

Week Claimed Training Certification – TRA

IMPORTANT INSTRUCTIONS – PLEASE READ

Please provide answers to all the questions on both sides of this form. Incomplete forms will cause delays in your payment. You and your school official must sign and date it before you return it. Complete and return this certification within 14 days after the last week claimed. If submitted later, show the reason in **Remarks** on the other side of this form. You can mail or fax it to:

Alaska Department of Labor
 ES Programs, Attn: TRA
 PO Box 115509
 Juneau, AK 99811-5509
 Fax: (907) 465-8753

You may copy this form or call us at
 (907) 465-1805 to request more forms.

If you worked during your school break or since you last filed for TRA, please notify us immediately since it could affect your UI and TRA eligibility.

Provide answers to all questions on both sides of this form

Fill in the month, day, year of each week claimed. Each week ends on a Saturday. Mark the appropriate boxes at the right:



1. I claim benefits for
2. I was in school or training during
3. Are you receiving a training or retraining allowance under any public program? If 'yes', indicate type: _____ and amount \$ _____
4. Did you travel during the week claimed? If 'yes', explain reason and dates in "Remarks".
5. Are you receiving a retirement pension, has your pension changed or did you Apply for a pension since your last claim? (Pension includes social Security and Retirement Pay including annuities).
 Source: _____ Monthly amount before deductions: \$ _____
6. Did you receive holiday or vacation pay, wages in lieu of notice or severance pay?
 Source: _____ Date received: ___/___/___.....
7. Did you work? If 'yes', report gross earnings whether paid or not.....

Week ending dates			
/ /		/ /	
1 st week		2 nd week	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____		\$ _____	
gross		gross	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____		\$ _____	
gross		gross	

Also complete the box below:

Employer Name & Address	Dates Worked From – To	Hours Worked	If no longer scheduled to work, check reason below:
			<input type="checkbox"/> lack of work <input type="checkbox"/> still working <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> on call
			<input type="checkbox"/> lack of work <input type="checkbox"/> still working <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> on call
			<input type="checkbox"/> lack of work <input type="checkbox"/> still working <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> on call
			<input type="checkbox"/> lack of work <input type="checkbox"/> still working <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> on call

I certify that all the above answers are true. I understand the law Provides penalties for false statements or withholding facts.



Print Name

Social Security #

Signature

Date

IMPORTANT – REVERSE SIDE OF FORM TO BE COMPLETED BY YOU & YOUR SCHOOL OFFICIAL.

Name: _____ Social Security No: _____

If your address or telephone number has changed, print correction.

Phone number: (_____) _____

Address: _____
Street City State Zip

REMARKS:

To be completed by school official only

Fill in the month, day, year of each week claimed. Each week ends on a Saturday.
Mark the appropriate boxes at the right:



- 8. Is the student's progress in the course satisfactory? If 'NO' explain in NOTATIONS below.
- 9. Has the student withdrawn from school? If 'YES', explain in NOTATIONS below.
- 10. Has the student been terminated from training for unsatisfactory attendance or progress? If 'YES', explain in NOTATIONS below.

Week ending dates			
/ /		/ /	
1 st Week		2 nd Week	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTATIONS:



School Official's Signature Title Date

Phone Number: _____