

PETITION NO.

SOCIAL SECURITY NO.

**BIWEEKLY REQUEST FOR ALLOWANCES BY WORKER IN TRAINING
TRADE ACT OF 1974**

TRAINING WEEKS:

WEEK 1 ENDING DATE _____

WEEK 2 ENDING DATE _____

WORKER NAME (Last, First, Middle)

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

HAVE YOU CHANGED YOUR ADDRESS SINCE FILING YOUR ORIGINAL UI / TRA CLAIM? YES NO (To be completed by worker.)

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

	YES	NO	EXPLAIN ALL "YES" ANSWERS
1. HAVE YOU RECEIVED OR CLAIMED A TRADE READJUSTMENT ALLOWANCE OR ANY OTHER TRAINING, TRANSPORTATION AND/OR SUBSISTENCE ALLOWANCE UNDER ANY OTHER STATE OR FEDERAL PROGRAM FOR THE TRAINING WEEKS SHOWN ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	NAME OF PROGRAM _____ DATE RECEIVED _____ AMOUNT RECEIVED \$ _____
2. HAVE YOU FILED (OR DO YOU INTEND TO FILE) A CLAIM, OR HAVE YOU RECEIVED UNEMPLOYMENT INSURANCE UNDER A STATE OR FEDERAL LAW FOR THE TRAINING WEEKS OR ANY PART OF THE TRAINING WEEKS SHOWN ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	TYPE OF CLAIM _____ PAYING STATE _____ AMOUNT RECEIVED \$ _____
3. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEKS SHOWN ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	GROSS EARNINGS PAID WEEK 1 \$ _____ WEEK 2 \$ _____ NAME AND ADDRESS OF EMPLOYER _____ _____

B. WORKER CERTIFICATION

I authorize deduction for advances made to me, if appropriate. I give this information to support my request for allowances. The information contained in this request is correct 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

DATE

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

1. ATTENDANCE RECORD

WEEK 1

WEEK 2

a. HOW MANY DAYS DURING THE WEEK WAS TRAINING SCHEDULED? _____

b. HOW MANY DAYS DURING THE WEEK DID THE STUDENT ATTEND? _____

c. IF THE STUDENT HAD ANY UNEXCUSED ABSENCES, GIVE DATES AND EXPLAIN CIRCUMSTANCES.

2. BREAK IN TRAINING (To be completed by training facility.)

a. ARE THE WEEKS CLAIMED PART OF A BREAK IN TRAINING? YES NO

IF "YES", COMPLETE THE FOLLOWING:

b. IS THE BREAK PROVIDED FOR IN THE PUBLISHED SCHEDULE OF THE TRAINING PROGRAM? YES NO

c. DATES OF BREAK IN TRAINING: BEGINNING ____/____/____ ENDING ____/____/____

d. WAS THE WORKER PARTICIPATING IN THE TRAINING PROGRAM BEFORE THE BREAK BEGAN? YES NO

D. TRAINING FACILITY CERTIFICATION

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

SIGNATURE OF TRAINING OFFICIAL

DATE

MAIL ORIGINAL OF THIS FORM TO:

State of New Jersey
Department of Labor and Workforce Development
Unemployment Insurance - TRA Unit
PO Box 395
Trenton, New Jersey 08625-0395

E. STATE AGENCY DETERMINATION

PAYMENT	AMOUNT	
	AUTHORIZED	DENIED
TRADE READJUSTMENT ALLOWANCE (TYPE _____)	\$ _____	<input type="checkbox"/>
DAILY TRANSPORTATION ALLOWANCE (NO. DAYS _____)	\$ _____	<input type="checkbox"/>
SUBSISTENCE ALLOWANCE (NO. DAYS _____)	\$ _____	<input type="checkbox"/>
TRANSPORTATION ALLOWANCE <input type="checkbox"/> INITIAL <input type="checkbox"/> TERMINAL	\$ _____	<input type="checkbox"/>

REASON FOR DENIAL: _____

SIGNATURE OF STATE AGENCY REPRESENTATIVE

DATE AUTHORIZED