



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF EMPLOYMENT SECURITY

**WEEKLY REQUEST FOR ALLOWANCES BY WORKER IN TRAINING**

TRADE ACT OF 1974, Amended 2002, 2009, 2011, 2014

**CLAIM WEEK**

Enter Saturday Date

WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	PETITION NO.
-------------------------------------	------------------------	--------------

MAILING ADDRESS (No., Street, City or County, State, Zip Code)

**A. TRADE READJUSTMENT ALLOWANCE (To be completed by worker.)**

1. HAVE YOU FILED FOR ANY OTHER TRAINING ALLOWANCE FOR THE WEEK SHOWN (OR FOR A PERIOD WHICH INCLUDES THE WEEK)? YES  NO  IF YES, PROVIDE: NAME OF PROGRAM \_\_\_\_\_

2. ARE YOU FILING A CLAIM FOR UNEMPLOYMENT INSURANCE IN ANY STATE? YES  NO  PAYING STATE: \_\_\_\_\_

3. DURING THE CLAIM WEEK DID YOU WORK OR EARN ANY WAGES? YES  NO  IF YES, AMOUNT: \$ \_\_\_\_\_  
3a. DID YOU QUIT? YES  NO  3b. WERE YOU DISCHARGED? YES  NO

4. IF YOU HAVE RETURNED TO WORK, PROVIDE:  
NAME AND ADDRESS OF COMPANY \_\_\_\_\_ JOB TITLE/DUTIES \_\_\_\_\_  
\_\_\_\_\_

WAGE PER HOUR \$ \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_ DATE BEGAN WORK \_\_\_\_\_  
HAVE YOU WORKED FOR THIS EMPLOYER BEFORE? YES  NO   
WILL THIS JOB PROVIDE HEALTH CARE, PENSION, SOCIAL SECURITY, ETC.? YES  NO   
IS JOB SPONSORED BY A STATE OR FEDERAL PROGRAM? YES  NO  IF YES, NAME OF PROGRAM \_\_\_\_\_

5. ARE YOU RECEIVING TRANSPORTATION ALLOWANCES UNDER THE TRADE ACT? YES  NO   
IF YES, CIRCLE DAYS IN ATTENDANCE. SUN MON TUE WED THU FRI SAT

**B. WORKER CERTIFICATION**

I hereby file a claim for benefits and certify that I am enrolled in training as approved under the Trade Act. The information I have provided is correct to the best of my knowledge. I understand there are penalties for willful misrepresentation made to obtain allowances to which I am not entitled.  
SIGNATURE OF WORKER \_\_\_\_\_ DATE \_\_\_\_\_

**C. PROGRESS AND ATTENDANCE IN TRAINING (To be completed by training facility.)**

1. AS OF THE WEEK SHOWN, WAS THIS WORKER ATTENDING TRAINING? YES  NO  CURRENT TERM BEGAN: \_\_\_\_\_  
CURRENT TERM ENDED: \_\_\_\_\_  
IF NO, PLEASE EXPLAIN. \_\_\_\_\_  
IF STUDENT IS OUT ON BREAK: DATE BREAK BEGAN: \_\_\_\_\_ DATE STUDENT WILL RETURN: \_\_\_\_\_  
**(PLEASE FILL OUT EVERY WEEK STUDENT IS ON BREAK.)**

2. (Complete if applicable) LODGING AND MEALS WERE PROVIDED THIS WEEK IN THE AMOUNT OF \$ \_\_\_\_\_ PER DAY FOR \_\_\_\_\_ DAYS.

3. WAS TRAINING SCHEDULED FOR ANY DAY(S) THIS WEEK? YES  NO

**D. TRAINING FACILITY CERTIFICATION**

THE ANSWERS TO PART C ARE IN ACCORDANCE WITH OUR RECORDS. THE WORKER IS SUBJECT TO ALL TRAINING FACILITY CRITERIA FOR SATISFACTORY PROGRESS.	SIGNATURE OF TRAINING OFFICIAL	DATE
--	--------------------------------	------

NAME OF TRAINING FACILITY: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____	MAIL TO: TRA UNIT TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT P O BOX 280450 NASHVILLE TN 37228
--	--