SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
WORKFORCE SERVICES
sdjobs.org

TRADE ADJUSTMENT ASSISTANCE
REQUEST FOR TRANSPORTATION AND SUBSISTENCE ALLOWANCE

PART I: INFORMATION

Full Name:_____ Last four Digits of SSN: _____

Training Provider_____ Program _____

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

Starting Date: _____/_____/_____   End Date: _____/_____/_____

WORKER CERTIFICATION

I request Transportation and Subsistence allowances under the Trade Act. The information provided 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

Petition Number: _____ Certification Date: ____/_____/_____

Certified Employer: _____ Separation Date: ____/_____/_____

TRANSPORTATION REQUEST

Daily Mileage Rate: $_____ **X** Number of Days: _____ **=**

| Transportation Estimate: $_____ |

Federal Rate x Round Trip Mileage
(use Google /MapQuest and submit with this form)
https://www.gsa.gov/travel/plan-book/per-diem-rates

Transportation Request *(Mark One)*: ☐Approved   ☐Denied

SUBSISTENCE REQUEST

Meals

50% of Federal Per Diem Rate:_____ **X** Number of Days: _____ **=** Total Meals: $_____

Add up the per diem total for meals in one day and divide by 2   *Attending full time classes*

Lodging   **+**

50% of Federal Per Diem Rate:_____ **X** Number of Days: _____ **=** Total Lodging: $_____

Use the lodging per diem and divide by 2

Subsistence Request *(Mark One)*:   ☐Approved   ☐Denied

| Subsistence Estimate: $_____ |

Reason for Denial of Transportation and/or Subsistence:

Staff Name: _____ Signature:_____ Determination Date: ____/_____/_____

Appeal Rights
This determination is final unless an appeal is filed in writing within 15 days from the date of determination. Mail the appeal to SD Department of Labor and Regulation, 123 W. Missouri Ave., Pierre, SD 57501.

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TAA TRANSPORTATION AND SUBSISTENCE REIMBURSEMENT

INSTRUCTIONS

Staff complete form and submit along with **_all receipts_** and an attendance report from the training provider. Ensure Payment Consent Form (Form 71) is on file. Federal Per Diem rates.

For Reimbursement between: Starting Date: _____/_____/_____ End Date: _____/_____/_____

TRANSPORTATION REIMBURSEMENT

Daily Mileage Rate: $_____ **X** Number of Days: _____ **=** Total Mileage: $_____
Federal Rate x Round Trip Mileage (same as 49A)   _Attending full time classes_

Total Transportation Receipts While Attending Full Time Classes **=** $_____

> **Total Transportation**
> **Reimbursable Amount** (lessor of the two) **=** $_____

SUBSISTENCE REIMBURSEMENT

Meals

50% of Federal Per Diem Rate: _____ **X** Number of Days: _____ **=** Total by Rate: $_____ ☐
                                    (same as 49A)   _Attending full time classes_

Total Meal Receipts: $_____ ☐
(Alcohol, Tips, Fees or Entertainment Excluded)

Check the box next to the reimbursable amount (lessor of the two)

Lodging

50% of Federal Per Diem Rate:_____ **X** Number of Days: _____ **=** Total By Rate: $_____ ☐
                                    (same as 49A)   _Attending full time classes_

Total Lodging Receipts: $_____ ☐

> **Total Subsistence**
> **Reimbursement Amount** $ _____
> _(add the lessor meal total to the lodging receipt total)_

TOTAL REIMBURSEMENT REQUEST $ _____
(add total in both boxes above)