



North Carolina Department of Commerce

Division of Employment Security

Unemployment Insurance



Application for Completion Trade Readjustment Allowances (TRA)

Name (Last, First, MI)
Mailing Address

Claimant ID

In accordance with the Trade Adjustment Assistance Reauthorization Act of 2015, assuming a worker meets the other TRA eligibility requirements, the worker qualifies for up to 13 weeks of Completion TRA if all of the following criteria are met:

- 1) *The requested weeks are necessary for the worker to complete a training program that leads to completion of a degree or industry-recognized credential.*
- 2) *The worker is participating in training in each such week; and*
- 3) *The worker has substantially met the performance benchmarks established in the approved training plan; and*
- 4) *The worker is expected to continue to make progress towards the completion of the approved training; and*
- 5) *The worker will be able to complete the training during the period authorized for receipt of Completion TRA.*

The eligibility period for up to 13 weeks of Completion TRA benefits will be the 20 week consecutive calendar period beginning with the first week in which the worker files a claim for Completion TRA.

CLAIMANT CERTIFICATION: I understand that I am making a request for Completion TRA benefits and the information contained in this request is complete and accurate to the best of my knowledge.

SIGNATURE OF CLAIMANT: _____

DATE: _____

Section below is to be completed by the DWS Case Manager:

Petition Number	Additional TRA End Date	First Week of Completion TRA Requested
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_____	_____	_____
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Name and Location of Training Facility	Expected Training Completion Date
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_____	_____
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20 WEEK DATE

THE CLAIMANT DID *DID NOT MEET ALL THE BENCHMARK REQUIREMENTS

THE CLAIMANT DID *DID NOT MEET THE 20 WEEK COMPLETION REQUIREMENT

*REASON IF CLAIMANT DID NOT MEET BENCHMARK REQUIREMENTS OR 20 WEEK COMPLETION REQUIREMENT:

SIGNATURE OF DWS CASE MANAGER: _____

DATE: _____

Section below is to be completed by the TRA Representative:

THE REQUEST FOR COMPLETION TRA IS: APPROVED DENIED

SIGNATURE OF TRA REPRESENTATIVE: _____

DATE: _____