



E-Mail to: CSS Workforce New York, Administrative Offices,
20 Denison Parkway W. Corning, NY 14830

TRAINING INTAKE PACKAGE

Please Print Legibly. No pencils please.

Date _____ Location _____ Staff _____

TRAINEE INFORMATION

NY#

Name _____		S.S.# _____	
Address _____		City _____	State _____ Zip _____
Phone (____) _____	Date of Birth _____	County _____	
Staff only: Selective Service Registration # _____		Date _____	
E-mail Address _____			
Shift/Normal Working Hours _____		Gender _____	
Job Title _____		Hourly Wage _____	
Hire Date _____	Currently Working? _____	Training Start Date _____	

EMPLOYER or TRAINING INSTITUTION INFORMATION

Name _____ # Employees _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Extension _____ Fax _____ Cell _____

Contact's Name _____ Title _____

E-mail _____ IRS # _____

Name/Contact of Local Union _____

Staff Use ONLY Below –

Program: New Hire OJT Employed Worker OJT Group OJT CT ITA BT Metrix

Eligibility: Adult DW Trade-affected DW I/S Youth O/S Youth

Funding Request: WIA TAA DSS/TANF NEG CHAMBER

Staff Notes: _____ O'Net _____

_____ DOT _____

InitAssess _____
IEP _____
CompAssess _____
CDS _____
ServiceEntry _____
ServiceComp _____
Outcomes _____

Equal Opportunity Employer/Program

WIA REQUIRED PARTICIPANT INFORMATION

Are you disabled? Yes Yes, and is a barrier to employment No

US Citizen: Yes No Eligible Alien: Yes No If yes, INS 551 form # _____

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American
 Hawaiian Native or Pacific Islander White Hispanic or Latino

Education: H.S. Dropout - Last Grade Completed _____ GED HS Graduate-Year _____
 Some College Vocational Degree/Certificate Associate’s Degree
 Bachelor’s Degree Master’s Degree Doctoral Degree
Type of Degree/Certificate _____
Institution/State/Yr. Attained _____
Are you currently attending secondary, vocational, technical or academic school full-time? _____

Current Valid Driver’s License? Yes – State _____ Types/Endorsements? _____ No

Employment Status:
 Employed Today Employed, but received notice of termination or transitioning service member
 Not Employed Today How many weeks were you out of work in the past 26 weeks? _____

Are you: Married Single Single Parent #in Household _____ Rent Own Home

General: SSI Public Asst. Food Stamps TANF Medicaid SSD Home Relief
Are you Homeless? Limited English Are you a convicted offender?: No Yes If yes, do you have any work restrictions and what are they? _____

Household Income: _____/yr. (NOT including UI, Cash Public Asst, Child Support)
Staff only Low Income _____

Migrant/Seasonal Worker? Yes No Migrant or Seasonal Farm Worker, Food Processor - Circle

Veteran Status: No (*move on to next box*) Yes, LESS than 180 days Yes, MORE than 180 days
Campaign Veteran: Yes Yes, Vietnam Veteran No
Disability Status: Disabled Veteran Special Disabled Veteran Not Disabled
Are you receiving compensation for a service-connected disability? Yes No
Recently Separated Veteran: Yes No **Branch Served In:** _____

Service Entry Date _____ Service Exit Date _____

Other Eligible Spouse: Yes No * Spouse of Veteran who is at least 90 days MIA, captured, forcibly detained, 100% disabled resulting from a service connected injury, or died from a service related injury.

Selective Service Registration: If you are a male over age 26 and not registered, you must provide a reason why you did not register... _____

CSS WF NY Participant Manual/Grievance & Discrimination:
Did you receive a copy of the Grievance & Discrimination Policies & Procedures? Yes No
Trainee Initials:

NAME _____ **DW ELIGIBILITY- NY** _____

UI Claimant Status

1	Have you been laid off due to no fault of your own, or received notice of termination of layoff?	___ Yes ___ No
	Are you eligible for; or exhausted entitlement to Unemployment Insurance benefits?	___ Yes ___ No
	Have you been employed long enough to demonstrate attachment to the workforce, but are not eligible for Unemployment Insurance benefits due to insufficient earnings or because work performed was not covered under NY State Compensation law?	___ Yes ___ No
	Are you unlikely to return to your previous occupation or industry?	___ Yes ___ No

Mass Lay-off or Closure

2	WARN Notice - Have you been terminated, laid off, or received notice of termination or layoff as the result of the permanent closure or substantial layoff at your work site?	___ Yes ___ No
	Were you employed at a facility where the employer has made a general announcement the facility will close within 180 days?	___ Yes ___ No
	Has your employer made a general announcement that the facility will close?	___ Yes ___ No

