

REMARKS: _____

North Carolina Department of Commerce Division of Workforce Solutions	Request for Relocation Allowances Trade Act of 1974, as Amended
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Worker Name (Last, First, Middle)	Social Security Number	Cost Center #	Date of Application
Address (No., Street, City, State, Zip)	Petition Number	Paying State	Date of Certification

A. Worker Application for Relocation Allowance

Is this your first request for relocation under Trade Act? YES NO If NO, Explain: _____

Have you obtained suitable employment, or do you have a bona fide offer of employment? YES NO

Will the employer pay all or part of your relocation expenses? YES NO If Yes, amount to be paid? _____

Name and Address of Firm offering employment:	Job Title:	City/State of Relocation:
	Salary \$	Expected Date of Move
	Starting Date:	Number of Miles (Round Trip):

Contact Person:	Telephone Number:	OR Attach Letter of Verification
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B. Worker Request for Reimbursement of Household Goods

ESTIMATED CHARGES

1. Commercial Carrier: (3 bids required; internet bids not allowed)		2. Trailer Hauled by Auto/Mobile Home by Commercial Truck		3. Truck Rental (bids not required)	
Number of Miles		Number of Miles		# of Miles	
Moving		Federal Rate		Truck Rental	
Packing		Total Mileage Est.		Trailer Hauled by Commercial Carrier	
Insurance		Trailer Rent			
Total		Total		Total	

Name and Address Commercial Carrier and/or Truck Rental:

Name: _____ Phone: _____

Address: _____

C. Worker Request for Lump Sum Payment

Average Weekly Wage \$ _____ Multiplied by three (x 3) = \$ _____

D. Worker Certification

I give 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 such proof of expenditures as is required by the Trade Act of 1974, as Amended

SIGNATURE OF WORKER _____	DATE SIGNED _____
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E. NCWORKS Career Center Staff Determination

- | | |
|--|--|
| 1. Relocation outside of the worker's commuting area..... | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Registered with NCWORKS and has been provided reemployment services..... | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Individual has no reasonable expectation of securing suitable employment in the commuting area and has obtained suitable employment of long-term duration outside the commuting area..... | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Worker application for Relocation Allowances was made no later than: | |
| 425th day after date of certification or separation | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 182nd day after conclusion of training | YES <input type="checkbox"/> NO <input type="checkbox"/> |

SIGNATURE OF TAA REPRESENTATIVE

DATE SIGNED

F. Relocation allowances are approved for payment of the following costs:

NOTE: ALL ALLOWANCE RATES ARE FIGURED AT THE FEDERAL PER DIEM

- You are eligible to receive relocation allowances under the Trade Act of 1974, as Amended.
 You are not eligible to receive relocation allowances under the Trade Act of 1974, as Amended.
Reason: _____

TRAVEL EXPENSE

LODGING, MEALS AND INCIDENTAL EXPENSES

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1.</td><td>Commercial Carrier</td><td></td></tr> <tr><td>2.</td><td>Personal Car Total</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td><i>Enter number of round trip miles</i></td><td></td></tr> <tr><td></td><td><i>Enter the Standard Federal Mileage</i></td><td></td></tr> <tr><td>3.</td><td>Other Travel Expenses</td><td></td></tr> <tr><td></td><td>Description</td><td></td></tr> <tr><td>a.</td><td></td><td></td></tr> <tr><td>b.</td><td></td><td></td></tr> <tr><td>c.</td><td></td><td></td></tr> <tr><td>d.</td><td></td><td></td></tr> <tr><td colspan="2">Total Travel Expense</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="3">Explanation of Travel:</td></tr> </table>	1.	Commercial Carrier		2.	Personal Car Total	\$		<i>Enter number of round trip miles</i>			<i>Enter the Standard Federal Mileage</i>		3.	Other Travel Expenses			Description		a.			b.			c.			d.			Total Travel Expense		\$	Explanation of Travel:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1.</td><td>Maximum Lodging</td><td></td></tr> <tr><td></td><td>Rate</td><td></td></tr> <tr><td></td><td>Number of Nights</td><td></td></tr> <tr><td></td><td>Total</td><td style="text-align: right;">\$</td></tr> <tr><td>2.</td><td>Maximum Meals & Incidental Expenses (M & IE)</td><td></td></tr> <tr><td></td><td>Rate</td><td></td></tr> <tr><td></td><td>Number of Days</td><td></td></tr> <tr><td></td><td>Total</td><td style="text-align: right;">\$</td></tr> <tr><td>3.</td><td>First and Last Day (75% of M&IE)</td><td></td></tr> <tr><td></td><td>Rate</td><td></td></tr> <tr><td></td><td>Number of Days</td><td></td></tr> <tr><td></td><td>Total</td><td style="text-align: right;">\$</td></tr> <tr><td>4.</td><td>Other Expenses</td><td></td></tr> <tr><td>a.</td><td></td><td></td></tr> <tr><td>b.</td><td></td><td></td></tr> <tr><td colspan="2">Total Lodging/Meals/Incidental Expenses</td><td style="text-align: right;">\$</td></tr> </table>	1.	Maximum Lodging			Rate			Number of Nights			Total	\$	2.	Maximum Meals & Incidental Expenses (M & IE)			Rate			Number of Days			Total	\$	3.	First and Last Day (75% of M&IE)			Rate			Number of Days			Total	\$	4.	Other Expenses		a.			b.			Total Lodging/Meals/Incidental Expenses		\$
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SIGNATURE OF TAA COORDINATOR

DATE SIGNED

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 Local Office where this request was filed; (2) mailed to the Division of Workforce Solutions, Attn: Trade Section, 4316 Mail Service Center, Raleigh, North Carolina 27699-4316; or, (3) faxed to the Workforce Programs Unit at (919) 662-4727.

APPEALED Signature of Worker _____ Date _____
REASON: _____