

WORKFORCE SERVICES

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**TRADE ADJUSTMENT ASSISTANCE
ENTITLEMENT DETERMINATION**

Petition Number:	
Certified Employer:	

Certification Period:	_____ to _____
Separation Date:	_____
Date of Request:	_____

Full Name: _____ SDWORKS SID: _____

Address: _____ City: _____ State: _____ Zip: _____

Trade Adjustment Assistance (TAA) - The Trade Act, as amended, provides a program of adjustment assistance to help eligible individuals return to suitable employment. Adjustment assistance provides reemployment services and allowances for eligible individuals. Such assistance may include employment counseling, vocational testing, job placement services, training services, job search allowances, and relocation allowances.

REQUEST FOR DETERMINATION OF ENTITLEMENT TO TAA

I, the undersigned, request a determination of eligibility to apply for benefits and services under the Trade Act, as amended. The information I have provided concerning my employment and earnings is true and correct to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

DETERMINATION BY STATE AGENCY
<input type="checkbox"/> You are entitled to apply for TAA services. This determination is for eligibility to apply for individualized adjustment assistance services, without regard to qualification for Trade Readjustment Assistance (TRA). Please understand each service has specific requirements and time frames that must be met prior to approval of the specific service. Contact a Department of Labor and Regulation local office representative for a more detailed descriptor of services and specific requirements.
<input type="checkbox"/> You are not entitled to apply for Trade Adjustment Assistance (TAA) due to: ____ a. Your last separation date occurred before the certification impact date. ____ b. Your last separation was for other than lack of work. ____ c. Your employment is not certified under this petition. ____ d. Your separation occurred on or after the expiration date of this certification. ____ e. Your separation was from other than adversely affected employment. ____ f. You do not have a partial separation. ____ g. Other

DLR Representative: _____ Office: _____

DLR Signature: _____ Determination Date: _____

Entitlement Determination and Determination Notice [Form 99](#) provided to customer on Date: _____
 (Detail in case notes how the Determination Notice was provided to the customer i.e. in-person or mail with address sent to.)