

**Request for Eligibility Reemployment Trade Adjustment Assistance (RTAA)
Trade Act of 1974, Amended TAA Reauthorization of 2015**

WORKER'S NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER	LO NUMBER	PETITION NUMBER TAW
WORKER'S ADDRESS	AGE	DATE OF BIRTH	PETITION CERTIFICATION
CITY	STATE	ZIP CODE	IMPACT DATE

TRADE SEPARATED EMPLOYER

TRADE EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPERATION DATE
JOB TITLE	DATE OF LAST FULL WEEK	RATE OF PAY PER HOUR LAST FULL WEEK
		NUMBER OF HOURS LAST FULL WEEK

1 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPERATION DATE
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	PHONE NUMBER
		FAX NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK
		NUMBER OF HOURS FIRST FULL WEEK

2 REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME	FIRST DAY WORKED	TOTAL SEPERATION DATE
CONTACT PERSON AND ADDRESS	EMAIL ADDRESS	PHONE NUMBER
		FAX NUMBER
WORKER JOB TITLE	DATE OF FIRST FULL WEEK	RATE OF PAY PER HOUR FIRST FULL WEEK
		NUMBER OF HOURS FIRST FULL WEEK

RTAA PROGRAM SELECTION

I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of regular TRA. I understand that receipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.

CERTIFICATION

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this form is correct to the vest of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

SIGNATURE OF WORKER _____ LOCAL TAA REPRESENTATIVE _____
DATE _____ DATE _____
FAX TO (615) 532-3374 TN Department of Labor and Workforce Development FROM: _____
COMMENTS: _____