Under the Reemployment Trade Adjustment Assistance (RTAA) program, customers in an eligible worker group who are at least 50 years of age at the time of application and have obtained full-time employment with an employer other than the employer which the worker was separated may receive up to half of the difference between the customer’s old wage and the new wage as long as the new annualized salary does not exceed $50,000. Also, workers who are employed at least 20 hours per week and are enrolled in a Trade approved training program may receive a percentage not to exceed half of the difference between the customer's old wage and the new wage. The wage subsidy may be paid up to a maximum of $10,000 or for a two-year period, whichever comes first. Overtime wages and bonuses will be taken into calculations and monetary redeterminations will be made regularly.

**A WORKER WHO HAS NOT RECEIVED TRADE READJUSTMENT ALLOWANCE:**

In the case of a worker who has not received a trade readjustment allowance, the worker may receive RTAA benefits for a period not to exceed 2 years beginning on the earlier of:

\* the date on which the worker exhausts all rights to unemployment insurance based on the most recent qualifying

separation of the worker from the adversely affected employment that is the basis of the certification; or

\* the date on which the worker obtains reemployment.

**A WORKER WHO HAS RECEIVED TRADE READJUSTMENT ALLOWANCE:**  
In the case of a worker who has received a trade readjustment allowance, the worker may receive RTAA benefits for a period of 104 weeks beginning on the date on which the worker obtains reemployment reduced by the total number of weeks for which the worker received such trade readjustment allowance.

*Applications for RTAA benefits can be obtained through the Local Workforce Innovation Area or the Illinois Department of Employment Security (IDES).*

**Customer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Customer SSN:    -  - | | 2. RTAA Application Date:      /    / | | |
| 3. Last: | First Name: | | | Middle Initial: |
| 4. Street Address (Residence): | | | Apt.: | |
| 5. City: | | 6. State: | 7. Zip: | |
| 8. Phone Number(s): Home (   )    - | | Work (   )    -     ext. | Cell (   )    - | |
| 9. Email: | | 10. County (for in-state addresses): | | |
| 11. Date of Birth:   /  / | 12. Documentation Type: | | | |

**LWIA/IDES Information**

|  |  |
| --- | --- |
| 13. LWIA Career Planner Name: | |
| 14. LWIA Number: | 15. Phone: (   )    -    , ext.      Fax: (   )    - |
| 16. Email: | 17. IDES Phone Number: (   )    -    , ext. |

**Adversely Affected Employer Information**

|  |  |  |
| --- | --- | --- |
| 18. Petition Number: | 19. Employer Name: | |
| 20. Address of Employment:        City:       State:       Zip: | | |
| 21. Type of Work Performed: | | |
| 22. Last Separation Date:   /  / | | |
| 23. Pay Rate: $      Per  Hour;  Week;  Bi-Weekly;  Semi Monthly;  Monthly | | 24. Full Time Hours For Certified Employer:        Documentation Type: |
| 25. Annualized Salary: $ | | 27. Did the customer have other employment at the time of separation from the certified employer?    Yes  No; If Yes, what was the worker’s rate of pay during the last week of full-time employment with the certified employer? $ |
| 26. Full-Time Employment:  Yes  No | |

**RTAA Employer Information**(Provide the following information for each Employer contributing to the customer's

Re-employment to be included in the determination of RTAA eligibility and benefit amounts.)

|  |  |  |  |
| --- | --- | --- | --- |
| **New Employer #1**  (Primary Employer) | 28. Employer Name (Primary, if multiple): | | |
| 29. Employer Contact Name: | | 30. Phone: (   )    -    , ext.  Fax: (   )    -    , |
| 31. Address of Employment:       City:       State:       Zip: | | |
| 32. Type of Work Performed: | | |
| 33. Date of Hire:   /  / | 34. Documentation Type: | |
| 35. Minimum # Hours Per Pay Period   Employer Considers Full Time: | 36. Pay Rate: $      Per  Hour;  Week;  Bi-Weekly;  Semi Monthly;  Monthly | |
| 37. Annualized Salary: $ | 38. Documentation Type: | |
| 39. Full-Time Employment:  Yes  No | | |
| 40. If not full-time employment, is customer working at least 20 hours and enrolled in/attending a  Trade approved training?  Yes  No. If no, customer is not eligible skip to item #50  and mark the appropriate box. | | |
| 41. If customer is not enrolled in/attending a Trade approved training program does the customer  have additional part-time employment to meet the state's definition of full-time employment?    Yes  No. If no, customer is not eligible skip to item #50 and mark the appropriate box. | | |

