**Trade Adjustment Assistance (TAA) Training**

Trade Act (2015) Customer Request for Computer Assistance for Online Training Program

# **Customer Information**

# **Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petition #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# **OSOS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Purchase of Computer/Tablet/Laptop**

# **I understand TAA Training funds may be utilized to purchase a laptop or desktop computer, tablet, and/or software on my behalf for my online training, as part of a TAA approved Training program provided the following requirements are met\*\*:**

\_\_\_\_\_ The TAA Approved training course/program requires a laptop, desktop computer, tablet,

and/or software in order to take the class

\_\_\_\_\_ One hundred percent (100%) of the training program is conducted online

\_\_\_\_\_ No other equipment is reasonably accessible to the customer within the commuting area (30 miles)

(justification for need for computer must be included along with any extenuating circumstance)

**AND**

\_\_\_\_\_ The least expensive equipment is purchased, and is purchased at a reasonable cost

Device needed/approved for purchase? : \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Approved Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Attach Documentation/EKOS comments**

# **Maintenance and Return**

# I understand TAA policy requires me (the customer) to adhere to these maintenance & return policies:

1. TAA funds cannot be utilized to purchase protection plans offered by most electronic retailers, instead choosing to utilize warranties offered by most manufacturers for coverage.
2. Customers are expected to exercise good judgment and due diligence and care in maintaining the purchased device and take ALL reasonable measures to protect it from damage, loss or theft.
3. In the event the laptop/computer is lost or stolen, the customer shall report the loss or theft to their TAA Case Manager, OET Trade Coordinator, or OET Trade Facilitator and police as soon as possible.

D. If it is determined that the equipment was lost, stolen or damaged due to the customer's negligence or failure to exercise due care, the customer may be required to reimburse the TAA program the cost of the device.

E. If the customer should withdraw or be terminated for any reason from the TAA Approved Training program prior to its completion, the customer MUST return the TAA Purchased device within 14 days to their Case Manager, OET Trade Coordinator or Facilitator.

# **Agreement to Terms and Customer Signature**

**I certify that I have read the information listed above and agree to all terms**. I understand that I am responsible for the care of the above listed purchase(s) and that any damage, loss or theft must be reported immediately. I understand that failure to meet the above requirements may result in one or all of the following: disqualification of benefits, an overpayment, or be obligated to refund the TAA program for funds expended on above listed service or device. The information contained in this request is complete and true 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.

Trade Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Merit Staff Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

OFFICE OF EMPLOYMENT AND TRAINING (OET)

Trade Adjustment Assistance (TAA)

**Release of Computer Equipment**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge receipt of the following required computer equiptment, as requested for my TAA training, including:

**Laptop Headphones**

**Laptop case (for protection) Required Software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manufacturer’s warranty/Virus Protection** (for the term of my TAA approved training)

The items valued in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are for use during my training. I understand

1. TAA funds cannot be utilized to purchase protection plans offered by most electronic retailers, instead choosing to utilize warranties offered by most manufactures for coverage.
2. I am expected to exercise good judgement and due care in maintaining the purchased device and take ALL reasonable measures to prated it from damage, loss or theft.
3. In the event the laptop/computer is lost or stolen, I will report the loss or theft to my TAA Case Manager, OET Trade Coordinator, or OET Trade Facilitator and police as soon as possible.
4. If it is determined that equipment was lost, stolen or damaged due to the customer’s negligence or gailure to exercise due care, the customer may be required to reimburse the TAA program for the cost of the device.
5. If I withdraw or am terminated for any reason from the TAA Approved Training program prior to its completion, the customer MUST return the TAA purchased device within 14 days to their case manager, OET Trade Coordinator or Facilitator.

Agreement to Terms and Customer Signature

I certify that I have read the information listed above and agree to all terms. I understand that I am responsible for the care of the above listed purchase(s) and that any damage, loss, or theft must be reported immediately. I understand that failure to meet the above requirements may result in one or all of the following: disqualification of benefits, an overpayment, or be obligated to refund the TAA program for funds expended on above listed service or device. I understand that penalties are provided for willful misrepresentation make to obtain benefits to which I am not entitled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date KY #

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Witness Signature Date