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

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 REAJUSTMENT ALLOWANCE  (To be completed by worker.)

1. HAVE YOU RECEIVED OR CLAIMED A TRADE REAJUSTMENT ALLOWANCE OR ANY OTHER TRAINING, TRANSPORTATION AND/OR SUBSISTENCE ALLOWANCE UNDER ANY OTHER STATE OR FEDERAL PROGRAM FOR THE TRAINING WEEKS SHOWN ABOVE? ☐ YES ☐ NO

EXPLAIN ALL "YES" ANSWERS
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? ☐ YES ☐ NO

TYPE OF CLAIM ____________________________
Paying STATE ____________________________
AMOUNT RECEIVED $ ______________________

3. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEKS SHOWN ABOVE? ☐ YES ☐ NO

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

CONTINUE ON REVERSE
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
TRADE READJUSTMENT ALLOWANCE
(TYPE _______________________

AMOUNT
AUTHORIZED

DENIED

$ _______________________

DAILY TRANSPORTATION ALLOWANCE
(NO. DAYS _______________________

$ _______________________

SUBSISTENCE ALLOWANCE
(NO. DAYS _______________________

$ _______________________

TRANSPORTATION ALLOWANCE

INITIAL ____________ TERMINAL ____________

$ _______________________

REASON FOR DENIAL:

________________________________________

________________________________________

________________________________________

________________________________________

SIGNATURE OF STATE AGENCY REPRESENTATIVE

DATE AUTHORIZED