**RTAA Employer Information Continued**

|  |  |  |  |
| --- | --- | --- | --- |
| **New Employer #2**  (Secondary Employer) | 28. Employer Name (Secondary, if multiple): | | |
| 29. Employer Contact Name: | | 30. Phone: (   )    -    , ext.  Fax: (   )    -    , |
| 31. Address of Employment:       City:       State:       Zip: | | |
| 32. Type of Work Performed: | | |
| 33. Date of Hire:   /  / | 34. Documentation Type: | |
| 35. Minimum # Hours Per Pay Period   Employer Considers Full Time: | 36. Pay Rate: $      Per  Hour;  Week;  Bi-Weekly;  Semi Monthly;  Monthly | |
| 37. Annualized Salary: $ | 38. Documentation Type: | |
| 39. Full-Time Employment:  Yes  No | | |
| 40. If not full-time employment, is customer working at least 20 hours and enrolled in/attending a  Trade approved training?  Yes  No. If no, customer is not eligible skip to item #50  and mark the appropriate box. | | |
| 41. If customer is not enrolled in/attending a Trade approved training program does the customer  Have additional part-time employment to meet the state's definition of full-time employment?    Yes  No. If no, customer is not eligible skip to item #50 and mark the appropriate box. | | |

|  |  |
| --- | --- |
| **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. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft and is punishable under state law by up to 7 years in prison and fines of up to $25,000.  Violators may also face federal felony charges. I have the right to inspect this information and initiate appropriate corrections through the LWIA administering agency. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from my Trade and/or Workforce Innovation Act program. I further certify that I have been informed of my rights to file a complaint. | |
| 42. Customer Signature: | Date:   /  / |

**Unemployment Insurance Information**

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| --- |
| 43. Did the customer file a UI claim after separation from the adversely affected employer?  Yes  No. |
| 44. If yes, calculate the earliest date of either the two year period from the RTAA re-employment date or the  exhaustion of all unemployment insurance and document the period in the first box of item #50. |
| 45. If no, calculate customer's eligibility period as two years from the RTAA re-employment date and  document the period in the first box of item #50. |

**TRA Information**

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| --- |
| 46. Did the customer receive a TRA allowance payment?  Yes  No. |
| 47. If yes, calculate the customer's eligibility period as the 104 week period which begins with the RTAA re-  employment date reduced by the total number of weeks for which the customer received TRA. Document  the period in the first box of item #50. |
| 48. If no, calculate customer's eligibility period as two years from the RTAA re-employment date and  document the period in the first box of item #50. |

**Eligibility Determination**

|  |  |
| --- | --- |
| 49. Total Annualized Salary Amount:$       (*If this amount exceeds $50,000 the customer is not eligible.)* | |
| 50.  Customer **is eligible** for Reemployment Trade Adjustment Assistance (RTAA) for the period from     /  /     through   /  /     or until the receipt of $10,000 Reemployment Trade Adjustment   Assistance subsidy, whichever occurs first.   **Customer is not eligible for Reemployment Trade Adjustment Assistance (RTAA) for the**  **reason(s) checked below:** | |
|  | The customer was not a member of the certified Worker Group. |
|  | The customer was not age 50 at the time of application. |
|  | The customer’s reemployment date was not within the two year period beginning the date on which the customer exhausted all rights to unemployment insurance based on the separation of the customer from the adversely affected employment that is the basis of the certification. |
|  | The customer was not reemployed **full time** as defined by state law. |
|  | The customer is expected to earn more than $50,000 gross wages annually. |
|  | The customer returned to employment with the same firm or subdivision. |
|  | The customer has not provided required documentation to verify date of birth, or wages at time of  most recent qualifying separation, or verification of reemployment and/or wages at reemployment. |
|  | The customer’s application for RTAA was not filed within the applicable eligibility period. |
|  | The customer is not employed the minimum number of part-time hours or is not enrolled/attending a Trade approved training program. |
|  | The customer is not a citizen or national of the United States in Satisfactory immigration status. |
|  | The customer received more than 104 weeks of TRA. |

|  |  |
| --- | --- |
| **STAFF USE ONLY** | |
| 51. Date Received by IDES Trade Unit:   /  /     (This date begins the 5-day notification of eligibility requirement.) | |
| 52. | /  / |
| IDES Trade Unit Representative 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.* |

**IDES will notify the LWIA Career Planner upon Approval and provide a signed copy of this document.**