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| *(Date)* | | | | |  | | | | | | | | | |
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| *(Participant Name)* | | | | | | | | | | | | |  | |
|  | | | | | | | |  |  | | | |  | |
| *(Address)* | | | | | | | |  | *(Apt. #)* | | | |  | |
|  | | | | | |  |  |  |  | | | |  | |
| *(City)* | | | | | |  | *(State)* |  | *(Zip Code)* | | | |  | |
|  | | | | | | | | | | | | | | |
| Dear: | |  | | | | | | | |  | | | | |
|  | | *(Participant Name)* | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| Participants must remain in satisfactory academic standing and on track to complete training within the agreed upon timeframe. To ensure compliance, benchmarks have been established. It has been determined that you have failed to meet one or more of the benchmark requirements during the last 60-day period. | | | | | | | | | | | | | | |
|  | This letter is written notice of your **1st Failure** to **Meet Established Benchmark(s)** based upon the noted deficiency/deficiencies below: | | | | | | | | | | | | | |
|  |  | | | Satisfactory Academic Standing | | | | | | | | | | |
|  |  | | | On Track to Complete Training within the agreed upon Timeframe | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
|  | This letter is written notice of your **2nd Failure** to **Meet Established Benchmark(s)** based upon the noted deficiency/deficiencies below**:** | | | | | | | | | | | | | |
|  |  | | | Satisfactory Academic Standing -- must modify training plan | | | | | | | | | | |
|  |  | | | On Track to Complete Training within the agreed upon Timeframe -- must modify training plan | | | | | | | | | | |
|  |  | | | Or you may elect to continue in the approved training but will not receive any Completion TRA. | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |
| **Note: You must contact your Career Planner immediately. Current training plan must be modified if possible. Failure to do so may result in the forfeiture of Completion Trade Readjustment Allowances (TRA) eligibility, if applicable.** | | | | | | | | | | | | | | |
| Please contact your Career Planner at (   )    -    , Ext.      by   /  /     so that you can continue in your training program and/or your Completion TRA (if applicable) benefits are not jeopardized. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Sincerely, | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  |  | | |
| *(Career Planner Signature)* | | | | | | | | | | |  | *(Career Planner Printed Name)* | | |
|  | | | | | | | | | | | | | | |
| **Please keep a copy of this letter for your personal records.** | | | | | | | | | | | | | | |