

# WORKFORCE SERVICES

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## TRADE ADJUSTMENT ASSISTANCE REQUEST FOR RELOCATION ALLOWANCE

**PART I: INFORMATION**

Full Name: \_\_\_\_\_ Last four Digits of SSN: \_\_\_\_\_

**REQUEST FOR RELOCATION ALLOWANCES** - 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:** Name: \_\_\_\_\_  
*i.e. supervisor*

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

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

**WORKER CERTIFICATION**

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.

Worker 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>	

**APPROVED** This request meets conditions for approval of relocation allowances under the Trade Act.

**DENIED** This request does not meet conditions for approval of relocation allowances under the Trade Act.

**REASON FOR DENIAL:**

DLR Staff Name: \_\_\_\_\_

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

**APPEAL RIGHTS:** 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](https://dlr.sd.gov/workforce_services/wioa/manual.aspx)

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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 ([Form 71](#)) if not already on file. Utilize the Federal Mileage Rate found here <https://www.irs.gov/tax-professionals/standard-mileage-rates>

<b>PART III : EXPENSES</b>			
<b>CATEGORY</b>	<b>Estimated Costs</b>	<b>Actual Costs</b>	<b>Payable (at 90%)</b>
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</b> \$1,250.00			
<b>TOTAL</b>			

<b>PART IV: STAFF AUTHORIZATION</b>
DLR Staff:  _____
Tel: _____ – _____
Signature:  _____