

Virginia Employment Commission
 Bi-Weekly Request for Allowances by Worker in Training
 Trade Act of 1974

Balance:
Travel Balance:
BYED:
Local Office:
WBA:

If your address is different than shown, enter the correct address below.

 (NUMBER) (STREET OR RURAL ROUTE)

 (CITY) (STATE) (ZIP CODE)

Telephone No. (_____) _____

Do you live within the city limits?
 YES NO

If NO, name of county

Claimant Name
 Claimant Address

SSN:
 Petition Number:
 Week(s) Ending:

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

Please explain all "Yes" answers.

- | | | |
|---|--------------------------|---------------------------------|
| | Yes | No |
| 1. Other than your Virginia claim, are you receiving (or do you intend to file) unemployment insurance under another state Or federal law for any part of the training week(s) shown above?
If "YES", type of claim _____, paying state: _____, amount received \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you worked in employment or self-employment during the training weeks shown above? If "Yes",
Name and address of employer: _____, gross wages week 1: \$ _____ | <input type="checkbox"/> | Week 1 <input type="checkbox"/> |
| _____
Name and address of employer: _____, gross wages week 2 \$ _____ | <input type="checkbox"/> | Week 2 <input type="checkbox"/> |
| 3. Has there been any changes to your pension?
If "Yes", amount of monthly pension \$ _____ type of pension: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

B. WORKER CERTIFICATION (To be completed by worker)

I certify that the statements made in connection with this claim are true to the best of my knowledge. I understand that knowingly providing false or misleading information or withholding material information constitutes a Class 1 misdemeanor that could result in a fine, a jail sentence, or both. In addition, I understand that I will be liable for a 15% penalty on any amount of benefits erroneously paid due to my providing false or misleading information to obtain benefits.

SIGNATURE OF WORKER: _____ Date: _____

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

1. Attendance record, enter for each day:
 P for present/attended training E for excused absence (explain below) H for holiday
 N for no training scheduled or conducted U for unexcused absence (explain below) W for weather related school closing

Begin And End Date(s)	Sunday-1	Monday-2	Tuesday-3	Wednesday-4	Thursday-5	Friday-6	Saturday-7

Absences are to be considered unexcused until the training facility receives satisfactory evidence, usually in written form, upon which to grant excused absences. Poor attendance, regardless of the reason(s), adversely affects progress and will at all times be subject to review in continuing or terminating training of Trade Act workers.

Explanation of excused or unexcused absence:

Was schoolwork made up? _____ Teacher's signature: _____

2. Please note on the line below any official school break that began or ended during the above weeks.

Date break started: _____ Date break ended: _____ Reason for break: _____

CONTINUED ON REVERSE

NAME: _____ SSN: _____ Week(s) Ending: _____

C. **PROGRESS AND ATTENDANCE IN TRAINING** (Continued)

Yes No

3. From the beginning of training through the training weeks shown on the front, has this worker made satisfactory progress in training?

If "NO," reason for unsatisfactory progress: _____

If "NO," did good cause exist for worker's compensation progress in training?

Normally, two consecutive weeks of absences preclude satisfactory progress in training. If absences continue into the third consecutive week of training, termination is mandatory the first scheduled day of training (usually Monday) of the third week.

Date terminated: _____ Last hour and date attended _____

4. Did you provide lodging and meals to this worker during the training weeks shown on front?

If "Yes," charge per day \$ _____ Number of days provided _____

D. **TRAINING FACILITY CERTIFICATION** (To be completed by training facility)

The answers in Part C are in accordance with our records. Statements made by the worker appear to be complete and correct to the best of my knowledge.

Name of training facility: _____ Telephone number: _____

Signature of training official: _____ Date: _____

Please mail original of this form to: TRA Payment Unit
Virginia Employment Commission
P O Box 2249
Richmond, Virginia 23218-2249

Training Facility: Please keep a copy for your files.

The VEC wants to process your Trade Act claim as fast as possible. In the future, you will be getting your training form in the mail; the school will not be providing them to you any longer. This new form gives you information about your claim to keep you up-to-date concerning your claim and travel balance and mileage reimbursement. The new form also reduces our handling, so it is very important that you use it.

After you have filled out Sections A & B of the training form, give the form to your school representative. The school representative will fill out Sections C & D; either you or the school will return the form to the VEC for payment.