



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

APPLICATION UNDER THE TRADE ACT OF 1974, AS AMENDED (PENNSYLVANIA)

FOR OFFICE USE ONLY		PETITION CODE
<input type="checkbox"/> INITIAL	<input type="checkbox"/> MOVABLE	Date Petition Certified
<input type="checkbox"/> 2002 Trade Act <input type="checkbox"/> 2009/2011/2015 Trade Act		Date Petition Filed
TA-W Number		Expiration/Termination Date
Impact Date		

WORKER'S NAME (Last, First, Middle)		SOCIAL SECURITY NO.	TELEPHONE NO.	UCSC NO.	PA CareerLink®
ADDRESS (No., Street, City or County, State, Zip Code)			DATE OF BIRTH	AB DATE OF TRA-QUALIFYING UI CLAIM	BYE DATE & STATE OF CURRENT UI CLAIM
WORKER'S E-MAIL ADDRESS		EMPLOYER ADDRESS (No., Street, City, State, Zip Code)			
NAME OF IMPORT & AFFECTED EMPLOYER					

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO (If NO: The TRA Unit will contact you and may ask for a copy of your work authorization documents.)

A. SEPARATION AND WAGE INFORMATION FOR WORKER'S FIRST SEPARATION FROM IMPORT-AFFECTED EMPLOYMENT

(Complete for Initial Claims Only)

1. DATE OF FIRST SEPARATION AFTER IMPACT DATE	2. DATES OF LAST PERIOD OF EMPLOYMENT PRIOR TO FIRST SEPARATION FROM _____ TO _____	3. OCCUPATION
4. QUALIFYING PERIOD (52-calendar week period ending with week of FIRST separation.) BEGINNING DATE _____ ENDING DATE _____		5. NO. WEEKS EARNED \$30 OR MORE
6. STATE OF SEPARATION	7. TYPE OF SEPARATION CHECK ONE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	8. REASON FOR SEPARATION CHECK ONE: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER
9. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN.		

B. SEPARATION AND WAGE INFORMATION FOR WORKER'S MOST RECENT SEPARATION FROM IMPORT-AFFECTED EMPLOYMENT

(Complete for Initial and Additional Claims with a Subsequent Separation from Import-Affected Employment)

NO SUBSEQUENT SEPARATION (Skip to Section C.)

1. DATE OF MOST RECENT SEPARATION BEFORE EXPIRATION DATE	2. DATES OF LAST PERIOD OF EMPLOYMENT PRIOR TO MOST RECENT SEPARATION FROM _____ TO _____	3. LAST OCCUPATION
4. QUALIFYING PERIOD (52-calendar week period ending with week of MOST RECENT separation.) BEGINNING DATE _____ ENDING DATE _____		5. NO. WEEKS EARNED \$30 OR MORE
6. STATE OF SEPARATION	7. TYPE OF SEPARATION CHECK ONE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	8. REASON FOR SEPARATION CHECK ONE: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER
9. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN.		

C. OTHER QUALIFYING INFORMATION (To be completed by worker by checking appropriate boxes. All "Yes" answers must be explained.)

1. DID YOU WORK FOR ANY OTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN IN SECTION A OR B? YES NO

EMPLOYER NAME _____

ADDRESS _____

DATE OF SEPARATION _____ REASON FOR SEPARATION _____

2. HAVE YOU FILED A REQUEST FOR A DETERMINATION OF ENTITLEMENT TO TAA/TRA PRIOR TO THIS APPLICATION? YES NO

3. DO YOU HAVE CURRENT ENTITLEMENT TO UNEMPLOYMENT INSURANCE BENEFITS SUCH AS REGULAR UC, EB, EUC OR OTHER FEDERAL BENEFITS? YES NO

PAYING STATE _____ TYPE OF BENEFIT _____

4. HAVE YOU RECEIVED UNEMPLOYMENT INSURANCE BENEFITS OR NON-TRADE TRAINING ALLOWANCES SINCE THE EMPLOYMENT SHOWN IN SECTION A OR B? YES NO
 PAYING STATE _____ NAME OF PROGRAM _____

