

WORKFORCE SERVICES

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TRADE ADJUSTMENT ASSISTANCE

CONTINUED APPLICATION FOR RE-EMPLOYMENT /ALTERNATIVE

Full Name: _____ Last four Digits of SSN: _____

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

Employer Name: _____

Employer Address: _____ City: _____ State: ___ Zip: _____

I hereby certify for the month of _____ I was employed with the above listed employer working _____ hours per week. My gross earnings for this time period were \$_____.

Were you attending school? Yes No

ATTACH A COPY OF ALL PAY STUBS TO VERIFY YOUR INCOME FOR THE TIME PERIOD ABOVE.

Please list your hours worked and gross earnings in WEEKLY amounts even if you are paid bi-weekly or monthly. List each week beginning on Sunday and ending on Saturday.

Calendar Week (Sunday to Saturday)	Number of Hours Worked Per Week	Gross Pay for Hours Worked
To		\$
To		\$
To		\$
To		\$
To		\$

If you worked more or less than your normal number of hours for any of the weeks above, please explain.

I hereby request Re-employment/Alternative Trade Adjustment Assistance (RTAA/ATAA) benefits. I understand if my work hours and/or approved training changes, it is my responsibility to contact the nearest South Dakota Department of Labor and Regulation Local Office. Failure to do so may result in penalties, including an overpayment of RTAA benefits.

THIS FORM MUST BE FULLY COMPLETED AND SIGNED TO BE CONSIDERED FOR PAYMENT.

SIGNATURE: _____

DATE: _____

**SEND FORM TO: SD DEPARTMENT OF LABOR AND REGULATION
ATTENTION: RTAA
PO BOX 4730
ABERDEEN, SD 57402-4730**

**ATTACH A COPY OF ALL PAY STUBS TO
VERIFY YOUR INCOME FOR THE TIME
PERIOD ABOVE.**