SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES

sdjobs.org

TRADE ADJUSTMENT ASSISTANCE

INDIVIDUAL APPLICATION FOR RTAA/ATAA

This application must be submitted within two years of whichever came first: 1) the date you exhausted all rights to Reemployment Assistance (RA) benefits based on your layoff from the certified employment; or 2) the date you began qualifying re-employment.

DO NOT COMPLETE THIS APPLICATION UNLESS YOU ARE AT LEAST 50 YEARS OF AGE

Full Name:		Last for Digits of SSN:	
DOB:/ Phone: ()		
Address:	City:	State:	Zip:
Answer the following about your NEW emp	loyer:		
Employer's Name:		_	
Address:	City:	State:	
Contact Person:	Phone: ()	Fax: () _	
Hours hired to work each week: Hours hired to work each week.	ourly rate of pay:	Date employment b	oegan://
Answer the following about your TAA/TRA	certified employer:		
Employer's Name:			
Hours worked each week: Hourly r			
Hours worked during your last week of employer	oyment: Date	last worked:/	
TRAINING INFORMATION Are you attending school AND working? □ Yes	☐ No (if Yes, complete th	e following)	
Are you currently attending full-time TAA-appro	oved school/training? Yes	□ No	
Number of credit hours:			
If you are attending TAA-approved training, ple Approved Training (202VT) forms, and a copy of			st for Determination of
Claimant Signature:		Date: _	
Please provide a copy of the paystub from t employer, the first paystub from new emplo DLRRATAA@state.sd.us		•	
I, the employer representative signed below, attement month period beginning with his/her initial date of		is not expected to earn m	ore than \$50,000 in the 12-
Employer Signature:		Date: _	/ /