**TRADE ADJUSTMENT ASSISTANCE EXTENSION ACT**

**\*\*\* FOR PETITIONS NUMBERED 80,000 – 80,999, as appropriate and 81,000 – 89,999 \*\*\***

**Customer Information**

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| 1. LWIA #/ETC: | 2. Customer SSN: XXX-XX- | | | | 3. Waiver Request Date:     /    / | | | |
| 4. Last Name: | | | | First Name: | | | | Middle Initial: |
| 5. Street Address (Residence): | | | | | | | | Apt.: |
| 6. City: | | 7. State: | | | | 8. Zip: | | |
| 9. Phone Number(s): Home (   )    - | | Work (   )    -     ext. | | | | | Cell (   )    - | |
| 10. Email: | | | 11. County (for in-state addresses): | | | | | |

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| **STAFF USE ONLY** | | | | **\*Customer’s Training Plan Has Been Developed on the IEP:**  Yes  No | | |
| 12. Petition Number: | | | | | 13. Layoff Date:   /  / | |
| 14. Certification/Decision Date:   /  / | | | | | 15. Petition Expiration Date:   /  / | |
| 16. Petition Impact Date:   /  / | | | | | | |
| 17. Please check only one of the following and enter the date to indicate how eligibility is met: | | | | | | |
| 26th Week Date from Separation:     /    / | | | | | | 26th Week Date from Certification:     /    / |
| 45 Days Extenuating Circumstances Date:     /    / | | | | | | 60 Days Upon Proper Notification Date:     /    / |
| Federal Good Cause Provision Date:     /    / | | | | | | Equitable Tolling Date:     /    / |
| 18. Waiver Period: From:     /    /       To:     /    / | | | | | | |
| 19. The requirement to be enrolled in training for the purpose of receiving Basic TRA is waived for one of the   following three criteria: | | | | | | |
| a. |  | Health | The customer is unable to participate in training due to his/her health. | | | |
| b. |  | Enrollment Unavailable | The first available enrollment date for the customer’s approved training is within 60 days after the date of this waiver. | | | |
| c. |  | Training Not Available | Suitable training is not reasonably available because:  Unreasonable Cost ; or  State TAA Funds are Not Available | | | |

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| 20. Extenuating Circumstances: | |
| If there is justification for granting Extenuating Circumstances, check the appropriate reason: | 45 – Day Extenuating Circumstances  60 Day Proper Notification Exception  Federal Good Cause Provisions  Equitable Tolling |
| 21. Describe Justification for Granting an Extenuating Circumstance (attach additional sheets as necessary): | |

**Customer/Career Planner Signature**

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| **APPEAL RIGHTS**  *If you disagree with this determination, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security (“IDES”) within thirty (30) calendar days after the date at the top of this letter. If the last day for filing your request is a day that IDES is closed, the request may be filed on the next day that IDES is open. Please file the request by mail or fax at your local IDES office. To locate your reporting office, use this link:* [*http://www.ides.illinois.gov/Pages/Office\_Locator.aspx*](http://www.ides.illinois.gov/Pages/Office_Locator.aspx)*.*  *Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If additional information or assistance regarding the appeals process is needed, please contact your local IDES office.* | |
| 22. Customer Signature: | Date:     /    / |
| **AFFIDAVIT:** I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I hereby acknowledge that the information contained in this form that I am attesting to is complete, accurate and that the documentation described in the form is contained in the customer’s file. | |
| 23. Career Planner Signature: | Date:     /    / |
| 24. LWIA Director Signature: | Date:     /    / |

**State Merit Staff Determination**

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| 25. Waiver Approved:  Waiver Denied:  If denied, reason: | |
| 26. Department of Commerce State Merit Staff Signature: | Date:     /    / |

**Waiver Extension Information**

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| This Waiver Extension #1 has been issued for the following period. |
| 27. Waiver Extension Period: From:     /    /       To:     /    /  Career Planner Initials:     Date:     /    /       LWIA Director Initials:     Date:     /    / |
| This Waiver Extension #2 has been issued for the following period. |
| 28. Waiver Extension Period: From:     /    /       To:     /    /  Career Planner Initials:     Date:     /    /       LWIA Director Initials:     Date:     /    / |

**Waiver Criteria Change**

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| 29. Waiver Criteria Change:  Waiver Criteria Changed To (enter the appropriate option from 19a – 19c listed above)        Date of Change:     /    /       Reason for Change :        Career Planner Initials       Date:     /    /       LWIA Director Initials       Date:     /    / |

**Waiver Revocation**

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| 30. Date the Waiver was Revoked:   /  /     Reasons for revocation(s): | |
| 31. Career Planner Signature: | Date:     /    / |
| 32. LWIA Director Signature: | Date:     /    / |