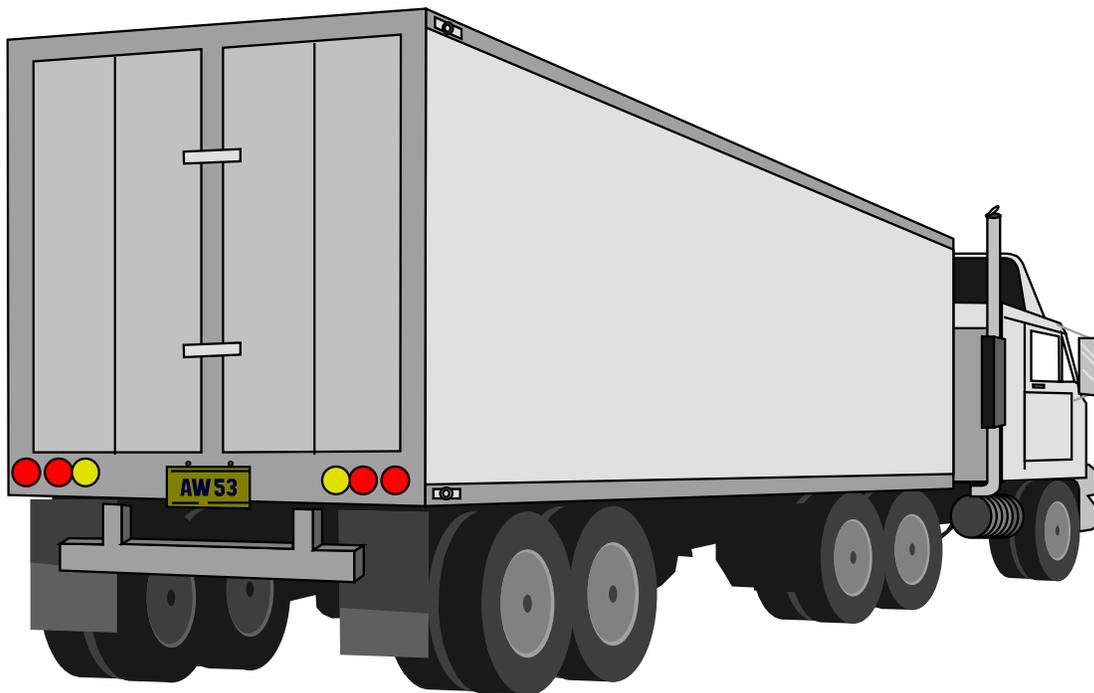


RELOCATION

Forms and Instructions

Trade Act 2009



Relocation Allowance Guidelines

Alaska State Department of Labor and Workforce Development, Trade Adjustment Assistance (TAA) Program

Please read these guidelines carefully so you can be properly reimbursed for the expenses of your relocation. In order to be reimbursed for **any** expense, the relocation must be applied for **in advance**.

1. Your relocation must be within the United States.
2. Your relocation must be to accept a bona fide job offer of suitable work. The TAA Office must verify the job offer.
3. A TAA Representative must authorize your method of moving and travel expenses **before** you relocate from your place of residence to your new location. When authorized:
4. The Trade Act will reimburse 100% of the travel expenses for you and your family.
5. The Trade Act will reimburse 100% of the expenses for moving household goods and personal belongings for you and your family.
6. You will receive a lump sum payment of up to \$1,500 to help reduce the costs of establishing yourself in the new location. This payment cannot be released more than 10 days before your move begins.

Return your completed '**Final Statement of Relocation Costs**' form with your original receipts to the TAA Representative as soon as your relocation is completed. If a family member has been authorized to relocate separately, a separate '**Final Statement of Relocation Costs**' should be submitted with the appropriate original receipts.

GOOD LUCK ON YOUR NEW JOB!

