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| Bi-Weekly School Attendance Request Form for TRA Allowances By Customers in TAA Approved Training  Trade Act of 1974, as Amended | |  | |
| **A. Customer Information** | | | |
| Name (Last, First, Middle) | Social Security No. or EKOS ID: | | TRA BYE Date (CO Use Only): |
| Mailing Address (No., Street, City, State, Zip Code) | Week One: Sunday \_\_\_/\_\_\_/\_\_\_\_\_ through Saturday \_\_\_/\_\_\_/\_\_\_\_\_  Week Two: Sunday \_\_\_/\_\_\_/\_\_\_\_\_ through Saturday \_\_\_/\_\_\_/\_\_\_\_\_ | | |
| **B. Attendance In Training** | | | |
| 1. If enrolled as an online student, did you participate in each of your scheduled online classes the weeks listed above?   Yes  No  Not Applicable   * 1. If you answered yes, how many hours did you spend in your online classes? \_\_\_\_\_\_\_\_\_\_\_\_  1. Did you attended all of your scheduled in-classroom classes and training activities for the week(s) listed in above?  Yes  No  Not Applicable 2. If you answered “NO” to questions 1 or 2, immediately contact your nearest Kentucky Career Center or TRA Unit. 3. Did an official scheduled break in training such as a holiday term break or spring break occur during any portion of these weeks?  Yes  No    1. If “YES”, list the beginning and ending dates for the **TOTAL** break: Begin: \_\_\_/\_\_\_/\_\_\_\_\_ Ending: \_\_\_/\_\_\_/\_\_\_\_\_ 4. Are you enrolled in training full-time as defined by your training institution?  Yes  No    1. If you answered “NO”, is this your last semester?  Yes  No 5. Have you dropped any classes or changed your major?  Yes  No Date of Drop/Change: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ 6. Have you completed your TAA approved training program?  Yes  No Last Day in Classroom: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ 7. Have you voluntarily quit your TAA approved training program?  Yes  No Last Day in Classroom: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | | | |
| **C. Customer Certification** | | | |
| If at any point in time I drop below fulltime status, or fail to attend all scheduled classes for a one week period during training, I will become ineligible to receive TRA benefits (20 CFR 617.18).  I shall be determined to have ceased participation in a training program if I fail to attend all classes and other training activities scheduled by the training institution in any week of the training program, without justifiable cause (20 CFR 617.18).  I may be determined to have voluntarily quit my TAA approved training program if I change my major or class schedule without prior authorization from both WIOA and OET. | | | |
| I certify that I have read the information listed above. I understand that it is my responsibility to report any changes in my approved training plan. I understand that it is my responsibility to obtain OET approval prior to making any changes to the approved training plan and that failure to do so may result in a disqualification of benefits. The information contained in this request is complete and truthful to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain benefits to which I am not entitled.  Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Note: This is not a check request. No TRA payment will be processed from this form.**

To request your check, call (877) 369-5984 or complete a TRA Pay Order Card

Please send completed forms to the TRA Unit –

Trade/TRA Phone: (502) 782-3022

275 E Main Street, 2-WA Fax: (502) 564-7459

Frankfort, KY 40601 Email: [TRA@ky.gov](mailto:TRA@ky.gov)

TAA/TRA – 858A (2017)