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| **Participant Information** | | |
| 1. Participant Name: | | |
| 2. Street Address: | | Apt.: |
| 3. City: | 4. State: | 5. Zip: |

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| **Training Information** | | | | | |
| 6. Training Period:   /  /    to   /  / | | 7. Total number of on-site training days:  (for entire training program = total training weeks x days per week) | | | |
| 8. Type of Training:    On-site    Online (if participant is attending online only, skip to #28)       Out-of-State (for out of state training, skip to #23) | | | | | |
| 9. Participant attending training at 1 training site  (Continue to #10) | | | Participant attending training at multiple training sites  (Continue to #22) | | |
| 10. Name of Training Institution: |  | | | | |
| 11. Street Address: | | | | | |
| 12. City: | | | | 13. State: | 14. Zip:     - |

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| **Transportation/Subsistence Calculation** | | | | | |
| 15. Distance of Participant’s One-Way Commute:  miles (Use distance from Google Maps to first decimal place)  Distance calculations must be made using Google Maps at <https://maps.google.com/>.  If Google Maps does not provide exact location, the shortest route using one of the following applications may be used:  [www.mapquest.com](https://www.illinoisworknet.com/Documents%20and%20Settings/sboggs/Local%20Settings/Temporary%20Internet%20Files/sboggs/Local%20Settings/Temporary%20Internet%20Files/sboggs/Local%20Settings/Temporary%20Internet%20Files/Content.Outlook/U4GVUQ1W/www.mapquest.com)  [www.randmcnally.com](https://www.illinoisworknet.com/Documents%20and%20Settings/sboggs/Local%20Settings/Temporary%20Internet%20Files/sboggs/Local%20Settings/Temporary%20Internet%20Files/sboggs/Local%20Settings/Temporary%20Internet%20Files/Content.Outlook/U4GVUQ1W/www.randmcnally.com)  Other: | | | | | |
| 16. Net Commuting Distance (One-Way Commute in #15 – 10):  miles (use distance to first decimal place) | | | | | |
| 17. Is the participant attending On-site training?  Yes  No Is the net commuting distance more than 0 miles  Yes  No  If Yes to both questions, continue. If No to either question, the Participant is not eligible for Transportation Assistance. Skip to  Item #28. | | | | | |
| 18. **Calculate Mileage Reimbursement Rate to/from Training Institution:** | | 19. **Calculate Round Trip Cost of Other modes of transportation (if applicable)**  (Must deduct cost for 10 miles from the amounts in (a), (b), (c), and (d). | | **20. Calculate Subsistence Cost**  **(Use** [**www.gsa.gov**](http://www.gsa.gov) **rates for**  **training institution location)** | |
| 1. Net Commuting Distance from #16:   (round to first decimal) | miles | (a) Public/Mass Transit: | $ | (a) GSA Lodging Rate | $ |
| 1. Round-Trip Distance: (#18a X 2):   (round to first decimal) | miles | (b) Train:  (c) Air: | $  $ | (b) GSA Meals &  Incidentals Rate | $ |
| (c) Federal mileage rate from [www.gsa.gov](http://www.gsa.gov): | $ | (d) Other mode of  transportation: | $ | (c) Total (#20a + #20b) | $ |
| 18d. Calculate mileage reimbursement  (#18b X #18c):  (round to nearest cent) | $ | 19e. Other modes of transportation (lesser of #19a thru #19d): | $ | 20d. Maximum allowable Subsistence  (#20c divided by 2) | $ |
| 21. Total Transportation/Subsistence Cost (round to nearest cent)  ((Lesser of #18d, #19e, or #20d) x #7). If #19e is zero, it is ((lesser of #18d or #20d) x #7). | | | | | $ |

