

Phone: TTY:
www.ides.state.il.us Fax:

Date Mailed:

Employer Account Number:

Request for Workers Affected by TAA Petition

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

On _____, the US Department of Labor, Employment and Training Administration certified a group of workers or former workers at _____. The petition number is _____ and covers workers who were separated due to lack of work between _____ and _____.

Trade Adjustment Assistance (TAA) is a federal program that provides reemployment services to workers in order to assist the workers in becoming reemployed as quickly as possible. Reemployment services may include retraining, including remedial, vocational and on-the job training, job search allowances, relocation allowances, and weekly income support payments called Trade Readjustment Allowances (TRA). Workers certified as eligible may apply for benefits under Alternative Trade Adjustment Assistance (ATAA). Workers may also qualify to receive a Health Coverage Tax Credit (HCTC) to assist adversely affected workers to make premium payments for health coverage.

On _____, the US Department of Labor, Employment and Training Administration certified a group of workers or former workers at _____. The petition number is _____ and covers workers who were separated due to lack of work between _____ and _____ that worked on _____.

Trade Adjustment Assistance (TAA) is a federal program that provides reemployment services to workers in order to assist the workers in becoming reemployed as quickly as possible. Reemployment services may include retraining, including remedial, vocational and on-the job training, job search allowances, relocation allowances, and weekly income support payments called Trade Readjustment Allowances (TRA). Workers certified as eligible may apply for benefits under Alternative Trade Adjustment Assistance (ATAA). Workers may also qualify to receive a Health Coverage Tax Credit (HCTC) to assist adversely affected workers to make premium payments for health coverage.

The State is required under the Trade Act to send out individual notices to all potentially eligible workers at _____. To facilitate notification of affected workers of the benefits and services available, we are requesting that you provide a listing of affected workers who were partially or totally separated from employment with _____ after _____. The listing should include Social Security Numbers, Workers' Names, and Worker's Last Known Mailing Addresses. Please provide this listing of affected workers by _____ at the address or Fax Number listed at the top of the page. Any questions you may have concerning this program or requested worker listing may be telephoned to me at _____.

The State is required under the Trade Act to send out individual notices to all potentially eligible workers who were employed by _____ for _____. To facilitate notification of affected workers of the benefits and services available, we are requesting that you provide a listing of all workers who were employed by _____ and were partially or totally separated from work at the _____ on or after _____. Your listing should include Social Security Numbers, Workers' Names, and Workers' Last Known Mailing Addresses. Please provide this listing of workers by _____ at the address or Fax Number listed at the top of the page. Any questions you may have concerning this program or requested worker listing may be telephoned to me at _____.

IMPORTANT: Eligibility for benefits of workers covered under Trade Adjustment Assistance certifications is subject to timely notification and application for benefits. Your cooperation in providing the requested information to the Illinois Department of Employment Security by _____ is appreciated.