Self-employed

3	Were you self-employed (including farmer, rancher, or fisherman), but currently are unemployed as a result of general economic conditions in the community or because of a natural disaster?	___ Yes ___ No
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Displaced Homemaker

4	Have you been dependent on the income of another family member but no longer supported by that income; and unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?	___ Yes ___ No
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Foreign Trade DW

5	I declare that I have been deemed Trade Act eligible due to job loss that was a result of increased imports or shifts in production out of the U.S. I have either been: 1) issued a determination by NYSDOL on State form TA722; 2) verified eligible in the State Trade Tracker system (State MIS); and/or 3) provided an eligibility determination from another state. Staff: Business _____ State _____ Petition # _____	___ Yes ___ No
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Staff ONLY:

___ Seek or Other & UI Profiled, score
 ___ None & UI Profiled = Yes
 (current date is not greater than the Profiled Date + 1
 ___ Exhaustee
 ___ Separated (Veteran (within the past 2 yrs.))

Category #

Trainee Initials:

Equal Opportunity Employer/Program



EMPLOYMENT HISTORY

*Begin with the **MOST RECENT** job & complete up to a 10 yr. work history*

Exception: "Employed" worker trainees only need to complete if you have been working for your employer less than 1 yr.

Start Date (mo/yr) _____	to End Date (mo/day/yr) _____	Hourly Wage _____
Employer _____		Job Title _____
Address of Business _____		
Supervisor _____		Phone # (_____) _____
Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Overtime Hours Per Week _____	Overtime Rate of Pay? _____
Reason for Leaving? _____		
Responsibilities/Duties _____		

Start Date (mo/yr) _____	to End Date _____	Hourly Wage _____
Employer _____		Job Title _____
Address of Business _____		
Supervisor _____		Phone # (_____) _____
Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Overtime Hours Per Week _____	Overtime Rate of Pay? _____
Reason for Leaving? _____		
Responsibilities/Duties _____		

Start Date (mo/yr) _____	to End Date _____	Hourly Wage _____
Employer _____		Job Title _____
Address of Business _____		
Supervisor _____		Phone # (_____) _____
Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Overtime Hours Per Week _____	Overtime Rate of Pay? _____
Reason for Leaving? _____		
Responsibilities/Duties _____		

Trainee Initials:

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To be provided to each trainee:

CHEMUNG SCHUYLER STEUBEN WORKFORCE NEW YORK (CSS WF NY)
WORKFORCE INVESTMENT ACT
GRIEVANCE PROCEDURE

Anyone filing a discrimination complaint based on race, national origin, sex, age, color, political affiliation, religious belief or retaliation, may file his/her complaint with the Local EEO Officer or directly with the U.S.D.O.L. Office of Civil Rights at the following address: Office of Civil Rights, 201 Varick Street, New York, NY (212) 237-2218. Discriminatory complaints may be initiated by letter or by telephone and must be filed with the Civil Rights Office within 180 days of their occurrence.

STEPS ON RESOLVING WIA-RELATED COMPLAINTS/GRIEVANCE

The purpose of this procedure is to ensure that a complaint is resolved promptly and that the complainant is advised of all the steps taken to resolve the complaint. A WIA related complaint is a written document signed by a WIA participant, WIA staff member, or any other interested person who alleges that the Governor, Local Area or other subcontractor has violated the Act and/or WIA Rules and Regulations and/or a WIA grant or agreement. Complaints must be filed within one year of the occurrence.

I. Preliminary Discussion

Complaints are to be resolved at the lowest possible level: i.e. the level closest to the reason for the complaint. The complaint will be processed at the agency's work site by a supervisor or a Local Area Complaint Resolution Officer. If the Local Area Complaint Resolution Officer cannot settle a particular complaint, the WIA participant may have the option of using the WIA grievance procedure by requesting a meeting with the designated Program Complaint Officer.

II. Informal Conference – CSS WF NY WIA Complaint Officer

If STEP I does not resolve the complaint satisfactorily, the complaint may be submitted in writing to the CSS WF NY Complaint Officer. A complaint should contain the following basic elements: complainant's name, address and telephone number; respondent's name and address; nature of the complaint including the basic who, what, where, when, and how information, as applicable; signature of complainant and date signed. The complaint must be made within one year of the incident or dispute. Notification acknowledging receipt of a complaint will be sent to the complainant within 30 days of the filing of the grievance. Prior to holding this information conference, the CSS WF NY Complaint Officer will conduct an impartial investigation of your complaint. This may include interviewing witnesses, taking statements, examining records, and receiving background information. Decisions of this informal conference shall be made no later than 29 days after the filing of the grievance. Complaints shall be sent via mail to:

CSS Workforce New York, Inc.
WIA Complaint Officer
20 Denison Parkway W.
Corning, NY 14830

