

TRA Weekly Request for Allowances by Participant in Approved Training under the Trade Act of 1974, As Amended

ASSET PIN _____
P.O. _____
Invoice No. _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is mandatory per the federal Social Security Act. Your SSN is used to verify your identity. If you do not provide it, we cannot process your claim.

Name (last, first, middle)		Social Security Number			
Telephone Number		Email Address			
Street Address		City	State	Zip Code	
Training Institution		Training Program			
For Week Beginning Sunday, _____ and Ending Saturday, _____					

A. Training Attendance

1. Did you attend all scheduled training approved under the Trade Act Program this week?..... YES NO
If "NO," explain why you didn't attend all scheduled training.

2. If there was a break in training scheduled by the school, list the from and through dates of the **entire break period**.

Training break scheduled from _____ to _____

Training Representative Signature _____ Date Signed _____

3. Instructor or Training Institution Representative signatures are **required** for verification for **each enrolled class**, on a weekly basis. Online classes **must** obtain attendance verification from your instructor on a weekly basis in writing, via email, and fax it with this form. Enter this week's attendance record below by indicating **P** for Present and **A** for Absent. **Remedial students** must enter the number of hours that you attended remedial training each day.

Name of Class	M	T	W	R	F	S	Instructor Signature

B. Transportation and Subsistence Allowances

1. If you have been approved by your TAA Career Planner to receive mileage reimbursement for travel outside the normal commuting distance, enter your travel information here: Number of Days _____ Round Trip Mileage per day _____

2. If you have been approved by your TAA Career Planner to reside away from home to attend training, complete the following:

Days resided away _____ Number of One-way trips _____ Miles per Day _____

Total Lodging Cost _____ Total Meal Cost _____ Note: Meal and Lodging receipts must be attached.

C. Participant Certification

I certify the above information is complete and correct. If I add or drop classes or change my training plan in any way I have informed my TAA Career Planner. I understand penalties (including loss of TRA / TAA benefits and prosecution) are provided for willful misrepresentation made to obtain TRA Allowances and / or TAA assistance.

Participant Signature _____ Date Signed _____

Fax completed form to 608-327-6172 in addition to filing a weekly claim certification

APPROVALS – FOR INTERNAL USE ONLY

<input type="checkbox"/> Transportation / Travel		<input type="checkbox"/> Subsistence		<input type="checkbox"/> Reimbursements		<input type="checkbox"/> RTAA	
Rate/Mile	No. of Days	Actual Cost	No. of Days	Total		Total	
Total		Total		\$		\$	
\$		\$					
TAA Career Planner Signature				Date Signed			