

Request for Determination of Entitlement to Trade Act Benefits and Services



Section 1 - Worker Information

Name: _____ Social Security Number: _____
Address: _____ Phone: _____

Section 2 – Adversely Affected Employer Information

Employer: _____ Petition Number: _____
Employer Address: _____

Section 3 – Separation Information

Date of Separation: _____ Last Position Held: _____
Reason for Separation: _____ Department/Division: _____
 Still Working Lack of Work
 Discharged Quit Other: _____

Section 4 – Incumbent Worker Information

If still working for the Adversely Affected Employer, have you received a notice of layoff? Y / N
a. if yes, what will be your last physical day worked? _____
b. if yes, are you requesting TAA services prior to being laid off from work? Y / N

I understand that by signing this form I am agreeing to the following:

I authorize the Employment Department, Workforce Investment Act Title 1-B providers, and training providers to share information necessary for the facilitation and administration of my participation in the Trade Act program. The information contained in this application for benefits and services under the Trade Act of 1974 is correct and complete to the best of my knowledge. I also understand that penalties are provided for willful misrepresentation to obtain benefits to which I am not entitled.

Signature of Worker:

Date:

Mail or Fax Completed Form To: Employment Department – UI Training Programs Unit
875 Union Street NE
Salem, OR 97311 or Fax: (503) 947-1335

If you have questions about the TRA Program, call (800) 436-6191 or (503) 947-1800

FOR OED USE ONLY	Filing Date:	Cert Date:	Impact Date:
	Exp. Date:	BYE:	FO: