

# TRAINING



## FORMS & INSTRUCTIONS

**Request for Worker Training Approval  
And Allowances While in Training (Form 858)**

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

State of Alaska, Department of Labor and Workforce Development,  
Employment Security Division, Trade Act Programs- TAA

Worker's Name: Last, First, Middle	Social Security No:	Date of Request:
Address: No, City, State, Zip		Petition No:

**A. Request By Worker**

<b>1. I request the training program below and allowance under the Trade Act of 2002.</b>			
Name and Address of Training Facility:	Name of Training Program	No. Weeks Training Scheduled	Starting Date:
<b>2. I request subsistence and/or transportation allowances for attending training outside commuting area of my regular place of residence.</b>			
Address of Regular Place of Residence:	No. miles from regular place of residence to training facility:	Date of departure:	Time of departure:
<b>3. WORKER CERTIFICATION:</b> I give this information to support my request for entitlement to allowances while in _____ training under the Trade Act. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for will misrepresentation made to obtain allowances to which I am not entitled.			
Signature of Worker:			Date:

**B. Determination By State Agency**

You are ENTITLED to:			
1. Unemployment Insurance And/Or Trade Readjustment Allowances  <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Subsistence	3. Allowance for Transportation Costs:	
		4. One Way	5. Round Trip
7. Training is approved <input type="checkbox"/>			
8. Your request for training is denied for the following reason(s):			
Signature of State Agency Representative:			Date:

**C. Advance Payment Information**

I request advance payment of:  <input type="checkbox"/> Subsistence Allowance <input type="checkbox"/> Transportation Allowance  I authorize deduction from my future allowance payments until the advance is repaid. I will repay any amount not deducted.	The following amount(s) are approved for payment:  \$ _____ Subsistence Allowance  \$ _____ Transportation Allowance  This worker is not able to enter training without advance payment(s).		
Signature of worker:	Date:	Signature of State Agency Representative:	Date:

**D. 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 Employment Office. You may also appeal by mailing a request for a review or hearing directly to: Appeal Tribunal Office, PO 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.

**Request for Subsistence and/or Transportation Allowance**  
*(Please explain why subsistence or transportation allowance is requested)*

**Classroom Training Plan  
(Form 856A)  
Trade Act of 2002**

State of Alaska, Department of Labor and Workforce Development, Employment Security Division

**A. Training Requested**

School or Facility:	Address of School or Facility:
Course of Study:	
Contact Person:	Phone Number:
Starting Date:	Ending Date:
Total Cost:	Total Weeks:

**B. Required Criteria for Training (to be completed by Trade Act representative)**

1. Is "Trade Act suitable" employment currently available? Evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Would this individual benefit from this training? Evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a reasonable expectation of employment following training? Evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the requested training available: Evidence:	a. within the individual's labor market? <input type="checkbox"/> Yes <input type="checkbox"/> No b. outside the individuals labor market? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this individual qualified to undertake and complete this training? Evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is training suitable for the worker and available at a reasonable cost? Evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### C. Training Program Information

#### 1. Course Summary

Total Instruction Hours	Hours Per Week	
Total Number of Instruction Weeks	Start Date	End Date

#### 2. Training Schedule Summary

	1 <sup>st</sup> Term	2 <sup>nd</sup> Term	3 <sup>rd</sup> Term	4 <sup>th</sup> Term
START DATE				
END DATE				

	5 <sup>th</sup> Term	6 <sup>th</sup> Term	7 <sup>th</sup> Term	8 <sup>th</sup> Term
START DATE				
END DATE				

#### 3. Scheduled School Breaks

List all anticipated scheduled breaks in training with start and end dates.

	1 <sup>st</sup> Term	2 <sup>nd</sup> Term	3 <sup>rd</sup> Term	4 <sup>th</sup> Term
START DATE				
END DATE				

	5 <sup>th</sup> Term	6 <sup>th</sup> Term	7 <sup>th</sup> Term	8 <sup>th</sup> Term
START DATE				
END DATE				

### D. Training Costs

#### ITEMIZED TRAINING COSTS PER TERM

Tuition: # of Terms \_\_\_\_\_ x \$ \_\_\_\_\_ per term = \$ \_\_\_\_\_  
 Administrative Fees: # of Terms \_\_\_\_\_ x \$ \_\_\_\_\_ per term = \$ \_\_\_\_\_  
 Books: # of Terms \_\_\_\_\_ x \$ \_\_\_\_\_ per term = \$ \_\_\_\_\_  
 Supplies: # of Terms \_\_\_\_\_ x \$ \_\_\_\_\_ per term = \$ \_\_\_\_\_  
 Tools (include list) = \$ \_\_\_\_\_

### E. Explanation of Joint Funding

Will a non-Trade Act source (for instance, WIA) pay any part of this training?

