

ALABAMA DEPARTMENT OF LABOR  
UNEMPLOYMENT COMPENSATION DIVISION  
MONTGOMERY, AL  
WEEKLY REQUEST FOR ALLOWANCE BY WORKER IN TRAINING  
TRADE ADJUSTMENT EXTENSION ACT OF 2011

TRAINING WEEK	
Beginning Week	Ending Date

WORKER NAME (Last, First, Middle)	PETITION NO.	SOCIAL SECURITY NO.
MAILING ADDRESS (No., Street, City or County, State, Zip Code)		

**A. TRADE READJUSTMENT ALLOWANCE (To be completed by worker)**

	YES	NO	EXPLAIN ALL "YES" ANSWERS
1. HAVE YOU PREVIOUSLY RECEIVED A TRADE READJUSTMENT ALLOWANCE OR ANY OTHER TRAINING ALLOWANCE FOR THE TRAINING WEEK SHOWN ABOVE (e.g., PELL GRANT, WIA)?			NAME OF PROGRAM DATE RECEIVED AMOUNT _____ RECEIVED \$ _____
2. HAVE YOU FILED (OR DO YOU INTEND TO FILE) A CLAIM, OR HAVE YOU RECEIVED UNEMPLOYMENT INSURANCE UNDER A STATE OR FEDERAL LAW FOR THE TRAINING WEEK OR ANY PART OF THE TRAINING WEEK SHOWN ABOVE?			TYPE OF CLAIM PAYING STATE _____ AMOUNT RECEIVED \$ _____
3. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEK SHOWN ABOVE?			GROSS EARNINGS PAID \$ _____ NAME AND ADDRESS OF EMPLOYER _____

**B. WORKER CERTIFICATION**

I AUTHORIZE deduction for advances made to me, if appropriate. I GIVE this information to support my request for allowances. The information contained in this request is correct to the best of my knowledge. I UNDERSTAND that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.

Signature of Worker	Date
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**C. PROGRESS AND ATTENDANCE IN TRAINING (To be completed by Training Facility)**

	YES	NO	EXPLAIN ALL "NO" ANSWERS					
1. FROM THE BEGINNING OF TRAINING AND THROUGH THE TRAINING WEEK SHOWN ABOVE, HAS THE WORKER MADE SATISFACTORY PROGRESS IN TRAINING?			REASON FOR UNSATISFACTORY PROGRESS _____ DATE TERMINATED _____ LAST HOUR AND DATE ATTENDED _____ ABOVE?					
a. IF "NO," DID GOOD CAUSE EXIST FOR WORKER'S UNSATISFACTORY PROGRESS IN TRAINING?								
2. DID YOU PROVIDE LODGING AND MEALS TO THIS WORKER DURING THE TRAINING WEEK SHOWN			IF "YES", CHARGE PER DAY \$ _____ NO. OF DAYS PROVIDED _____					
3. ATTENDANCE RECORD: Enter "P" for each day the worker was absent for good cause and for each day the training facility did not conduct training. Enter "A" for each day the worker was absent without good cause. Days the worker attended should be left blank.								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	NO. DAYS TRAINING SCHEDULED

**D. TRAINING FACILITY CERTIFICATION**

The answers in Part C are in accordance with our records. Statements made by the worker appear to be complete and correct to the best of my knowledge.

NAME OF TRAINING FACILITY	SIGNATURE OF TRAINING OFFICIAL	DATE
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