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

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)?
   - YES □ NO □
   - EXPLAIN ALL "YES" ANSWERS

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?
   - YES □ NO □
   - EXPLAIN ALL "NO" ANSWERS

3. HAVE YOU WORKED IN EMPLOYMENT OR SELF-EMPLOYMENT DURING THE TRAINING WEEK SHOWN ABOVE?
   - YES □ NO □
   - EXPLAIN ALL "NO" ANSWERS

### 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**

### C. PROGRESS AND ATTENDANCE IN TRAINING (To be completed by Training Facility)

1. FROM THE BEGINNING OF TRAINING AND THROUGH THE TRAINING WEEK SHOWN ABOVE, HAS THE WORKER MADE SATISFACTORY PROGRESS IN TRAINING?
   - YES □ NO □
   - EXPLAIN ALL "NO" ANSWERS

   a. IF "NO," DID GOOD CAUSE EXIST FOR WORKER’S UNSATISFACTORY PROGRESS IN TRAINING?
      - REASON FOR UNSATISFACTORY PROGRESS
      - DATE TERMINATED
      - LAST HOUR AND DATE ATTENDED

2. DID YOU PROVIDE LODGING AND MEALS TO THIS WORKER DURING THE TRAINING WEEK SHOWN ABOVE?
   - YES □ NO □
   - EXPLAIN ALL "NO" ANSWERS

   - 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.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
<th>NO. DAYS TRAINING SCHEDULED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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**