

**North Carolina Department of Commerce  
Division of Workforce Solutions**

**Request for Training and Allowances  
Trade Adjustment Assistance  
(Trade Act of 1974, as Amended)**

Original  Revision No. \_\_\_\_\_  
Complete Revision Section

Worker Name (Last, First, Middle Initial)	Social Security OR Claim ID No.	Cost Center Name / Number /	Petition Number <b>TAW –</b>
Address (No., Street)	Gender	Date of Birth	Petition Certification Date:
City	State	Zip Code + 4	Qualifying Separation Date:

**EDUCATION / (NCWORKS Career Center Staff)**

Highest Grade Completed	High School or Equivalent	Advanced Degree/Training	Advanced Degree/Training
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of School:	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of School:	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of School:
		Name & Year of Degree:	Name & Year of Degree:
		Major:	Major:
		Description:/Training:	Description:/Training:

**EMPLOYMENT HISTORY / (NCWORKS Career Center Staff)**

(1) Employer Name:	(2) Employer Name:
Starting Date:	Starting Date:
Ending Date:	Ending Date:
Rate of Pay:	Rate of Pay:
Job Title/Description:	Job Title/Description:

**REQUEST FOR TRAINING / (NCWORKS Career Center Staff)**

I request consideration for the training program (s) below and any allowances to which I am entitled under the Trade Adjustment Act of 1974, as amended. TRAINING PLANS ARE FUNDED ON A YEAR TO YEAR BASIS BEGINNING OCTOBER 1 OF EACH FISCAL YEAR. I UNDERSTAND THAT FUNDING MAY NOT BE AVAILABLE AFTER SEPTEMBER 30, \_\_\_\_\_. 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 APPLICATION FILING DATE

Remedial*	Occupational	OJT/Customized
Entered Training Date / Estimated Ending Date	Entered Training Date/Estimated Ending Date	Entered Training Date/Estimated Ending Date
/	/	/
N/A	O'Net Code:	O'Net Code:
Do not enter		
Weeks to Complete: (26 week intervals)	Weeks to complete:	Weeks to complete:
Remedial Training Type:	Occupational Title of Training:	Job Title:
Name of Training Provider:	Name of Training Provider:	Name of Training Provider:
From Remedial Employment Goal:	Occupational/Employment Goal:	Occupational/Employment Goal:
*ABE, GED, HSD, ESL, Developmental Math, English, Reading	Average Starting Salary for Occupational Goal:	Starting Salary:
	\$	\$
	Willing to Relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**BARRIER (S) TO EMPLOYMENT / (NCWORKS Career Center Staff)**

(List barriers)	Plan to overcome barrier (s):

**OBLIGATED TRAINING FUNDS**

Program Year:	Program Year:	Program Year:	Est. Total Training Cost
\$	\$	\$	\$
			<b>Est. Total Trans/Subsistence Cost</b>
\$	\$	\$	\$
			<b>Est. Total OJT Cost</b>
\$	\$	\$	\$
Comments:			

Worker Name \_\_\_\_\_

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

**TAW -** \_\_\_\_\_

**REQUEST FOR REVISIONS TO TRAINING PLAN / (NCWORKS Career Center Staff)**

Change the number of weeks to \_\_\_\_ or training to end \_\_\_\_  
Explain Reason:

Change of curriculum. Explain Reason:

- Completed remedial training and entering occupational training. (Complete occupational training request above)
- Training approved by WIA on \_\_\_\_\_
- Training approved by NEG on \_\_\_\_\_
- Receiving Pell Grant starting on \_\_\_\_\_
- In WIA approved training, request TAA funds of \$ \_\_\_\_\_
- Other: \_\_\_\_\_

**TRAINING FUNDS / (NCWORKS Career Center Staff)**

Type Funded	Registration Date (WIA or NEG only)	Projected Cost* (TAA ONLY)
<input type="checkbox"/> TAA		\$
<input type="checkbox"/> WIA	*	*For vendors other than NC community college, submit projected cost per semester and total projected cost per training request.
<input type="checkbox"/> NEG	*	
<input type="checkbox"/> PELL	*Indicate date worker registered for either WIA Local Funding or NEG	
<input type="checkbox"/> Other:		

**TAA CERTIFICATION / (NCWORKS Career Center Staff)**

I certify to the below requirements for eligibility under the Trade Adjustment Act, as Amended:

- YES  NO 1. Suitable employment is not available.
- YES  NO 2. He/she will benefit from appropriate training.
- YES  NO 3. A reasonable expectation for employment following training exists.
- YES  NO 4. Training is reasonably available.
- YES  NO 5. The worker is qualified to undertake and complete this training.
- YES  NO 6. This training is suitable and available at a reasonable cost.

Explanation of any unmet criteria:

**WIA SERVICES (NCWORKS Career Center Staff)**

Has the worker been referred to WIA Services:  YES  NO

Has the worker entered WIA approved training?  YES  NO If yes, enter date training began: \_\_\_\_\_

**LOCAL TAA CERTIFICATION (NCWORKS Career Center Staff)**

I agree to this employability plan and will participate to the fullest extent possible. I understand that failure to actively participate in this plan will nullify and jeopardize the successful conclusion of this agreement. I understand that if I fail to do so without justifiable cause, I may become ineligible for TRA weekly benefits.

\_\_\_\_\_  
SIGNATURE OF LOCAL OFFICE TAA REPRESENTATIVE

\_\_\_\_\_  
APPLICATION FILING DATE

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

\_\_\_\_\_  
APPLICATION FILING DATE

**STATE TAA CERTIFICATION**

This request for training is approved.  This request for training is denied.

\_\_\_\_\_  
TAA COORDINATOR

\_\_\_\_\_  
DECISION DATE

Comments:

**RESPONSIBILITIES OF PARTICIPANT WHILE IN TRAINING &  
CONDITIONS OF CONTINUING ELIGIBILITY**

**By initialing the participant agrees to the each of the following:**

1. \_\_\_ Maintain full-time training status, as defined by the training provider, for the duration of training unless otherwise approved.
2. \_\_\_ Participant understands failure to attend each consecutive session, quarter, or semester of training without prior approval from the North Carolina Department of Commerce, Division of Workforce Solutions (DWS) will be treated as a quit.
3. \_\_\_ Maintain "satisfactory" progress throughout training. If training cannot be completed on or before the authorized completion date, progress will be classified as "unsatisfactory." Failure to maintain "satisfactory" progress may result in denial of TRA benefits and/or termination from training.
4. \_\_\_ Cooperate with the training facility to facilitate completion and timely submission of Benchmark Form and NCDWS 2793 'Bi-Weekly Attendance and Benefit Voucher' to verify attendance and reimbursement of eligible transportation expenses. Form NCDWS 2793 must be submitted bi-weekly until training is completed.
5. \_\_\_ Attend all scheduled classes. Any absence(s) may result in denial of TRA/UI benefits for the week in which the absence occurred. Excessive absences may result in termination of training.
6. \_\_\_ No changes to your training program or dropping of classes may be done without prior approval. TAA will pay for a required course only. Payment for failed courses and duplicate retakes may be allowed with State TAA coordinator approval. Failure to obtain prior approval to drop classes may result in termination of training and/or require reimbursement of expenditures for training that were not approved in advance.
7. \_\_\_ Register only for classes in your major and receive approval for On-Line classes (distance learning) prior to enrollment. Classes outside your major are not the financial responsibility of the TAA Program.
8. \_\_\_ During the progression of training, you must provide the TAA Case Manager with the following documents:
  - A current resume
  - The description, requirements, and costs of your training program.
  - A registration form from your training provider before the start of the term.
  - Grades at the end of each term.
  - Copy of training credential such as a diploma, certificate or degree.
  - Upon completion of training, notification of your TAA Case Manager when you have obtained employment
9. \_\_\_ Obtain only those books, supplies, tools, etc. that are required by your curriculum. Required tools/supplies must be approved by an official of the training provider. A list of required tools/supplies signed by a training provider official must be given to DWS. Do not pay any fees, costs of training, etc. or purchase books, supplies, etc. unless prior approval has been given.
10. \_\_\_ TAA will not purchase computers, without a letter from the Dean or Department head stating that every student taking the class must purchase their own computer in order to take the class. No hardware, internet connectivity, printers, or ink cartridges will be paid for by the TAA Program.
11. \_\_\_ If you leave training for any reason, you must notify the training facility and your TAA Case Manager at the local NCWORKS Career Center Office immediately. You must follow the withdrawal procedures of the training facility; and, upon leaving training, you must immediately return tools, cosmetology kits, etc. to the local TAA Case Manager.
12. \_\_\_ Leaving approved training without "good cause" may result in disqualification for all Trade Act benefits.
13. \_\_\_ UI and TRA benefits are payable for a specified amount and duration. You are expected to complete your training program even though UI/TRA benefits may be exhausted prior to completion of training.
14. \_\_\_ Transportation costs will be considered in determining whether the costs of the training program are reasonable. A transportation allowance may be requested if, and only if, round trip mileage is 40 miles or more and will start with mile 41. Round trip mileage is calculated by measuring the shortest distance from your residence to the training facility and returning to your residence. Transportation allowance is a reimbursement which will be paid at a rate consistent with the standard federal mileage rate.
15. \_\_\_ Direct questions about your training, UI or TRA claim to your local NCWORKS Career Center Office.

\_\_\_\_\_  
SIGNATURE OF LOCAL OFFICE TAA REPRESENTATIVE

\_\_\_\_\_  
APPLICATION FILING DATE

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

\_\_\_\_\_  
APPLICATION FILING DATE