

# Request For Determination Of Entitlement To Trade Adjustment Assistance And Trade Readjustment Allowances



1. Worker's Name:		SSN:	Date of Birth:
2. Worker's Address:		City/State:	Telephone:
3. Name of Company:		Division or Department:	
Location (City/State):		Last Job Title:	
4. My Employment Began:		Date of Separation: <input type="checkbox"/> Total Separation <input type="checkbox"/> Still Working Part-Time	
Reason for Separation: <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other (Explain):		State Where Separated:	
5. Have you worked for any other employer since leaving the trade-certified employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below:			
Employer:		Address:	
Employer:		Address:	
6. Have you filed for Unemployment Insurance (UI) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what state?			
7. Are you currently receiving UI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, from what state?			
<b>I understand that by signing this form I am agreeing to the following:</b>			
1. The Oregon Employment Department (OED) may release information related to my participation with the Trade Adjustment Assistance (TAA) to Workforce Investment Act (WIA) local provider representatives, vendors, educational facilities and employers to facilitate the development and completion of any TAA-connected training, job search or relocation benefits that I may request.			
2. The OED may release information related to my Trade Readjustment Allowance (TRA) unemployment insurance benefits to educational facilities where I am considering enrollment or to WIA provider representatives when necessary to help determine my eligibility for financial aid or other support programs.			
3. The (OED) TAA/TRA representatives may obtain information related to my training from these same facilities and/or my previous TAA-certified employer for their use in determining my continued eligibility for TAA and/or TRA benefits.			
The use of my Social Security number for the three purposes above is mandatory in order to participate in TAA/TRA programs. Authority to release information is established under 19 U.S.C. Chapter 12, 20 CFR Part 617, ORS 657.665 and ORS 657.670.			
<b>Worker Certification</b>			
I give this information to support my request for a determination of entitlement to Trade Adjustment Assistance and 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 to obtain allowances to which I am not entitled.			
Signature of Worker:		Date:	
FOR OED USE ONLY	Filing Date:	Cert Date:	Impact Date:
Certification #:	Exp. Date:	BYE:	