**Participant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. LWIA #: | 2. Participant SSN: XXX-XX- | | | 3. Date:     /    / | |
| 4. Participant Name: | | |  | |  |
| 5. Street Address: | | | | | Apt.: |
| 6. City: | | 7. State: | | 8. Zip: | |
| 9. Phone Number(s): Cell (   )    - | | Home (   )    - | | 10. Email: | |

**Training Plan**

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| --- |
| **11. Participant’s training plan has been developed on the IEP:**  **Yes  No** |

**Certification Information**

|  |  |
| --- | --- |
| 12. Certification Number: | 13. Name of Worker Group: |
| 14. Location of Worker Group: | |
| 15. Certification Date:     /    / | 16. Certification Impact Date:     /    / |
| 17. Certification Expiration Date:     /    / | 18. Qualifying Separation Date:     /    / |
| 19. Participant’s Benefit Period End (BPE) Date:     /    / | |

**Eligibility**

|  |  |
| --- | --- |
| **20. Please check only one of the following and enter the date to indicate how eligibility is met:** | |
| 26th Week Date from Certification:     /    / | 26th Week Date from Separation:     /    / |
| 45 Days Extenuating Circumstances Date:     /    / | 60 Days Upon Proper Notification Date:     /    / |
| Federal Good Cause Provision Date:     /    / | Equitable Tolling Date:     /    / |
| If extenuating circumstances (45 Days, 60 Days, Federal Good Cause, or Equitable Tolling) are used, provide a justification for granting the extenuating circumstance: | |

**Waiver Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **21.** **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 worker is unable to participate in training due to the health of the worker. A waiver granted for this reason does not exempt the worker from requirements relating to the availability for work, active search for work, or refusal to accept work under Federal or State unemployment compensation laws. |
| b. |  | Enrollment Unavailable | The first available enrollment date for approved training is within 60 consecutive calendar days after the date on which a waiver determination is made or, if later, there are extenuating circumstances, as determined under the criteria in § 618.725(a)(3), that apply to the delay in enrollment in training. |
| c. |  | Training Not Available | Approved training is not reasonably available to the worker from governmental agencies or private sources (which may include area vocational education schools, as defined in sec. 3 of the Strengthening Career and Technical Education for the 21st Century Act (20 U.S.C. 2302), and employers), or suitable training is not available at a reasonable cost, or no training funds are available.  Unreasonable Cost; or  State TAA Funds are Not Available |
| **This waiver must be revoked immediately upon a determination that the basis or bases for the waiver no longer apply.** | | | |

**Participant/Career Planner Signature**

|  |  |
| --- | --- |
| **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 to: IDES P.O. Box 19509 Springfield, IL 62794 or fax to: 217-557-4913. Any request submitted by mail must bear a postmark date within the applicable time limit for filing.* | |
| **22. Participant 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 participant’s file. | |
| **23. Career Planner Signature:** | **Date:**     /    / |

**State Merit Staff Determination**

|  |  |
| --- | --- |
| 24. Waiver Approved:  Waiver Denied:  If denied, reason: | |
| **Waiver Period: From:**     /    /       **To:**     /    / | |
| **Department of Commerce State Merit Staff Signature:** | **Date:**     /    / |

**Waiver Extension Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 25. This Waiver Extension #1 has been issued for the following period. | | | | | |
| Waiver Extension Period: | | | From:     /    / | To:     /    / | |
| Career Planner Initials: | | Date:     /    / | |  |  |
| 26. This Waiver Extension #2 has been issued for the following period. | | | | | |
| Waiver Extension Period: | From:     /    / | | | To:     /    / | |
| Career Planner Initials: | | Date:     /    / | |  |  |

**Waiver Criteria Change**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 27. Waiver Criteria Changed To:  Health Enrollment Unavailable Training Not Available | | | | |
| Date of Change:     /    / | | Reason for Change: | | |
| Career Planner Initials: | Date:     /    / | |  |  |

**Waiver Revocation**

|  |  |
| --- | --- |
| 28. Date the Waiver was Revoked:     /    /       Reason for revocation: Participant request  Waiver Expired Enrollment in Training  Failure to make 30-day contact  Failure to accept suitable employment  Failure to enroll in a training program  Written notice (Form #003d) of revocation provided to participant: **Yes  No  N /A**  Date:     /    / | |
| Career Planner Signature: | Date:     /    / |