

**State of Illinois  
Department of Employment Security  
REQUEST FOR DETERMINATION OF ENTITLEMENT TO TRA**



PLEASE COMPLETE ALL ITEMS IN THE SHADED AREAS

BATCHING	PETITION NUMBER	SUFFIX
	TAW	

SOCIAL SECURITY NUMBER		CK DIGIT	DATE FILED	IMPACT DATE	EXPIRATION DATE
LAST NAME			FIRST NAME		MID INIT
STREET			CITY	STATE	ZIP CODE
L.O. NO.	COUNTY CODE	OBS CODE	BIRTHDATE	AREA CODE	PHONE NUMBER
EMPLOYER NAME				SUBDIVISION/DEPARTMENT	
ADDRESS WHERE WORKED				CITY	
STATE	ZIP CODE	REASON FOR SEPARATION	DESCRIPTION		
OCCUPATION CODE	CLAIM TYPE		<input type="checkbox"/> A NEW <input type="checkbox"/> B ADDITIONAL NON-ADVERSELY AFFECTED <input type="checkbox"/> C ADDITIONAL ADVERSELY AFFECTED <input type="checkbox"/> D RE OPEN <input type="checkbox"/> E RE DET <input type="checkbox"/> F DC <input type="checkbox"/> G RET <input type="checkbox"/> H OTHER		
QUALIFYING PERIOD FOR CLAIM:					
BEGINNING DATE			ENDING DATE		
CLAIM DATE	FIRST QUALIFYING SEP. DATE	NO. \$30 WEEKS	RETIRMENT DEDUCTIONS \$		
LAST DAY WORKED	LQS \$30 WEEKS	REASON FOR SEPARATION	TYPE OF WORK		
<b>COMPLETE THIS SECTION IF YOU HAVE A DEPENDENT CHILD (OR CHILDREN):</b> IF YOU HAVE ANY CHILDREN, INCLUDING STEP-CHILDREN AND LEGALLY ADOPTED CHILDREN UNDER 18 YEARS OF AGE (OR OLDER, IF UNABLE TO WORK FOR THE PAST 90 DAYS, BECAUSE OF ILLNESS OR OTHER DISABILITY), ENTER BELOW THE NAME ADDRESS AND BIRTHDATE OF THE YOUNGEST CHILD.			<b>COMPLETE THIS SECTION IF YOU HAVE A SPOUSE:</b>		
NAME		BIRTHDATE		SPOUSE'S FULL NAME	
ADDRESS				SPOUSE'S ADDRESS	
		YES	NO	SPOUSE'S SOCIAL SECURITY NO.	
IS THERE ANYONE ELSE CURRENTLY CLAIMING ANY OF YOUR CHILDREN ON AN ILLINOIS U.I. CLAIM OR TRA CLAIM?		<input type="checkbox"/>	<input type="checkbox"/>	YES	NO
HAS ANYONE ELSE CLAIMED ANY OF YOUR CHILDREN ON AN ILLINOIS U.I. CLAIM OR TRA CLAIM WITHIN THE PAST TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID YOU FURNISH MORE THAN ONE-HALF OF THE COST OF THE SUPPORT OF THE CHILD LISTED ABOVE, OR ONE QUARTER OF THE SUPPORT IF YOU AND YOUR WIFE (OR HUSBAND) CONTRIBUTE TO THE SUPPORT FOR AT LEAST 90 CONSECUTIVE DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM?		<input type="checkbox"/>	<input type="checkbox"/>	DID YOU FURNISH MORE THAN ONE-HALF THE COST OF THE SUPPORT FOR YOUR LAWFUL SPOUSE FOR AT LEAST 90 CONSECUTIVE DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM?	
HOW MANY DEPENDENT CHILDREN DO YOU HAVE, INCLUDING STEP-CHILDREN AND LEGALLY ADOPTED CHILDREN?				DID YOUR SPOUSE WORK IN ILLINOIS WITHIN THE PAST 2 YEARS?	
				<input type="checkbox"/>	
OFFICE SPACE COMMENTS:					
CHILD CODE	DATE OF BIRTH	SPOUSE CODE	SPOUSE SS NO.	CD	
CHILD LAST NAME			FIRST NAME		MID INIT
SPOUSE LAST NAME			FIRST NAME		MID INIT
I UNDERSTAND THAT INFORMATION SUBMITTED BY ME TO THIS DEPARTMENT WILL BE USED BY OTHER FEDERAL, STATE, OR LOCAL AGENCIES AND THE INFORMATION SUBMITTED BY ME TO THESE AGENCIES WILL BE USED BY THE ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY IN DETERMINING MY ELIGIBILITY AND AMOUNT OF TRA BENEFITS					
SIGNATURE:			DATE:		

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PLEASE ANSWER ALL QUESTIONS IN SECTION A.

**SECTION A - ALL "YES" ANSWERS MUST BE EXPLAINED.**

YES NO

1. HAVE YOU FILED FOR OR RECEIVED UNEMPLOYMENT INSURANCE BENEFITS WITHIN THE LAST TWELVE MONTHS?

STATE \_\_\_\_\_  
OFFICE ADDRESS \_\_\_\_\_  
DATE OF LAST CLAIM \_\_\_\_\_

2. HAVE YOU FILED A REQUEST FOR TRADE READJUSTMENT ALLOWANCES PRIOR TO THIS APPLICATION?

STATE \_\_\_\_\_  
OFFICE ADDRESS \_\_\_\_\_  
DATE FILED \_\_\_\_\_

3. HAVE YOU WORKED IN EMPLOYMENT WHICH HAS BEEN CERTIFIED UNDER THE TRADE ADJUSTMENT ASSISTANCE PROGRAM?

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATES OF EMPLOYMENT - FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
REASON FOR SEPARATION \_\_\_\_\_  
PETITION NUMBER (IF KNOWN) TA-W- \_\_\_\_\_

4. DID YOU WORK FOR ANOTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN ABOVE?

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATES OF EMPLOYMENT - FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
REASON FOR SERPARATION \_\_\_\_\_

5. ARE YOU CURRENTLY ATTENDING SCHOOL OR ENROLLED IN AN APPROVED TRAINING PROGRAM?

NAME OF SCHOOL/TRAINING FACILITY \_\_\_\_\_  
SUBJECT/TRAINING PROGRAM \_\_\_\_\_  
COURSE BEGIN DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**WORKER CERTIFICATION**

I give this information to support my request for a determination of entitlement to Trade Adjustment Allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION B - LCOAL OFFICE CERTIFICATION**

I have witnessed the worker's signature shown above and have discussed with the worker the statements made, based upon my knowledge of the facts and upon the information provided, the statements appear to be correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FORMS ISSUED: \_\_ TRA-10 \_\_ TRA-653 \_\_ TAA-858