



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES
220 French Landing Drive
Nashville, TN 37243-1002
(615) 741-1031

Request for Completion TRA Benefits

I, _____ understand that I may be eligible to receive up to thirteen (13) weeks of Completion TRA benefits if I am on track to complete my training within the next twenty (20) weeks and have met all benchmark requirements.

I also understand that if I do not complete my training within the next twenty (20) weeks I will be over paid and responsible to repay all of the Completion TRA I have received.

Signature of Worker: _____ Date: _____

Signature of TAA Representative: _____ Date: _____