Alaska Department of Labor and Workforce Development
Employment Security Division
TAA Program
PO Box 115509
Juneau, AK 99811-5509
Phone: (907) 465-1805
Fax: (907) 465-8753

TAA Relocation Allowance Checklist

- _____ A Determination of Entitlement has been approved and issued.
- _____ Applicant Assessment done by your local Employment Service Office, which includes certification that suitable employment is not available within the local labor market and out-of-town relocation is necessary.
- _____ Application for Relocation is submitted prior to the relocation occurring.
- _____ Complete and sign forms ETA 860, Request for Relocation Allowance.
- _____ Obtain a written offer of employment from the prospective employer confirming starting date, position, wage and permanency of the work.
- _____ Decide which method you will use to move your household goods and personal belongings; by commercial carrier, trailer hauled by personal vehicle or commercial carrier and/or truck rental, etc. Provide two estimates of costs for your desired method.
- _____ Request Travel Advance or ticket if needed. Travel advance must be requested at least 10 days prior to departure. If a ticket is needed, please list travel agency name, address, phone and fax number so the TAA representative can send the travel agency a billing authorization.
- _____ Send complete Relocation packet to the TAA representative in Juneau.
- _____ Client should retain a copy of the Relocation Allowance Guidelines and Final Statement of Relocation Costs form.

Upon Completion of the Relocation

- _____ Complete the Final Statement of Relocation Costs form.
- _____ Attach all original receipts for travel, meals and lodging and submit to the TAA representative in Juneau.

Department of Labor and Workforce Development
Employment Security Division
TAA Program
PO Box 25509
Juneau, AK 99802
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EMPLOYMENT SECURITY DIVISION
Employment Security Program Support Unit

TAA Program
PO Box 115509
Juneau, AK 99811-5509
Phone: (907) 465-1805
Fax: (907) 465-8753

Relocation Forms & Instructions

Dear Applicant:

Thank you for inquiring into Relocation Allowance from the Trade Adjustment Assistance (TAA) Program. The process of requesting a Relocation Allowance is as follows:

1. Read the Relocation Allowance Guidelines. This is a general explanation of what is required and what to expect.
2. Complete your **name, address, social security number** and **sections A, B, C, D** and **E** of the *Request for Relocation Allowances* form.
3. When completing **section B**, first decide which method of travel you and your family will be using - by auto or airplane, etc. For commercial air travel, please request a 21 day advance ticket whenever possible. Attach the estimates to your application.
4. When completing **section C**, first decide which method you will use to move your household goods and personal belongings - by commercial carrier, trailer hauled by auto, or commercial carrier and/or truck rental, etc. Provide **two** estimates of costs for your desired method. Attach the estimates to your application.
5. Attach a letter from your future employer verifying that you have obtained a job with their company. This letter should be written on the company letterhead and should contain verification that the job is permanent, your start date, the type of occupation, wage you will be earning, and type of benefits you will be receiving.
6. Give the *Request for Relocation Allowance* form to your counselor or send it to the TAA office in Juneau.
7. Upon receipt of the *Request for Relocation Allowance* form, the estimates, and letter from your employer, we will verify your new employment then allow or deny your request for relocation allowances.
8. Once the decision is made, your *Request for Relocation Allowance* form along with a notice of determination will be returned to you.
9. Upon completion of your relocation, you must complete the *Final Statement of Relocation Costs*. **Please be sure to keep all receipts for meals, lodging, and travel, as you will need to provide them when requesting reimbursement.**
10. Send the *Final Statement of Relocation Costs* along with the original receipts to the TAA office in Juneau for reimbursement.

If you have additional questions, please don't hesitate to contact us.

Request For Relocation Allowances

FOR STATE OFFICE USE ONLY	
Petition No.	Date Filed:
Local Office	Date of Application

Trade Act of 2009

Workers Name (Last, First, Middle)	Social Security No.	Paying State
Address (No., Street, City or Country, State, Zip Code)		Address for check mailing (No., City or Country, State Zip Code.)

