



WAIVER OF TRAINING
TRADE ACT OF 1974, AMENDED

Petition Name:	
Petition No:	Certification Date:
Cost Ctr/USER ID:	Impact Date:
Customer's Name (Last, First, MI)	SSN:
Expiration Date:	
Address (No. Street, City or County, State, Zip Code)	Date of Request:

WORKFORCE SOLUTIONS STAFF WILL ADD YOUR INFORMATION INTO OUR RECORDS. PLEASE TAKE THIS FORM WITH YOU AND KEEP WITH YOUR RECORDS. KEEP IN TOUCH WITH US ON A REGULAR BASIS.

A. At this time, training is not feasible or appropriate due to:

- (1) Customer subject to recall within 6 months. (Workforce Solutions office must verify with employer.) Explain: _____
Date to return to work: _____
- (2) Customer possesses marketable skills. Explain: _____
- (3) Customer in poor health. (To receive Trade Readjustment Allowance, Customer must meet able and available criteria.) Explain: _____
- (4) Customer within two years of retirement. Explain: _____
- (5) First available enrollment date is not within 60 days. Explain: _____
- (6) Training is not available at a reasonable cost and/or no funds are available under TAA or other Federal laws. Explain: _____
- (7) Training is not feasible for non-waiverable reasons. Explain: _____

B. Determination:

- 1. (a) Approved
(b) Waiver Period: Effective Date (Sunday) _____ Expiration Date (Saturday) _____
- 2. (a) Disapproved
(b) Reason: _____

This waiver covers only those weeks of your basic TRA claim that fall between the effective and expiration dates in 1 (b) above. You must return to Workforce Solutions local office six months from the *Date Received below to request a new waiver. Your weekly basic TRA benefits will be denied for any week after the expiration date of this waiver unless you have enrolled in a TAA approved training program or have been issued a new waiver. To receive basic TRA benefits while covered by this waiver, you must apply for at least two jobs each week on different days. Contacts by telephone alone are not sufficient.

I certify that I have read and understand the above determination and statement.

Signature (Workforce Solutions Interviewer)	Signature (Customer)	*Date Received
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APPEAL RIGHTS

If you disagree with the determination indicated above, you have the right to appeal. Your appeal must be filed within 14 days after the "DATE RECEIVED" in section B above or "DATE MAILED" in section C above, whichever is later. File your appeal by mailing or faxing [(512) 475-1135] a written appeal form obtained from a Commission Representative or by writing to the Appeal Tribunal, Texas Workforce Commission, Austin, Texas 78778. ALWAYS FURNISH THE SOCIAL SECURITY ACCOUNT NUMBER SHOWN ON THE FACE OF THIS FORM WHEN WRITING THE TEXAS WORKFORCE COMMISSION ABOUT THIS DETERMINATION.

Please see the reverse side of this form for instructions to file an appeal.

How to File An Appeal

Appeals must be made in writing. If you want to appeal this decision, and you do not include a copy of this notice, please furnish: your name, social security number, and the date of the decision you wish to appeal. **If you or one of your witnesses does not speak English, state on the appeal that you need an interpreter and which language you need interpreted.** Also, if you and/or your witness(es) need any of the accommodations listed below, please indicate so in your **appeal**. If you want the notice of hearing mailed to a different address than the one on this form, please indicate that on your request for an appeal. The Appeals Department will mail you a notice indicating the hearing date and time. If you file your appeal by FAX, you should retain your FAX confirmation as proof of transmission. If you call to inquire about the receipt of your faxed appeal, please allow three working days before calling. If you appeal by mail, please allow at least five working days after the date mailed before inquiring about the receipt of your appeal.

IMPORTANT: The Texas Workforce Commission (TWC) conducts most hearings by telephone. Workforce Solutions provides access to telephones, speakerphones and FAX machines for individuals involved in an appeal hearing. If you do not have a private phone, need a fax machine to send information or need a speakerphone to present witness' testimony, let us know. If you need help operating the equipment, we have staff available to assist you. Auxiliary aids and services are available, upon request, to individuals with disabilities. We try to provide you as much privacy as possible for your hearing. When you receive the hearing notice and if you and/or your witness(es) need access to any equipment, and you did not request an accommodation in your appeal, please do the following.

- **Contact the TWC Tel-Center handling your claim: Austin (512) 340-4300, Dallas (214) 252-1200, El Paso (915) 832-6400, Ft Worth (817)420-1600, Houston (713) 982-7400, McAllen (956) 984-4700, San Antonio (210) 258-6600, Toll Free (800) 939-6631, Relay Texas TDD (800)735-2989, Relay Texas Voice (800) 735-2988**
- **Explain you are scheduled for an appeal hearing**
- **Give the specific time and date of hearing**
- **Indicate the specific accommodation you need**

You have 14 days after the mailing date of this decision to file an Appeal. This period may be extended if the ending date would otherwise fall on a weekend or state holiday.

If You Appeal

If you believe the decision on the front of this form is incorrect, you may request a hearing by an impartial hearing officer. If the evidence you present at the hearing supports a different conclusion under the law, the hearing officer can change the decision on your TAA training, job search allowance, relocation allowance, or training waiver determination.

If you appeal and are still unemployed, you should continue to file your UI or TRA claim certifications every two weeks while your appeal is pending. If your appeal is successful but you did not file for weeks of unemployment as they occurred, TWC cannot automatically pay you for these weeks. You must show a compelling reason for not filing claims when they were due. The time between appealing and having a hearing varies, depending on the appeal volume. Appeal hearings are similar to, but less formal than, trials. An appeal hearing consists of oral statements given under oath. You may have someone represent you and bring witnesses to testify. Each side can question the other about statements made at the hearing. If you are introducing written materials as evidence, you must send them in before the hearing, as the other party must have an opportunity to examine them in advance.

IMPORTANT: TWC mails copies of the information we have to all hearing participants. We mail this information along with the hearing notice. The packet contains the following:

- **The date we notified your last employer you applied for unemployment benefits. (We include this information only if it is relevant to your appeal.)**
- **Any protests to your claim**
- **Any information we received in response to your claim**
- **Any fact-finding statements we took while investigating the issue(s) on appeal**
- **The appeal itself (either a letter or appeal form)**

You may appeal to TWC's three commissioners, if you disagree with the hearing officer's decision. If still dissatisfied, you may appeal the Commissioners' decision by filing suit against the Commission in court.

The hearing officer will base his or her **DECISION ON WHETHER OR NOT YOU CAN CONTINUE TO RECEIVE BENEFITS ENTIRELY ON THE EVIDENCE GIVEN AT THE APPEAL HEARING.** Assuming you are eligible and qualify for benefits, TWC will pay your weekly claims while your appeal is pending. Please note: If the hearing officer reverses the original decision allowing payment of benefits, you must return the money you received while your appeal was pending.

Individuals may receive, review, and correct information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or by writing to TWC Public Information, Rm 264, 101 East 15th, Austin, TX 78778-0001. TWC is an equal opportunity employer/program. Auxiliary aids and services are available, upon request, to individuals with disabilities.