5. ARE YOU ENROLLED IN, OR SINCE THE DATE OF YOUR TAA QUALIFYING SEPARATION, HAVE YOU COMPLETED A TRADE ACT-APPROVED TRAINING PROGRAM? YES NO
 TRAINING COURSE _____
 SCHOOL _____ STATE _____
 START DATE _____ COMPLETION DATE _____

6. SINCE THE EMPLOYMENT SHOWN IN SECTION A OR B, HAVE YOU FAILED TO REPORT TO A REFERRED TRAINING PROGRAM, OR HAVE YOU BEEN TERMINATED FROM ANY TRAINING PROGRAM? YES NO
 STATE IN WHICH OCCURRED _____ NAME OF PROGRAM _____

7. ARE YOU PARTICIPATING IN ON-THE-JOB TRAINING? YES NO
 EMPLOYER NAME _____
 ADDRESS _____

D. AFFIDAVIT

DURING THE 52-WEEK QUALIFYING PERIOD IMMEDIATELY PRECEDING YOUR FIRST SEPARATION IN SECTION A

ANSWER ONLY; if the separation in Section A, question 7, is a partial separation.	ANSWER ONLY; if weeks shown in Section A, question 5 are less than 26 weeks.
1. NO. OF WEEKS WORKED (Exclude weeks which sick or vacation time was used the entire week)	3. _____ Weeks of authorized leave (vacation, sickness, injury, maternity, inactive duty or active military service for training)
2. NO. OF HOURS WORKED (Exclude overtime hours worked)	_____ Weeks served as a full-time representative of a labor organization
	_____ Weeks of disability compensable under Workers' Compensation Law
	_____ Weeks on call-up for active duty in a reserve status in the Armed Forces

DURING THE 52-WEEK QUALIFYING PERIOD IMMEDIATELY PRECEDING YOUR MOST RECENT SEPARATION IN SECTION B

ANSWER ONLY; if the separation in Section B, question 7, is a partial separation.	ANSWER ONLY; if weeks shown in Section B, question 5 are less than 26 weeks.
4. NO. OF WEEKS WORKED (Exclude weeks which sick or vacation time was used the entire week)	6. _____ Weeks of authorized leave (vacation, sickness, injury, maternity, inactive duty or active military service for training)
5. NO. OF HOURS WORKED (Exclude overtime hours worked)	_____ Weeks served as a full-time representative of a labor organization
	_____ Weeks of disability compensable under Workers' Compensation Law
	_____ Weeks of call-up for active duty in a reserve status in the Armed Forces

E. WORKER CERTIFICATION

I give this information to support my request for a determination of entitlement to Trade or Transitional Adjustment Assistance and/or Trade Readjustment Allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain reemployment services or allowances to which I am not entitled.

SIGNATURE OF WORKER	DATE
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F. STATE AGENCY CERTIFICATION

I have witnessed the worker's signature shown and have discussed with the worker the statements made. Based upon my knowledge of the facts, the statements appear to be correct.

SIGNATURE OF STATE AGENCY REPRESENTATIVE	DATE
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G. FOR OFFICE USE:

	ALIEN REGISTRATION DOCUMENT	IDENTIFICATION/REGISTRATION NUMBER	EXPIRATION DATE
1.			

2. TAA-TRA Petition Under The Trade Act of 2002 (Check One):

- Enrollment by 16th week (including extension)* Enrollment by 8th week (including extension)*
 Enrollment by specified deadline (_____)* Completed training since qualifying separation*
 Waiver of enrollment issued on _____ DATE _____.

3. TAA-TRA Petition Under The Trade Act of 2009/2011/2015 (Check One):

- Enrollment by 26th week (including extension)* Completed training since qualifying separation*
 Enrollment by specified deadline (_____)*
 Waiver of enrollment issued on _____.

*Attach copy of FP-858, Request by Worker for Training Approval and Allowances While in Training.

4. Paying State is _____ based on State of UI Entitlement State of Separation (if no UI entitlement in any State)
5. Number of mail claims requested: _____ 4. Claimstaker's initials _____ Date _____