

FAX to: Workforce Solutions/TAA Coordinator 919 662 4727 **From:** _____

Remarks: _____

North Carolina Department of Commerce	Request for Job Search Allowances
Division of Workforce Solutions	Trade Act of 1974, as Amended

Worker's Name (last, first, middle)	Social Security Number	Cost Center #	Date of Application
Address (no. street, city, state, zip code)	Petition Number	Paying State	Date of Certification

A. Worker Application for Job Search Allowance

1. Were you totally separated from adversely affected employment within the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Is this your first request for a job search allowance under the Trade Act of 1974, as Amended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Name and Address of Firm Where Interview Scheduled:	Date of Interview:	Job for Which Interviewed:	
	Date of Departure:		
	Date of Expected Return:		
	Number of Miles: (round trip)		
9. Contact Person:	Telephone Number:	<u>OR</u> Attach letter of Verification	

B. Worker Certification

I give this information to support my Request for Relocation Allowances under the Trade Act of 1974. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

SIGNATURE OF WORKER	DATE SIGNED
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C. NCWORKS Career Center Staff Certification

1. Registered with ES and has been provided reemployment services.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Individual has no reasonable expectation of securing suitable employment in the commuting area <u>and</u> has a reasonable expectation of obtaining suitable employment expecting long-term duration outside the commuting area.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Worker application for Relocation Allowance was made no later than:			
a. 365 th day after date of certification or separation.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b. 182 nd day after conclusion of training.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Applicant accepted referral to employer by DWS.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SIGNATURE OF TAA CASE MANAGER	DATE SIGNED		

D. State Agency Determination

Based on the information you have supplied above, it is determined that:

- a. You are eligible for job search allowances under the Trade Act of 1974, as Amended.
- b. You are ineligible for job search allowance because verification of employment interview could not be made.
- c. Job search Allowance is denied for the following reason (s): _____

SIGNATURE OF STATE TAA COORDINATOR	DATE SIGNED
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E. Results of Job Search

This section must be completed, signed and dated by the worker, and returned to the TAA Coordinator **before** reimbursement of expenses can be made.

Company Name	Date of Interview	Name of Interviewer	Results
1.			
2.			

SIGNATURE OF WORKER	DATE SIGNED
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F. Job Search Allowance Reimbursement for the following costs:

TRAVEL EXPENSES	Actual Cost	Amount Reimbursed
<input type="checkbox"/> a. Commercial Carrier	\$	\$
<input type="checkbox"/> b. Privately Owned Automobile (no. miles)	\$	\$
<input type="checkbox"/> Lodging costs (no. nights @ actual daily rate)	\$	\$
<input type="checkbox"/> Meals (no. days @ actual daily cost)	\$	\$
TOTAL	\$	\$

G. Appeal Rights

If you disagree with this determination, you have the right to appeal. This determination becomes final unless notice of appeal is filed within 10 days from the date the determination was presented or mailed to you. Any appeal must be filed in writing, set forth the reasons for appeal, and be (1) filed through the DWS Office where this request was filed; (2) mailed to the Trade Unit, Workforce Solutions 4316 Mail Service Ctr., Raleigh, NC 27699-4316; or, (3) fax to the Workforce Solutions at (919) 662-4727.

Appealed _____
SIGNATURE OF WORKER DATE

Reason(s) for Appeal:

