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| Training Status Form for Training Plans Under theTrade Adjustment Assistance/Trade Readjustment AllowancesTrade Act of 1974, as Amended | **COMMONWEALTH OF KENTUCKY****Education and Workforce Development Cabinet****Office of Employment and Traianing**  |
| A | Participant’s Name  | Social Security Number  | BYE of TRA Claim (Central Office Use Only) |
| Name of Training Provider | EKOS ID Number | Scheduled Completion Date |
| B | Please select All that apply from the options below and complete the appropriate information: |
| [ ]  |  New TAA Approved Training PLan  |  Start Date:  |
| [ ]  |  Break In Approved Training > 30 Days | Start Date: End Date:  |
| [ ]  |  Dropped from Full-time to Part-time Status  |  Effective Date: Is this the last semester Yes [ ]  No [ ]  |
| [ ]  |  Voluntarily Quit TAA Approved Training Program | Last Day In Classroom: Reason:  |
| [ ]  | Dropped from TAA Approved Training Program  | Last Day In Classroom: Reason: Date of Determination from TAA Coordinator:  |
| [ ]  | Completed TAA Approved Training Program | Last Day In Classroom: Certificate/Degree Obtained:  |
| C | Additional Notes:  |
| D | Case Manager Name (Please Print) | Date of this Request |