

WORKFORCE SERVICES

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TRADE ADJUSTMENT ASSISTANCE ENTITLEMENT DETERMINATION

Petition Number:	
Certified Employer:	

Certification Date:	
Separation Date:	
Date of Request:	

Full Name: _____ Last for Digits of SSN: _____

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
<p>1. ____ You are entitled to apply for TAA services.</p> <p>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.</p>
<p>2. ____ You are not entitled to apply for Trade Adjustment Assistance (TAA) due to:</p> <p>____ a. Your last separation date occurred before the certification impact date.</p> <p>____ b. Your last separation was for other than lack of work.</p> <p>____ c. Your employment is not certified under this petition.</p> <p>____ d. Your separation occurred on or after the expiration date of this certification.</p> <p>____ e. Your separation was from other than adversely affected employment.</p> <p>____ f. You do not have a partial separation.</p> <p>____ g. Other</p>

State Agency Representative: _____ Office: _____

Signature: _____ Determination Date: _____

Appeal Rights
<p>This is the final determination. If you wish to appeal, you must follow the procedure set out under Other Grievances in our Equal Opportunity is the Law Form 2 found at https://dlr.sd.gov/workforce_services/wioa/manual.aspx.</p>