Yes       No

If **YES** complete information below:

Source Name:	For:	
Address:		Amount \$ _____

Source Name:	For:	
Address:		Amount \$ _____

Other Joint Funding Information:

Attach written payment agreement from any non-Trade Act funding source.

-----

I have participated in the development of this training plan. I agree to attend training in accordance with this plan. I understand that failure to actively participate in this plan will jeopardize my unemployment and TRA benefits and may affect my eligibility for future training. If any of the cost of training is to be paid by a non-Trade Act source, I understand that no reimbursement will be made with Trade Act funds.

Applicant Signature:	Date:	Trade Act Representative:	Date:
----------------------	-------	---------------------------	-------

State of Alaska, Department of Labor and Workforce Development

APPLICANT INFORMATION

The information you provide will help us get to know you faster and form the basis for your future plans. Please answer these questions to the best of your ability.

NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Goals

- 1. What job would you like to have within the next year?
2. What job would you like to have within the next 2-4 years?
3. Why are you interested in these jobs?
4. If necessary, are you willing and able to relocate in order to obtain permanent employment?
5. Based on your present job goals, do you believe:
- You have the necessary work experience you need to qualify for the job of your choice?
- You need transitional employment or short-term jobs to gain more work experience and qualifications?
- You need additional training to qualify for the job that you want?

Education and Skills

- 1. Current Student? Yes [ ] No [ ]
If yes, Where?
2. High School Diploma? Yes [ ] No [ ]
3. Date Last Attended/Graduated
4. GED Certificate? Yes [ ] No [ ]
5. Date Completed
6. If no GED or Diploma, why did you leave school?
7. Vocational Training (include Military) Yes [ ] No [ ]
Type of Vocational Training a.
Certificate/License? Yes [ ] No [ ]
Date of Certification
Funding source?
Type of Training b.
Certificate/License? Yes [ ] No [ ]
Date of Certification
Funding source?
8. College Credits? Yes [ ] No [ ]
College
Dates Attended
Major
Degree Earned
Funding Source?
9. Do you have a valid Drivers License? Yes [ ] No [ ]
10. Do you have any Occupational Licenses (CDL, etc)? Yes [ ] No [ ]
11. List the machinery, tools and/or office equipment you can operate:

## Job Search Activities

1. Have you been actively looking for work? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

If you have not been looking for work please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you think is the main reason you have not been able to find a job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you currently registered with the Employment Service? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have an updated resume? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What caused you to lose your last job?

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. After training, are you willing to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Night Shift \_\_\_\_\_ Evenings \_\_\_\_\_  
Weekends \_\_\_\_\_

7. Is there a reason an employer might not want to hire you? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does your family support your decision to return to work? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have children that will need childcare? \_\_\_\_\_ If so, how many? \_\_\_\_\_

10. List other skills and/or experience obtained outside of work: \_\_\_\_\_  
\_\_\_\_\_

11. I would describe some of my job skills as follows:

a). My reading skills are:  
\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ not important to my job goals

b). My writing skills are:  
\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ not important to my job goals

c). My math skills are:  
\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ not important to my job goals

d). My ability to express myself and listen carefully to others are:  
\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ not important to my job goals

e). My teamwork skills and ability to work productively with a wide variety of people are:  
\_\_\_\_\_ above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_ not important to my job goals

## Employment History

Attach a resume, or complete the job history section below including any self-employment, i.e. fishing.  
List most recent job first.

### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly Wage or Weekly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly Wage or Weekly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

Dates of Employment: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Hours per week: \_\_\_\_\_ Hourly Wage or Weekly Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I volunteered at:

<u>Place</u>	<u>Job/Activities</u>	<u>Hours</u>	<u>Dates</u>

**Special Needs**

1. Check items that may limit participation in educational programs or ultimate employment goals:

- |   |  |
|---|--|
| <input type="checkbox"/> lack of reliable transportation  | <input type="checkbox"/> lack of appropriate clothing  |
| <input type="checkbox"/> inadequate child care            | <input type="checkbox"/> drug or alcohol problem       |
| <input type="checkbox"/> lack of food                     | <input type="checkbox"/> pregnancy needs               |
| <input type="checkbox"/> lack of money for daily expenses | <input type="checkbox"/> dental care needs             |
| <input type="checkbox"/> family problems                  | <input type="checkbox"/> trouble with vision           |
| <input type="checkbox"/> problems with child or children  | <input type="checkbox"/> trouble with hearing          |
| <input type="checkbox"/> inadequate housing               | <input type="checkbox"/> trouble reading and writing   |
| <input type="checkbox"/> legal problems                   | <input type="checkbox"/> trouble speaking English well |
| <input type="checkbox"/> health/medical problems          | <input type="checkbox"/> other: _____                  |
|   | _____  |

