Department of Labor & Workforce Development

TRA UNIT
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AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name _____ *Social Security Number* _____ *Local Office Number* _____

Worker's Address *Street* *City* *State* *Zip Code* _____ *Phone Number* _____

I, _____, Social Security Number _____, understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked.

Employer's Name _____

Doing Business As _____

Mailing Address _____
Street

_____
City State Zip Code

Physical Address _____
Street

_____
City State Zip Code

Employer's Phone _____
(With Area Code)

Date of lack of work separation from above mentioned employer _____

Number of hours worked during last full week _____
(*32 hours or more excluding overtime*)

Rate of pay per hour during last full week _____

I, the worker, make oath that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Signature _____ Date _____ Agency Representative's Signature _____ Date _____