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|  |
| Date:   /  /     |
| Participant Name:      |
| Mailing Address:      |  |  |  |
| City, State, Zip:      |
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| **It has been determined you have not met all eligibility requirements to qualify for and maintain benefits in the Trade/TRA Program. Contact was previously made to inform you of this determination and request additional information or documentation. All documentation and information provided has been reviewed, however it does not support your continued participation and receipt of benefits.**  |
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| This letter serves as notification that the Illinois Department of Employment Security will investigate your eligibility for benefits from the Trade/TRA Program due to the following reason: |
| [ ]  | Participant was provided a waiver from training and refused suitable employment. |
| [ ]  | Participant enrolled in training but failed to start.  |
| [ ]  | Participant failed to maintain full-time or part-time (as appropriate) status in a training program. Participant failed to attend all scheduled training classes and other training activities scheduled by the training institution in any week of the training program. |
| [ ]  | Participant did not meet one of the qualifying requirements for eligibility in a Trade/TRA Program. |
| [ ]  | Participant is non-compliant with Trade training requirements (including alleged fraud). |
| [ ]  | Participant has failed to meet required Training Benchmarks and Completion TRA is in jeopardy.  |
|  | [ ]  Training Plan will be modified. [ ]  Training Plan cannot be modified.  |
|  | **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.*** |
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| If you have any questions, please call me at (    )     -     Ext.      *(Telephone Number)* |
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|  |  |  |  |   /  /     |
| *Printed Name of Career Planner* |  | *Signature of Career Planner* |  | *Date* |

**Please keep a copy of this letter for your personal records.**