**Participant Information**

|  |  |  |
| --- | --- | --- |
| 1. | LWIA# | Enter the LWIA # where the participant is being served. |
| 2. | Participant SSN | Enter the last 4 digits of the participant’s SSN. |
| 3. | Date | Enter the date this form is being completed. |
| 4. | Participant Name | Enter the participant's complete name. |
| 5. | Street Address | Enter the street address where the participant currently resides. Enter the apartment number, if applicable.  |
| 6. | City | Enter the city where the participant currently resides. |
| 7. | State | Enter the state where the participant currently resides. |
| 8. | Zip | Enter the 5-digit zip code where the participant currently resides. |
| 9. | Phone Number(s) | Enter the participant's cell phone number and home phone number, if applicable.  |
| 10. | Email | Enter the participant's email address, if applicable. |
|  |  |  |
| **Training Plan** |
|  |  |  |
| 11. | Participant’s training plan has been developed on the IEP | **A waiver cannot be issued unless a training plan has been developed and ready to be implemented at the next available enrollment date. Check yes or no as appropriate. A waiver with a “no” box checked will not be approved. If a participant doesn’t request training, a waiver will not be issued.**  |
|  |  |  |
|  |  |  |
| **Certification Information** |
|  |  |  |
| 12. | Certification Number | Enter the certification number (and letter if applicable) from the certification covering the worker group from which the participant was laid off. |
| 13. | Name of Worker Group | Enter the name of the worker group from which the participant was laid off. |
|  |  |  |
| 14. | Location of Worker Group | Enter the location of the worker group identified in the certification. |
|  |  |  |
| 15. | Certification Date | Enter the certification date. |
| 16. | Certification Impact Date | Enter the impact date. |
|  |  |  |
| 17. | Certification Expiration Date | Enter the expiration date. |
|  |  |  |
| 18. | Qualifying Separation Date | Enter the participant’s most recent qualifying separation date. |
|  |  |  |
| **Eligibility Determination** |
| 19. | Eligibility Determination | Check the appropriate box that demonstrates how the participant is determined eligible for the waiver. Enter either the date the participant met eligibility through the 26th week from certification or the 26th week from separation, the 45 days extenuating circumstances or through equitable tolling.If an extenuating circumstance is used to meet the deadline, the specific circumstance must be marked, and a justification provided.**45 Day Extenuating Circumstance**: If there were extenuating circumstances within the prescribed 45 days from the later of the 26/26 to justify an extension of the enrollment period, please provide a justification for the use of this extenuating circumstance.**60 Day Proper Notification:** If the State failed to provide the worker with timely information regarding the training enrollment deadline and a 60-day exception was granted, please provide a justification for the use of this extenuating circumstance.**Federal Good Cause Provision:** If the participant did not enroll by the deadlines for one of the reasons below, indicate which reason, and provide a justification for the use of this extenuating circumstance:1. Whether the State failed to provide timely notice of the need to act before the deadline passed;
2. Whether factors outside the control of the worker prevented the worker from taking timely action to meet the deadline;
3. Whether the worker attempted to seek an extension of time by promptly notifying the State;
4. Whether the worker was physically unable to take timely action to meet the deadline;
5. Whether the employer warned, instructed, threatened, or coerced the worker in any way that prevented the worker’s timely filing of an application for TRA or enrolling in training;
6. Whether the State failed to perform its affirmative duty to provide advice reasonably necessary for the protection of the worker’s entitlement to TRA; and
7. Other completing reasons or circumstances that would prevent a reasonable person from meeting a deadline.

In cases where the cause of the worker’s failure to meet the deadline for applying for TRA or enrolling in training was the worker’s own negligence, carelessness, or procrastination, a state may not find that good cause exists to allow the state to waive these time limitations.**Equitable Tolling:** One of the conditions of 20 CFR 618.888 must be met to apply equitable tolling. Indicate the condition and provide a justification for using equitable tolling. The career planner must check the equitable tolling box in IWDS on the waiver status and add a comment in the comment box indicating the condition and how it is documented. |
|  |  |  |

|  |
| --- |
| **Waiver Criteria** |
|  |  |  |
| 20. | Criteria for Waiver | This form waives the requirement to be enrolled in training for the purpose of receiving basic TRA, if one of the following reasons apply: 1. Check H**ealth** if the worker is unable to participate in training due to the health of the worker. A waiver granted for this reason does not exempt the worker from requirements relating to the availability for work, active search for work, or refusal to accept work under federal or state unemployment compensation laws.
2. Check **Enrollment Unavailable** if the first available enrollment date for approved training is within 60 consecutive calendar days after the date on which a waiver determination is made or, if later, there are extenuating circumstances, as determined under the criteria in § 618.725(a)(3), that apply to the delay in enrollment in training.
3. Check **Training Not Available** if approved training is not reasonably available to the worker from governmental agencies or private sources (which may include area vocational education schools, as defined in sec. 3 of the Strengthening Career and Technical Education for the 21st Century Act (20 U.S.C. 2302), and employers), or suitable training is not available at a reasonable cost, or no training funds are available.

 Check appropriate box to reflect “unreasonable cost” or “State TAA funds are not  available.”**A waiver must be revoked immediately upon a determination that the basis or bases for the waiver no longer apply.****Any time there is a change in the status of the waiver or reason for the waiver; this must be recorded on the waiver form and in IWDS. Any criteria selected must be supported by hard copy documentation attached to the waiver form.** |

**Participant/Career Planner Signature**

|  |  |  |
| --- | --- | --- |
| 21. | Participant Signature and Date | The participant must sign and date this form agreeing with all the information and the appeal rights. |
| 22. | Career Planner Signature and Date | The Career Planner must sign and date this form.  |

**State Merit Staff Determination**

|  |  |  |
| --- | --- | --- |
| 23. | State Merit Staff Determination | State Merit Staff will mark the appropriate box for approval or denial of the waiver and provide a denial reason, if applicable.The waiver period will be entered on the form along with a State Merit Staff signature and date.  |

**Waiver Extension Information**

|  |
| --- |
| If warranted and the participant is compliant with all waiver reviews, the career planner will complete the waiver extension information on the Form #003 Illinois Waiver from Training. |
| 24. | Waiver Extension #1  | Enter the 1st Waiver Extension Period From: “Date” to “Date”. The career planner must initial the waiver extension and enter the date the change occurred. The waiver end date cannot exceed the Benefit Period Ending (BPE).  |
| 25. | Waiver Extension #2  | Follow the instructions for #24 above. |

**Waiver Criteria Change**

|  |  |  |
| --- | --- | --- |
| 26. | Waiver Criteria Change | List the new waiver criteria reason by entering either:  **Health, Enrollment Unavailable or Training Not Available**. Enter the date the criteria changed and the reason for making the change. The career planner must initial the waiver criteria change and date it.  |

**Waiver Revocation**

|  |  |  |
| --- | --- | --- |
| 27. | Waiver Revocation | Enter the date the waiver was revoked and provide one of the following reasons why it is being revoked:1. Participant request
2. Enrollment in training
3. Expiration of the Waiver
4. Cause
5. Failure to make contact for the 30-day review
6. Failure to enroll in a training program that became feasible and appropriate.

Answer the question about written notification of revocation provided to participant by checking “Yes”, “No”, or “N/A” as applicable. Enter the date the notification (Form #003d) is being mailed to the participant.The career planner must sign and date the waiver revocation section. |
|  |  |  |