# TRADE ADJUSTMENT ASSISTANCE

## PART 1: COMPLETED BY DLR STAFF

**Participant Name:**

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**Date of Issue:** ____/____/______
**Expiration Date:** ____/____/______

**DLR Staff Name:** ___________________________
**Email:** ___________________________@state.sd.us

**Tel:** (_____) _____ – _____
**Office Address:** ___________________________

### REQUIRED FOR TRAINING

- **Books:** Attach a required book list associated with required classes.
- **Fees (not covered under tuition):** Explain fees: ___________________________
- **Supplies:** Itemize and explain need: ___________________________

**Check one:**
- **Reimburse Participant based on receipts.**
- **Pay to Provider/Vendor based on billing statement or invoice.**

**DLR Authorization:** Signature authorizes the purchase outlined above

**Authorizing DLR Staff Signature:** ___________________________
**Date:** ____/____/______

Please Sign in Blue Ink

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## PART 2: PROVIDER/VENDOR

**Provider/Vendor Name:** ___________________________

**Provider/Vendor Address:** ___________________________

### INSTRUCTIONS FOR PAYMENT:

1. Please include the following information on receipt(s):
   - Company Name
   - Itemized list of purchases and amounts for each item
   - Total Cost
2. Provider send bill/invoice to the address above (part 1), ATTN DLR staff.

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## PARTICIPANT RESPONSIBILITIES

- Picture I.D. or phone verification required before purchase.
- When you are given an Authorization, you must show your valid ID to the provider.
- Authorized purchase must be approved by DLR staff in advance of the expenditure.
- Authorized Purchases may only be provided when it is necessary to enable individuals to participate in training services as identified in the Employment Plan.
- I will not use this credit for purchases other than outlined in the above authorization.
- If requesting reimbursement, I have discussed the purchase with DLR staff and agree to supply required proof of purchase to DLR.

By signing below, I agree to the terms listed above. I also acknowledge any financial support I receive is subject to overpayment (See **Overpayment Policy 5.95**)

**Participant’s Signature:** ___________________________
**DATE:** ____/____/______

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**SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION**

**WORKFORCE SERVICES**

**TRADE ADJUSTMENT ASSISTANCE**

**AUTHORIZATION FOR REQUIRED TRAINING SUPPLIES, BOOKS, FEES**

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**REV 08/2022**