



REQUEST FOR TRADE INFORMATION

Trade Act of 1974, Amended 2002, 2009 and 2011

DATE OF REQUEST	PETITION NUMBER	L. O. NUMBER

EMPLOYER NAME AND ADDRESS	WORKER'S NAME <i>(Last, First, Middle)</i>
	SOCIAL SECURITY NUMBER
	GROUP COVERED BY USDOL CERTIFICATION

EMPLOYMENT DATA FOR

52 week qualifying period _____ to _____ based on separation date _____

EMPLOYER RESPONSE

1. Did separation occur as of separation date (above)? YES NO
2. Type of separation Total Partial
If Partial, please answer 2A.

2A	WEEK OF SEPARATION		52 WEEK QUALIFYING PERIOD	
	Number hours week of separation	Total wages week of separation	Total hours of employment <i>(Exclude hours of overtime, sick leave and vacation)</i>	Gross wages paid

2B	LAST FULL WEEK WORKED	
	Number hours week last full week	Rate of pay per hour last full week

3. During the above 52 week qualifying period

Number of weeks earned \$ 30.00 or more	<i>If total less than 26 weeks continue</i>	Number weeks of approved leave	Number weeks of workers' compensation

4. Was work performed in Tennessee? YES NO Location _____
5. What was worker's last occupation prior to separation? _____
6. Was separation due to lack of work? YES NO Reason _____
7. Was worker one of group covered *(above)*? YES NO *If No, please answer number 8.*

8. Was the separation from non-adversely affected employment caused by bumping from the certified group?
YES NO *If Yes, answer A and B.*

A. Name of subdivision in which worker last worked. _____

B. Reasons that worker can be considered an affected worker separated due to lack of work.

NAME AND ADDRESS OF FIRM PROVIDING EMPLOYMENT DATA	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	
	TITLE	DATE COMPLETED
TELEPHONE NUMBER _____ FAX _____	FOR AGENCY USE ONLY	
RETURN TO: TRA UNIT TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT P O BOX 280450 NASHVILLE TN 37228	WEEKS	SEP DATE
LB-0426 (Rev. 05-12) ETA 8-55A	SEP REASON	TYPE