) prior to this application?

If “Yes”, please complete 2.a, 2.b

C3. Do you have entitlement to Reemployment Assistance (RA) benefits in the benefit year of your most recent RA claim?

If “Yes”, please complete 3.a

C4. Have you received RA benefits or TRA since the employment in Section A?

If “Yes”, please complete 4.a and 4.b

C5. Since the employment shown in Section A., have you refused to accept referral to, or have you failed to report to a referred training program, or been terminated from any training program?

If “Yes”, please complete

5.a, 5.b **C6. Are you**

receiving any training? If

“Yes”, please complete 6.a,

6.b

D. Worker Certification

After completing the form, please read the information in this section and provide signature and date attesting to the fact that the information provided is correct to the best of your knowledge and you understand that willful misrepresentation will carry penalties.