

TRA WEEKS CLAIMED CERTIFICATION

for weeks ending

Week 1

/ /

Week 2

/ /

*Answer all questions and check boxes that apply to each.
Use the other side or another sheet if needed.*

ABLE AND AVAILABLE TO WORK

1. Were you available and physically able to work each day of the week? If your answer is no, state which days you could not work and why. _____

2. Did you refuse any offer of work, refuse a job interview or fail to go for a job interview during the week? If yes, give the name of the employer and the reason you refused. _____

3. Were you attending school or a training program during the week? If you are attending school, please contact the TAA office as you need to file on different claim forms.
4. Did you travel during the week? If yes, give date and time you left, where you went, date and time you returned and the reason(s) you traveled. If you traveled in search of work, list names, addresses, and contacts made including employers, unions, or the Employment Service. If you traveled for another reason, please describe if and how you were still available to accept full-time work while traveling. Provide your complete answers in the 'remarks' section on the other side or use a separate sheet.

yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

EARNINGS AND OTHER INCOME

5. During the week, did you apply for a pension, an annuity, or retirement pay?
 - A. If yes, name of employer: _____
Date applied: ___/___/___ Date payments start: ___/___/___ Gross monthly amount: \$ _____
 - B. If you are already receiving one of the above, has the amount changed during this week?
If yes, new amount? \$ _____ Effective date of new amount? ___/___/___
6. Did you receive holiday pay, vacation pay, wages instead of notice, severance pay or a bonus? (If bonus, time period covered: From ___/___/___ to ___/___/___). If yes, date received: ___/___/___ Gross amount received: \$ _____.
If yes, name of employer: _____
7. Did you work for any employers, or were you self employed during this week? If you worked, give gross earnings, (for self employment use net income), hours/dates worked, employer information and your work status. Please use this chart to accurately determine your earnings for each week. Be sure to report your earnings before taxes – even if you have not been paid. If you worked for more than one employer during the week, use the chart as an example for calculating your total wages. Give addresses and separation information for the employer you last worked for in each week.

Gross Pay Week 1 ending:	Hours worked each day SUN MON TUE WED THU FRI SAT	Total Hours for week X	Rate of pay X	Gross pay week one include tips (if any) =	Date you last worked this week
Employer Name: _____ Address: _____ Phone: _____ Your position title: _____			Your work status as of Saturday of this week <input type="checkbox"/> laid off <input type="checkbox"/> working on call <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> still working		
Gross Pay Week 2 ending:	Hours worked each day SUN MON TUE WED THU FRI SAT	Total Hours for week X	Rate of pay X	Gross pay week one include tips (if any) =	Date you last worked this week
Employer Name: _____ Address: _____ Phone: _____ Your position title: _____			Your work status as of Saturday of this week <input type="checkbox"/> laid off <input type="checkbox"/> working on call <input type="checkbox"/> quit <input type="checkbox"/> fired <input type="checkbox"/> still working		

Certification: I certify that I gave true statements and gave all material facts in connection with this claim. I understand the law provides penalties for both.

Claimant Signature: _____ **Date:** ___/___/___
Address or telephone number (if changed): _____



Alaska Department of Labor and Workforce Development

TAA Program

1. Be sure to sign and date this form after the week ending date for the week(s) you are claiming. Otherwise, your claim will be returned to you and your payment delayed. Take time to carefully answer all questions.

2. Your claim must be postmarked or brought into your local office within 14-days after the end of Week 2. If submitted later, give the reasons in the 'Remarks' section below. The sooner you file – after the week ending date – the sooner your eligible weeks can be paid.

3. If you traveled during a week claimed, returned to full-time work, or your unemployment status changes, please inform the TAA Office.

4. Carefully read all messages on your checks and follow instructions. Put your social security number on all the

documents and correspondence you send to us. Let us know whenever your address or telephone number changes.

5. If you are denied benefits or are not eligible monetarily but file an appeal, continue to file your bi-weekly claim certification forms until you receive the decision on the appeal. If you take the appeal to a higher lever, continue to file your claims. No week will be paid unless a timely claim is filed for the week.

6. It is very important for you to complete the work search section of this form. Please list date of contact, employer name, address, phone number, person contacted, method of contact, type of work sought and results. All work searches will be verified before payments can be issued.

Work Search Section for TRA Benefits...

You are expected to be seeking work. **You have been advised of the number of in-person work searches you are required to report.** Please provide your work search information in the section below. Failure to make the required work search may result in denial of benefits.

Date of Contact	Place Contacted		Employer Verification		Method of Contact	Type of Work Sought	Results
	Employer Name	Employer Address	Person Contacted	Phone #			
Week 1							
Week 2							

Remarks

The Employment Security Division is responsible for administering the TRA Program. Those who collect or attempt to collect benefits dishonestly will be disqualified, will have to repay the benefits received, will also be charged an additional amount equal to one-half the amount of the wrongfully claimed benefits, and will be subject to other civil and criminal penalties.