

<b>VIRGINIA EMPLOYMENT COMMISSION</b> REQUEST FOR TRA FOLLOWING A SUBSEQUENT SEPARATION FROM ADVERSELY AFFECTED EMPLOYMENT TRADE ACT OF 1974, AMENDED 1988				FOR OFFICE USE			
				LOCAL OFFICE NO.	PETITION NO.		
				SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FILED DATE		
WORKER NAME (First, Middle Initial, Last)		SOCIAL SECURITY NO.		CERTIFICATION DATE			
ADDRESS (No., Street)		DATE OF BIRTH (Mo., Day, Yr.)		IMPACT DATE			
CITY	STATE	ZIP CODE	LAST OCCUPATION	EXPIRATION DATE			
QUALIFYING PERIOD: Beginning Date _____ Ending Date _____ (Dates to be entered by State Agency for 52 calendar week period ending with the week of separation.)							
<b>A. SUBSEQUENT SEPARATION INFORMATION</b> (To be completed by worker for most recent separation from adversely affected employment.)							
1. NAME OF FIRM			2. ADDRESS OF FIRM (No., Street, City, State, Zip Code)				
SUBDIVISION:							
3. DATE OF SEPARATION	4. NO. WEEKS EARNED \$30 OR MORE	5. STATE OF SEPARATION	6. TYPE OF SEPARATION Check one: <input type="checkbox"/> Total <input type="checkbox"/> Partial	7. REASON FOR SEPARATION <input type="checkbox"/> Lack of Work Check One: <input type="checkbox"/> Other			
8. IF REASON FOR SEPARATION WAS FOR OTHER THAN LACK OF WORK, EXPLAIN				9. NEW TRA BENEFIT PERIOD ENDING DATE			
<b>B. ADDITIONAL INFORMATION REGARDING PRIOR TRA CLAIM (To be completed by worker.)</b>							
1. STATE IN WHICH PRIOR TRA CLAIM WAS FILED	2. DATE TRA CLAIM FILED	3. NAME OF PAYING STATE	4. TYPE OF SEPARATION Check One: <input type="checkbox"/> Total <input type="checkbox"/> Partial				
5. BENEFIT PERIOD ENDING DATE OF TRA CLAIM		6. WEEK FOR WHICH LAST TRA CLAIM FILED <input type="checkbox"/>					
7. SINCE THE LAST WEEK YOU CLAIMED TRA (ITEM B 6):				ALL "YES" ANSWERS MUST BE EXPLAINED. NAME OF UI PROGRAM _____ NAME OF TRAINING PROGRAM _____ STATE IN WHICH FILED _____ NAME OF LOCAL OFFICE _____			
a. HAVE YOU FILED A CLAIM FOR UNEMPLOYMENT INSURANCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
b. HAVE YOU FILED A REQUEST FOR A TRAINING ALLOWANCE?		<input type="checkbox"/>	<input type="checkbox"/>				
8. DID YOU WORK FOR ANY OTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN IN SECTION A ABOVE?				NAME AND ADDRESS OF EMPLOYER _____ TYPE OF WORK PERFORMED _____			
9. HAVE YOU REFUSED TO ACCEPT REFERRAL TO, OR HAVE YOU FAILED TO REPORT TO A REFERRED TRAINING PROGRAM, OR HAVE YOU BEEN TERMINATED FROM ANY TRAINING PROGRAM?				NAME OF PROGRAM _____ STATE IN WHICH OCCURRED _____			
10. ARE YOU PRESENTLY ATTENDING A TRAINING PROGRAM?				NAME OF PROGRAM _____ TYPE OF TRAINING _____ STATE IN WHICH ATTENDING _____			
<b>C. WORKER CERTIFICATION</b>  I give this information to support my request for Trade Readjustment Allowances following a subsequent separation from adversely affected employment. The information shown 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.							
<b>D. STATE AGENCY CERTIFICATION</b>  I have witnessed the worker's signature shown and have discussed with the worker the statements made. Based upon my knowledge of the facts, the statements appear to be correct.							
The information provided is subject to the restrictions of the VIRGINIA PRIVACY ACT OF 1976 and may be disseminated to other governmental agencies for the proper administration of law.							
SIGNATURE OF WORKER		DATE OF THIS REQUEST	SIGNATURE OF STATE REPRESENTATIVE		DATE		
Distribution: INTRASTATE ORIGINAL: TRA MONETARY DETERMINATIONS UNIT COPY: Local Office File			INTERSTATE ORIGINAL: With IB-1 or IB-2 to Liable State COPY: Local Office File				