Please be prepared to discuss any of the items that were checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any other concerns or issues you would like to discuss with your employment counselor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Privacy Act / Disclosure Statement**

*I understand that this information may be shared among Workforce Investment Act (WIA) partners for the purpose of assisting me in my reemployment goals.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Equal Opportunity Employer/Program & Auxiliary aids and services are available upon request to individuals with disabilities*

## **Release of Information**

I authorize the individuals or agencies listed above to exchange information related to my current eligibility to participate in employment related programs, and to arrange for such participation based on my employability assessment and plan of employment related activities. I understand that I may revoke this consent by written notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

## **Release of Information**

I hereby authorize the release of all information related to my training at:

\_\_\_\_\_

to the Alaska Department of Labor and Workforce Development, Trade Act Program.

\_\_\_\_\_  
Trade Act Applicant Signature

\_\_\_\_\_  
Date

## **Responsibilities of Participant While in Training**

**State of Alaska, Department of Labor and Workforce Development, Employment Security Division**

1. No payments will be made for retroactive expenses, i.e.: tuition, books, supplies purchased prior to application for training.
2. Once approved for a training program, you must stay within the tool/book/supply amount as authorized in the Training Plan. Only items needed for training will be reimbursed. This excludes items such as book bags, sweatshirts, or any other item that is not necessary to complete your training. Computers and software are not covered expenses under the Trade Act Program.
3. If you are applying for TRA weekly benefits while in training you must submit a week claimed Training Certification Form to the ES Program Support Unit, Attn: TRA, P.O. Box 115509, Juneau, AK 99811. These forms will be furnished to you. You complete the front side, and then sign and date the form. Your instructor must complete and sign the back of the form. If this form is not submitted in a timely manner, you will not receive your TRA benefits. If for any reason you do not attend class, this information must be reported in the remark section on the back of the form.
4. If you are eligible for subsistence allowance, you must submit all of the original rent, utilities, and food receipts along with a subsistence reimbursement form to the TAA office in order to receive reimbursement. If you are eligible for mileage allowance, you must submit your original gasoline receipts with a subsistence allowance form.
5. It is your responsibility to notify the Trade Act Office of any difficulties you encounter in your training program. If you are unable to complete your training program within the time frame authorized, a written request to revise your training plan must be submitted to this office. It is necessary for you to make satisfactory progress in all parts of your training in order to continue in the program. A copy of your grades and registration schedule for the following term must be submitted to the Trade Act office after each term.
6. School breaks of 30 days or less will not affect your TRA weekly benefits. Benefits cannot be paid for breaks longer than 30 days.
7. You must report any assistance from other sources, i.e.: WIA, PELL Grant, V.A., etc.

### **Tools and Equipment Required for Training**

1. All tools and equipment issued will be your responsibility while in training, and any losses will not be replaced with Trade Act Funds.
2. Stolen tools and equipment must be reported to the local police and the Trade Act Office.
3. Once training objectives set forth in the Training Plan have been satisfactorily completed the tools and equipment will become your property.
4. In the event you terminate your training before completing the training objectives, you must return all tools and equipment. They must be returned to the Trade Act Office.

**I have read this form or had someone read it to me. I have had the opportunity to ask questions. I understand the contents of this form.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trade Act Representative