A. Worker Application for Relocation Allowances

1. Were you totally separated from adversely affected employment?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently employed? (If "YES" complete the information concerning your present employment)	<input type="checkbox"/>	<input type="checkbox"/>
Name and Address of Firm	Date employment is expected to end:	
3. Have you obtained suitable employment, or do you have a bona fide offer of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Name and Address of Firm Offering Employment	Job Title	Starting Date
	City and State of Relocation	Expected Date of Move

B. Worker Request for Travel Allowances

Travel Identification	Number Persons	Travel Dates		Travel By Auto		Travel By Commercial Carrier		
		From	To	Mileage	Cost	Type	Number Passengers	Actual Costs
Worker					\$			\$
Spouse					\$			\$
Children*					\$			\$
Other Family Members*					\$			\$
Absent Children or Family Members*					\$			\$
Names of Travelers*		Age	Relationship		Justification (Other family members and late departures)			

C. Worker Request for Transportation of Household Goods

Commercial Carrier			Trailer Hauled By Auto			Commercial Carrier and/or Truck Rental		
Type of Service	No. Miles	Estimated Charges	Type of Service	No. Miles	Estimated Charges	Type of Service	No. Miles	Estimated Charges
Moving		\$	Trailer Rental		\$	[] Trailer Hauled by Commercial Carrier		
Accessorial		\$	Federal Rate					\$
Insurance		\$				[] Truck Rental		\$
TOTAL		\$	TOTAL		\$	TOTAL		\$
Name and Address of Commercial Carrier and/or Rental Company								
Signature of State Agency Representative					Date			

D. Worker Request for Lump Sum Payment

Average Weekly Wage \$ _____ (Multiplied by three [3]) \$ _____

E. Worker Certification

I give this information to support my request for relocation allowances under the TRADE ACT OF 2009. 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 allowances to which I am not entitled. I further certify that the funds received will be used for the intended purpose and that I will provide proof of such expenditures as required.

Signature of Worker _____

Date Signed (Mo., Day, Yr.) _____

F. State Agency Determination

I. You are NOT ELIGIBLE to receive Relocation Allowances under the regulations of the Trade Act of 2002 because:

- (a) You were not totally or partially separated from adversely affected employment.
- (b) You were not totally separated from employment with your relocation began.
- (c) You can reasonably be expected to obtain suitable employment in the area in which you reside.
- (d) You have not obtained suitable employment or a bona fide offer of suitable employment in the area of intended relocation.
- (e) Your relocation did not occur within 182 days from date your application was filed or within 182 days after the date you completed training.

II. Relocation Allowances are APPROVED for payment of the following costs:

- (a) TRAVEL EXPENSE at \$ _____
 Computed 100% of the total of:
 (1) \$ _____ at \$ _____ per mile
 for _____ privately owned automobiles
 for _____ miles.
- (b) LODGING AND MEALS of \$ _____
 computed at 100% of the lesser of:
 (1) \$ _____ actual expense
 (2) \$ _____ 50% of Federal daily
 living allowances.
- (c) MOVING ALLOWANCE of \$ _____
 computed at 100% of:
 (1) \$ _____ for cost of commercial
 carrier or trailer hauled by commercial
 Carrier or rental trailer or truck.
- (2) \$ _____ computed by
 \$ _____ per mile for
 _____ miles for trailer hauled
 by automobile
- (d) LUMP SUM of \$ _____
 Computed at 3 X \$ _____
 (average weekly wage)
 not to exceed \$1,500.

TOTAL AMOUNT PAID \$ _____

Date of Payment _____

Signature of State Agency Representative _____

Title _____

Date _____

G. Appeal Rights

If you disagree with this determination, you have the right to appeal. This determination becomes final if a protest or appeal is not filed within 30 days after the mailing date on this notice. This period may be extended if a delay in filing is beyond your control. You may appeal by obtaining the necessary forms from any Alaska Job Center. You may also appeal by mailing a request for a review or hearing directly to: Appeal Tribunal Office, P.O. Box 115509, Juneau, AK 99811. If you file an appeal by mail, we will use the postmark date on the envelope as your date of appeal. You may also call (907) 465-2775 to file an appeal.