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| **22. Multiple Location** | | | | | | | | | | |
| **Training Locations** | | | | | | | | | | |
| Training Location 1 Address: | | | | Training Location 2 Address: | | | | | | |
| Training Location 3 Address: | | | | Training Location 4 Address: | | | | | | |
| **Travel** | | | | | | | | | | |
| Trip 1 (Use # of training locations above to identify locations. Residence should be entered as the last location. | | | | | | | | | | |
| Residence to | from       to | | from       to | | from       to | | | | from       to | |
| Net Round Trip Miles (Total – 20)  (documented with Google Maps) | | GSA Mileage Rate $ | Mileage Reimbursement  (Net RT miles x  GSA mileage rate)  $ | | | # of Training Days  (total for entire plan) | | **a)** Total Transportation  **(Mileage Reimb x # training days)**  $ | | |
|  | | | | | | | | | | |
| Trip 2 (Use # of training locations above to identify locations. Residence should be entered as the last location. | | | | | | | | | | |
| Residence to | from       to | | from       to | | | | from       to | | | from       to |
| Net Round Trip Miles (Total – 20)  (documented with Google Maps) | | GSA Mileage Rate $ | Mileage Reimbursement  (Net RT miles x  GSA mileage rate)  $ | | | # of Training Days  (total for entire plan) | | **b)** Total Transportation  **(Mileage Reimb x # training days)**  $ | | |
|  | | | | | | | | | | |
| Trip 3 (Use # of training locations above to identify locations. Residence should be entered as the last location. | | | | | | | | | | |
| Residence to | from       to | | from       to | | | | from       to | | | from       to |
| Net Round Trip Miles (Total – 20)  (documented with Google Maps) | | GSA Mileage Rate $ | Mileage Reimbursement  (Net RT miles x  GSA mileage rate)  $ | | | # of Training Days  (total for entire plan) | | **c)** Total Transportation  **(Mileage Reimb x # training days)**  $ | | |
|  | | | | | | | | | | |
| **Total Transportation Cost for Multiple Location Travel (a + b + c)** | | | | | | | | | | $ |

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| **23. Out-Of-State Training Transportation/Subsistence Calculation** | | | | | | | |
| How are lodging costs being paid? | | | Paid directly to training institution  (do not include lodging rate in #9a below) | | | | |
| Paid directly to other third party  (include lodging rate in #26a below) | | | Paid by participant  (include lodging rate in #26a below) | | | | |
| 24. **Calculate Mileage Reimbursement Rate to/from Training Institution**  **(DO NOT ROUND UNTIL BOX #7d):** | | **25. Calculate Subsistence Cost**  **(Use** [**www.gsa.gov**](http://www.gsa.gov) **rates for**  **training institution location)** | | | **26. Estimated Actual Costs** | | |
| 1. Net Commuting Distance from #15:   (b) Round-Trip Distance: (#24a X 2):  (c) Federal mileage rate from [www.gsa.gov](http://www.gsa.gov): | miles        miles  $      / mile | (a) GSA Lodging Rate  (b) GSA Meals &  Incidentals Rate  (c) Total (#25a + #25b) | | $  $  $ | (a) Daily Lodging Rate  (b) Daily Meals &  Incidentals  (c) Total (#26a + #26b) | | $  $  $ |
| 24d. Calculate mileage reimbursement  (#24b X #24c) x .75: | $ | 25d. Calculate Subsistence Cost (#25c divided by 2) | | $ | 26d. Total Estimated Actual Costs | | $ |
| **27. Total Out-of-State Training Transportation/Subsistence Cost**  **(#24d + (lesser of #25d or #26d).** | | | | | | $ | |

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| **Certification** | |
| 28. | Participant is  **eligible  not eligible** under the Trade program for Transportation/Subsistence Assistance. |
| 29. | As I have been determined eligible, I understand that I must verify my attendance in training to receive this transportation/subsistence assistance. No transportation/subsistence payments shall be made to an individual for any day not in attendance as certified by the authorized training provider.  I understand that I have been determined not eligible for transportation/subsistence assistance and this form serves as my written notification of such determination. |

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| **Notice of Certification:**  I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have the right to inspect this information and initiate appropriate corrections through the LWIA administering agency. I hereby authorize the Training Provider to release information required to verify training status from the date of signature. I agree to provide the career planner all class schedules, grades, progress reports, attendance reports, billing information and program outcome documentation (diploma, certificate). | | | | |
| 30. Participant Signature: | | | Date:   /  / | |
| **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.* | | | | |
| **Staff Use Only** | | | | |
| 31. LWIA Career Planner Signature: |  | Date: | | /  / |

**NOTE: Make sure the Participant receives a copy of this form and keep the original in the Participant’s file. Also provide a copy to your fiscal staff to enter as obligations and accruals.**