\_\_\_\_\_  
Date

## Trade Act Programs Training Facility Cost and Time Comparison

Name		Worker's SSN	Petition Number
Address			
(City, State, Zip)		Phone Number	E-mail
<p>The Trade Act requires that the cost of training be reasonable. This requirement will make it necessary to evaluate the cost of training at several institutions to arrive at the lowest cost.</p> <p><b>Please list the following information about the schools or training facilities you have contacted.</b> Please attach copies of the pages from the school's catalogue that applies to our training program. List your first choice in the left-hand column. If you plan to outside of your commuting area, you will need at least three contacts.</p>			
<b>Training Program Title:</b>			
<b>First Choice:</b>		<b>Second Choice:</b>	
<b>Third Choice:</b>			
Name		Name	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Area Code – Phone Number		Area Code – Phone Number	
Name/Title of person contacted		Name/Title of person contacted	
Name of Additional Contact		Name of Additional Contact	
Cost of Entire Training: Tuition _____ Fees _____ Books _____ Supplies _____ Tools _____ Other _____ <b>Total</b> _____		Cost of Entire Training: Tuition _____ Fees _____ Books _____ Supplies _____ Tools _____ Other _____ <b>Total</b> _____	
Housing Costs: _____ Mileage from Present home to school: _____ Transportation cost if school is over 50 miles from present home: _____ <b>Total Costs:</b> _____		Housing Costs: _____ Mileage from Present home to school: _____ Transportation cost if school is over 50 miles from present home: _____ <b>Total Costs:</b> _____	
Start Date _____		Start Date _____	
Length of Training _____		Length of Training _____	
<p>By law, Trade Act must give first consideration to the lowest cost training that is closest to the worker's home. Training that requires transportation or subsistence costs add significantly to the cost of the training and, therefore, will not be approved if other appropriate, more reasonable training is available.</p>			

## Alaska Department of Labor and Workforce Development

## Trade Act Programs

### How Will You Survive While in Training?

Since your training may last several months to two years, you will need to consider how you would live financially during that time. Please be as accurate as possible as this is an important part of your training packet.

<b>Sources of Income/Funding While in Training:</b>	Yourself	Spouse
Income from present job per month		
Income from Unemployment Insurance per month		
Income from TRA per month		
Income from Temporary Work per month		
Savings ÷ number of months in training		
Gifts or loans ÷ number of months in training		
Student loans/grants per month		
Other		
Total sources of income and funding per month:		
<b>Monthly Expenditures:</b>	Household #1	Household #2
Rent		
Electric		
Gas		
Water		
Sewage/Garbage		
Telephone		
Food		
Clothing		
Transportation (gas, bus, taxi)		
Laundry		
Medical/Dental		
Cable TV		
Newspaper		
Credit Card payments		
Auto Insurance		
Other Insurance		
Child care		
Child support		
Miscellaneous		
Entertainment		
Other		
<b>Total Monthly Expenditures:</b>		
Combined Sources of Income Per Month		
Combined Expenditures Per Month		
<b>Remaining Balance Per Month</b>		

# Alaska Department of Labor and Workforce Development

## Trade Act Programs

### How will you survive in while in training?

1. Do you have other financial resources (a working spouse, parental assistance, a savings account, a friend)? If so, please explain.
2. Are your bills more than your income? Yes\_\_\_\_\_ No\_\_\_\_\_
3. If your bills are more than your income, how will you make ends meet while in training? Please explain.
4. How much money are you short per month, if any?
5. Based on your calculations, would you need to work part-time while in school? If yes, how many hours a week would you need to work?
6. Will your income remain the same during the entire time you are in the program? For example, will your unemployment be exhausted? Please explain.
7. If any person will be supporting you while you are in training, bring in a written statement from that person stating they will support you. The statement needs to include 1) nature and length of relationship; 2) what the person is willing to contribute (money, room, board, rides, etc.); 3) how long they are willing to provide the support.
8. Based on all these calculations, are you financially able to survive until you complete training?

## Individual Education Plan

Name: \_\_\_\_\_

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.

Semester/Year	
Class	Cr.



# Trade Adjustment Assistance (TAA)

## Advisory Form

If you use the Trade Act Programs, we are required to track your progress for our Federally mandated reporting requirements. Tracking occurs during and after any training, job search or relocation assistance you receive.

In order for us to track your progress, we will contact you for information such as your new employment after training, and your job title and wages. You must keep us informed of your current mailing address and telephone number where you may be reached during this transition period.

Permanent Contact: Please provide the following information on an individual who does NOT live with you, but knows how to contact you if you move. It is important this person have a telephone.

Last Name	First Name	Relationship	Telephone ( ) -
Address	City	State	Zip Code

We appreciate your cooperation. Our goal is to meet our performance measures so that future dislocated workers may be funded through our program. By signing below, you agree to keep the Trade Act Program informed of your whereabouts after utilizing our services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Trade Act Representative)

\_\_\_\_\_  
(Date)

*Please note that approved training funds will continue as long as federal funds are available.*

**State of Alaska  
Department of Labor and Workforce Development  
Employment Security Technical Unit  
TAA Program  
PO Box 115509  
Juneau, AK 99811-5509**