

**WORKFORCE SERVICES**

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**TRADE ADJUSTMENT ASSISTANCE  
REQUEST FOR RELOCATION ALLOWANCE****PART I: INFORMATION**Full Name: \_\_\_\_\_ SDWORKS [SID](#): \_\_\_\_\_

I have secured suitable employment with the following employer:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage/Earnings: \$\_\_\_\_\_ per \_\_\_\_\_

**Employer's Contact Person:**  
*i.e., supervisor*

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

Title: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

 Check this box if you are also requesting the \$1,250 stipend to offset relocation expenses.**REQUEST FOR RELOCATION ALLOWANCES**

I request relocation allowances under the Trade Act. The information provided on Form 43A and 43B is correct to the best of my knowledge. I understand penalties are provided for willful misrepresentation. I authorize the DLR to verify my employment status and terms of my employment with the above-named employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II: DETERMINATION**

<b>Petition Number:</b>		<b>Certification Date:</b>	
<b>Certified Employer:</b>		<b>Separation Date:</b>	
		<b>Date of Request:</b>	

**DETERMINATION BY STATE AGENCY** Request for Relocation Assistance has been Approved Request for Relocation Assistance has been Denied due to:

- A. Relocation is NOT further than 50 miles from participant's current address.
- B. Relocation request was NOT made within 425 days of the certified petition date or separation date whichever is later.
- C. Relocation request was NOT made within 182 days after the conclusion of Occupational Skills Training.
- D. Participant is NOT totally separated from employment at the time of the request.
- E. Participant has already received relocation allowance under the same certification.
- F. Participant has NOT justified the inability to secure suitable employment in the commuting area.
- G. Participant has NOT secured employment that pays a wage at the 75 percentile of national wages or has a bona fide offer of employment in the area intended to relocate.
- H. Participant is NOT able to complete the relocation in a reasonable time.

DLR Representative: \_\_\_\_\_ Office: \_\_\_\_\_

DLR Signature: \_\_\_\_\_ Determination Date: \_\_\_\_\_

 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.)

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## TAA TRAVEL EXPENSE DETAIL

### INSTRUCTIONS

Complete Request for Relocation Allowance Form 43A and the “Estimated Cost” column below. Submit to DLR along with two bids from companies (if appropriate...i.e. rental, moving company, etc..), travel estimate (print out of flight cost for cost or Mapquest/Google Maps route for mileage), and Payment Consent [Form 71](#) if not already on file. Utilize the Federal Mileage Rate found here <https://www.irs.gov/tax-professionals/standard-mileage-rates>

PART III : EXPENSES			
CATEGORY	Estimated Costs	Actual Costs	Payable (at 90%)
Car #1 _____ Miles			
Car #2 _____ Miles			
Car #3 _____ Miles			
Rental Truck Gas Receipts			
Trailer/Truck/Moving Van Rental			
Trailer rental (Pulled by a vehicle)			
Commercial carrier			
Mobile home transport			
Lodging			
Storage fees			
<b>Stipend</b> = the lesser of: Average weekly wage: _____ X3 = \$ _____ <b>or \$1,250.00</b>			
<b>TOTAL</b>			

PART IV: STAFF AUTHORIZATION
DLR Staff:  _____
Tel: _____ - _____
Signature:  _____