



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKFORCE SERVICES

WORKER TRAINING AGREEMENT AND RESPONSIBILITIES

Name _____ Last 4 Digits of Social Security Number _____

Local Office Number _____ Petition Number _____

By signing my name below, I certify that I have carefully read this form in its entirety. I have received a copy of this form for my records. I will attend my approved training program as outlined in my TAA Training Plan and I agree to abide by all the policies and requirements of the program.

1. I understand that I **must** file a Jobs4TN work application and complete a job search with not suitable employment available prior to requesting TAA Funded Training.
2. I understand that I **must** always check TCAT and state schools first before selecting any private schools.
3. I have participated in the process of the development of my TAA Training Plan.
4. I understand that TAA will only pay for items that are **required** from the school and are included in the contract.
5. I understand that I **cannot** be required to use my Pell, Lottery, or any other Grant, to assist with the cost of training without my written permission should the cost of training be determined unreasonable.
6. I understand should additional cost be needed, I **must** contact my local Career Center TAA Representative.
7. I understand that any items that are **not required** by the school will be my sole responsibility.
8. I understand that I **must** enroll and maintain full-time status throughout the entire training if my petition is 69999 and below or 85000 and above. (Full-time as indicated by the school.)
9. I **must** maintain full-time status to be eligible for TRA benefits if my petition number is between 70000 and 84999. (full-time as indicated by the school).
10. I understand if I drop to part-time status, if my petition is between 70000 and 84999, I will **not be** eligible for TRA benefits.
11. I understand that I **must** complete my weekly attendance certification and submit the signed form by mail weekly during approved training to the TRA Unit, P.O. Box 280450, Nashville, TN 37228.
12. I understand that I **cannot** start training prior to an approved notice from the TAA Coordinator.
13. I understand that I **must** notify my local Career Center TAA Representative of any changes pertaining to my approved training.
14. I understand that any request for changes from my classes scheduled **must** come from the school.
15. I understand I **must** provide a copy of all classes scheduled for the upcoming term and a copy of my grades to my local Career Center TAA Representative.
16. I understand I **must** report to the Career Center at least every sixty (60) days to discuss my training progress with my local Career Center TAA Representative.
17. I understand should I withdraw from training for any reason I **must** notify my local Career Center TAA Representative immediately.
18. I understand that I **must** notify my local Career Center TAA Representative upon completion of training.
19. I understand that I **must** notify my local Career Center TAA Representative when I obtain employment.
20. I understand that I **cannot** submit weekly certification after completion of training or during weeks of break greater than thirty (30) days.
21. I understand failing to abide by these requirements may jeopardize my entitlement to continue with my trade approved training and/or Trade Readjustment Assistance (TRA) Benefits.

I understand that I have the right to appeal if I disagree with the training determination by the Central office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the Career Center where the TAA claim was taken or by letter to the Appeals Tribunal, TN Dept of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Worker's Signature _____ Date _____

TAA Representative's Signature _____ Date _____