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| Training Status Form for Training Plans Under the  Trade Adjustment Assistance/Trade Readjustment Allowances  Trade 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 | | |