SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES

sdjobs.org

TRADE ADJUSTMENT ASSISTANCE REQUEST FOR WAIVER- REVERSION ONLY

Petition Number:								Certification	Date:			
Certified Employer:								Separation D	ate:			
Within 8 weeks of certificati	on?			Yes		No		Date of Requ	est:			
Within 16 weeks of separati	on?			Yes] No						
Full Name:								SDW0	ORKS <u>SIC</u>	<u>):</u> _		
Address:							City:		_ State:		Zip:	
Under qualifying requirement workers to be enrolled in train		ΓRA b	ene	efits, wai	vers	may l	e issued if it is de	termined that it	t is not fe	asibl	le or appropriate for	
Health		work	er i	s unable	to p	articip	ate in training du	e to health.			-	
Enrollment Unavailable		date a. [†] b. c. I	of t traii Firs	his waive ning prog t training ry or illne	er. O gram g enr	r for e abru ollme	extenuating circum otly cancelled; or nt date is past the ely affecting abilit	e end of the 60 c	day perio	od; or	within 60 days after	
Training not Available		ning i	s no	ot reasor			ble from governr	•			suitable training for the	
supporting continuation. The are provided for willful misre Signature:	prese	ntati	on.					·		_	·	
Determination by State	\ aan	CV										
This request for a waive a. Effective dates a	r to tl	he en										
a. Effective dates a b. This waiver will c. This waiver may	be rev	viewe	d e	very 30	days	. Docı	mentation may b	e required for a	determi	inatic		
☐ This request for issuance☐ Request was NOT m	e of a	waiv	er i	s denied	for t	the fo	lowing reason:					
☐ Request was NOT m	ade v	vithir	า 16	weeks o	of Sep	parati	on date.					
DLR Representative:								Off	ice:			
DLR Signature:								Determination Date:				
Determination and De	term	inati	on n Ni	Notice <u>F</u>	orm	1 99 p	rovided to custo	omer on Date:				

DLR WIOA – Section 10 – Form 47 REV 02/2023