

TEXAS WORK FORCE COMMISSION

REQUEST FOR JOB SEARCH ALLOWANCES TRADE ACT OF 1974, AS AMENDED

WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NO. - -	LO NO.	DATE OF REQUEST
ADDRESS (No., Street, City or County, State, ZIP Code)	PETITION NO.	PAYING STATE	

A. WORKERS REQUEST

1. Is this your first request for a job search allowance under the Trade Act of 1974, as Amended? YES NO

If "NO" explain _____

2. NAME AN ADDRESS OF PROSPECTIVE EMPLOYER	3. DATE OF INTERVIEW		4. JOB TITLE FOR WHICH INTERVIEWED
	5. DATE AND TIME OF		
	Departure	Return	

B. WORKER CERTIFICATION

I give this information to support my request for payment of a job search allowance under the Trade Act of 1974, as Amended. The Information contained in this request is correct and complete 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 SIGNED (Mo. Day Yr.)
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C. JOB SEARCH DOCUMENTATION

RESULT OF JOB SEARCH

COMPANY'S NAME	DATE OF INTERVIEW	NAME OF INTERVIEWER	RESULTS
1.			
2.			
3.			
4.			
5.			

1. Worker totally separated within the past year from adversely affected employment? YES NO

If "YES," Date of Last Total Separation _____

If "NO," Date of Certification _____

2. Certification of suitable employment completed and on file? YES NO

3. Worker application for job search allowances made not later than:

a. 365th day after the date of certification or last separation? YES NO

b. 182nd day after the concluding date of training? YES NO

4. Applicant accepted referral to employer?

YES

NO

ETA-861 (0504) Inv. No. 571150

D. RESULTS OF DETERMINATION

1. Job Search allowance is denied for the following reason(s):
- (a) You were not totally or partially separated from adversely affected employment
 - (b) You did not apply for Job Search Allowances within 365 days of the date you were certified as eligible to apply for Trade Adjustment Allowances or within 365 days of the date of your first separation from adversely affected Employment or within 182 days after the date you completed TAA approved training.
 - (c) You were not totally separated from employment when your Job Search Trip began.
 - (d) You can reasonably be expected to obtain suitable employment in the area in which you reside.
 - (e) See Attached Determination.

2. Job Search allowance is approved for reimbursement of the following costs:
- (a) TRAVEL EXPENSE OF \$ _____, 90% of the lessor of:
 - 1. \$ _____ public transportation, or
 - 2. \$ _____, at \$ _____, per mile for _____ miles
 - (b) LODGING OF \$ _____, 90% of the lessor of:
 - (1) \$ _____ actual expense, or
 - (2) \$ _____ 50% of the federal daily living allowances as found in 20 CFR 617.34(a)(2)(ii).
 - (c) MEALS OF \$ _____, 90% of the lessor of:
 - (1) \$ _____ actual expense, or
 - (2) \$ _____ 50% of the federal daily living allowances as found in 20 CFR 617.34(a)(2)(ii).
- TOTAL AMOUNT PAID \$ _____

Signature of Texas Workforce Commission Representative	Title	Date Mailed
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E. APPEAL RIGHTS

If you disagree with the determination indicated above, you have the right to appeal. The appeal must be filed within 14 days after the "DATE MAILED" which is shown above. The appeal may be filed by completing a written appeal form which may be obtained from a Commission representative or by writing to the Appeal Tribunal, Texas Workforce Commission, 101 E. 15th St., Austin, Texas 78778-0002. ALWAYS FURNISH THE SOCIAL SECURITY ACCOUNT NUMBER SHOWN ON THE FACE OF THIS FORM WHEN WRITING THE TEXAS WORKFORCE COMMISSION ABOUT DETERMINATION.

ETA-861(back)