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| **Participant Information** |
| Participant Name:       |
| Street Address:       | Apt.:       |
| City:      | State:   | Zip:       |

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| **Training Information** |
| Name of Training Institution: |  |
| Street Address:       |
| City:      | State:   | Zip:     -     |
| Training Period:   /  /    to   /  /     |
| Participant is attending training: |
|  [ ]  On-Site Number of on-site training days       (for entire training program = total training weeks x days per week) |  [ ]  Online |
|  [ ]  Out-of-State (Complete Out-of-State Training Section) |
| Participant is attending training at: [ ]  1 training location listed above or [ ]  multiple locations (Complete multiple locations section) |

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| **Transportation/Subsistence Calculation** |
| Distance of Participant’s One-Way Commute:  miles (Shortest 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:  |
| Net Commuting Distance (One-Way Commute above – 10):  miles (use distance to first decimal place) |
| Is the participant attending On-site training? [ ]  Yes [ ]  No Is the net commuting distance more than 0 miles [ ]  Yes [ ]  NoIf Yes to both questions, continue. If No to either question, the Participant is not eligible for Transportation Assistance; skip to Certification section. |
| **Mileage Reimbursement (Calculate rate to/from training institution location)** |
| Net Commuting Distance(Round to first decimal)      | X | 2 | = | Round-Trip Distance(Round to first decimal)      | X | Federal GSA Rate$      | = | Mileage Reimbursement(round to nearest cent)$      |
| **Subsistence (Use rates from** [**www.gsa.gov**](http://www.gsa.gov) **for training institution location)** |
| GSA Lodging Rate$      | + | GSA Meals & Incidentals Rate$      | = | Total GSA Rate$      | X .50 | = | Subsistence Reimbursement(round to nearest cent)$      |
| **Other Modes of Transportation (Must deduct cost for 10 miles from each mode of transportation)** |
| Public/Mass Transit$      | Train$      | Air$      | Other: (List type):      $      | Least Expensive Other Mode of Transportation(round to nearest cent)$      |
| **Total Transportation/Subsistence Cost (round to nearest cent)****(Multiply Number of On-Site Training Days from training information section above to the Lesser of Mileage Reimbursement or Subsistence if Other Mode is zero. If Other Mode is greater than zero, then it is the lesser of the three rates.) Round to the nearest cent.** | $      |
| **Multiple Locations** |
| **Training Locations** |
| Training Location #1Name of Training Institution:       Address:       | Training Location #2Name of Training Institution:       Address:       |
| Training Location #3Name of Training Institution:       Address:       | Training Location #4Name of Training Institution:      Address:       |
| **Travel** |
|  **Trip 1** (Use # of training locations above to identify locations. Residence should be entered as the last location. |
|  Residence to Location #       | Location #       to       | Location #       to       |
| Total Round Trip Miles      | - | 20 | = | Net Commuting Miles      | X | Federal GSA Rate$      | = | Reimbursement Rate(round to nearest cent)$      | X | # of Training Days      | = | Trip 1 Total Transportation$      |
|  |
|  **Trip 2** (Use # of training locations above to identify locations. Residence should be entered as the last location. |
|  Residence to Location #       | Location #       to       | Location #       to       |
| Total Round Trip Miles      | - | 20 | = | Net Commuting Miles      | X | Federal GSA Rate$      | = | Reimbursement Rate(round to nearest cent)$      | X | # of Training Days      | = | Trip 2 Total Transportation$      |
|  |
|  **Trip 3** (Use # of training locations above to identify locations. Residence should be entered as the last location. |
|  Residence to Location #       | Location #       to       | Location #       to       |
| Total Round Trip Miles      | - | 20 | = | Net Commuting Miles      | X | Federal GSA Rate$      | = | Reimbursement Rate(round to nearest cent)$      | X | # of Training Days      | = | Trip 3 Total Transportation$      |
|  |
|  **Trip 4** (Use # of training locations above to identify locations. Residence should be entered as the last location. |
|  Residence to Location #       | Location #       to       | Location #       to       |
| Total Round Trip Miles      | - | 20 | = | Net Commuting Miles      | X | Federal GSA Rate$      | = | Reimbursement Rate(round to nearest cent)$      | X | # of Training Days      | = | Trip 4 Total Transportation$      |
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| **Total Transportation Cost for Multiple Locations Travel (Trip 1 total Transportation + Trip 2 Total Transportation + Trip 3 Total Transportation + Trip 4 Total Transportation + Trip 5 Total Transportation.)** | $      |

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| **Out-Of-State Training** |
| Name of Training Institution:  |  | Address:  |
| How are lodging costs being paid? | [ ]  Paid directly to training institution (do not include lodging rate in subsistence calculation below) |
| [ ]  Paid directly to other third party (include lodging rate in subsistence calculation below) | [ ]  Paid by participant (include lodging rate in subsistence calculation below) |
| **Mileage Reimbursement (Calculate rate to/from training institution location)** |
| Net Commuting Distance(Round to first decimal)      | X | 2 | = | Round-Trip Distance(Round to first decimal)      | X | Federal GSA Rate$      | = | Mileage Reimbursement$      |
| **Subsistence (Use rates from** [**www.gsa.gov**](http://www.gsa.gov) **for training institution location)** |
| GSA Lodging Rate$      | + | GSA Meals & Incidentals Rate$      | = | Total GSA Rate$      | X .50 | = | Subsistence Reimbursement$      |
| **Other Modes of Transportation (Must deduct cost for 10 miles from each mode of transportation)** |
| Public/Mass Transit$      | Train$      | Air$      | Other: (List type):      $      | Least Expensive Other Mode of Transportation$      |
| **Total Transportation/Subsistence Cost (round to nearest cent)****(Multiply Total Number of On-Site Training Days from above to the Lesser of Mileage Reimbursement or Subsistence if Other Mode is zero. If Other Mode is greater than zero, then it is the lesser of the three rates.)** | $      |

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| **Certification** |
|  | Participant is **[ ]  eligible [ ]  not eligible** under the Trade program for Transportation/Subsistence Assistance. |
|  | [ ]  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). |
| 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** |
| LWIA Career Planner Signature: |       | Date: |   /  /     |