III. Local Level WIA Hearing Officer Appeal

If no decision is reached within 30 days or if either party disagrees with the decision of the CSS WF NY Complaint Officer, the complainants may submit a request for a local level hearing. Complainants must submit a second letter requesting a formal hearing within 15 days following receipt of the informal conference decision. The Hearing Officer will provide a written decision, based upon the entire record, including all evidence or oral testimony, presented at the hearing as recorded by an impartial Grievance Recorder. The written decision will be mailed to the complainant, the respondent, and the Local Area Complaint Resolution Officer within 60 days of the original filing of the grievance. Requests for a hearing shall be sent via certified mail to:

CSS Workforce New York, Inc.
WIA Hearing Officer
20 Denison Parkway W.
Corning, NY 14830

IV. State Level Appeal

State level appeals must be submitted in writing to the State Hearing Officer within 10 days of receipt of the Local Area Level findings. In addition, if no decision is rendered at the Local Area level with the prescribed 60-day time period, the complainant may, within 15 days after such decision was due, appeal for a State Review.

A State level appeal should contain the same basic elements necessary for the Local Area Level. These are:

1. Complainant name, address, and phone number
2. Respondent's name, address and phone number (may be any agency or officer)
3. The nature of the complaint (who, what, where, when, and how as applicable)
4. Signature of the complainant
5. Date signed

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6. Information regarding decision rendered at Local Area level

This information should be sent to:

New York State Workforce Investment Act Hearing Officer
New York State Department of Labor
State Office Building Campus
Building 12, Room 446
Albany, NY 12240

V. Complaint Review by the Governor – State Level

The complainant has the right to request a review of the complaint by the Governor if: (1) a Hearing Decision is not received by the complainant within 90 days of filing the complaint: or (2) an unsatisfactory hearing decision is received and a request for the review is made within 10 days of the receipt of the decision. The Governor shall issue a decision within 30 calendar days. The Governor's decision is final. If the Governor does not issue a decision within 30 calendar days, the complainant may elevate the complaint to the Secretary of the United States Department of Labor.

VI. Complaint Resolution - Federal

Within 10 calendar days of the date that the Governor should have issued a decision, the complainant may request a determination from the Secretary of the U.S. DOL.

The secretary shall act within 120 calendar days of receipt of the complainant's request.

Section 629.55 of the March 15, 1983 Rules and Regulations stipulates that all information and complaints involving fraud or other criminal activity shall be reported directly and immediately to the Secretary of Labor.

The CSS WF NY participant grievance procedures will be provided to each participant at time of enrollment in WIA-funded activity.

CSS Workforce New York contractual agreements for services of training will include a statement to inform the contractor of this provision.

The CSS Workforce New York will include in its local complaint resolution and grievance system description, the method(s) to be used to assure that those interested in WIA activities within the CSS WF NY, including the general public, are to be made aware of the process to follow to report information and/or complaints involving fraud, abuse or other criminal activity related to WIA.

- A. An appeal, in writing, may be made to the U.S. DOL Secretary of Labor.
- B. An appeal may be filed at this level only after the above Local and State steps have been completed.
- C. The complaint should contain the following:
 - 1. Your name, address and telephone
 - 2. Name and address of respondent
 - 3. A clear statement of the facts (including dates) relating to the complaint.
 - 4. Where known, the provisions of the WIA law, rules and regulations or other WIA-related agreements believed to have been violated.

CSS Workforce New York, Inc.
WIA Complaint Officer
Jessica Gotshall
20 Denison Parkway West
Corning, NY 14830
(607) 937-8337

WIA STATE DISCRIMINATION COMPLAINT FILING PROCEDURE
CHEMUNG SCHUYLER STEUBEN WORKFORCE NEW YORK (CSS WF NY)

Chemung Schuyler Steuben Workforce New York (recipient) is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Investment Act of 1998 (WIA), in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA funded program or activity.

If you think that you have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with recipient's Equal Opportunity Officer, Dan Porter, 20 Denison Parkway W., Corning, NY 14830, (607) 937-8337, by filling out the US Department of Labor's Complaint Information Form (CIF).

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Recipient will issue a notice to the complainant of receipt of the complaint and a written Notice of Final Action will be issued within 90 days of the date on which the complaint was filed. If a complainant does not agree with the recipient's decision then he/she may file a complaint with the Civil Rights Center – US Department of Labor within 30 days of the date on which the Notice of Final Action was issued.

The complainant may choose to use the Alternative Dispute Resolution Through Mediation (ADR) process instead of the local grievance officers' services. CSS Workforce New York will provide assistance to enable a complainant to understand and participate in the complaint process. Confidentiality is guaranteed to the level necessary and required and on a need to know basis.

The non-breaching party to any agreement reached under ADR may file a complaint with the CRC in the event the agreement is breached within 30 days of the date on which the non-breaching party learned of the alleged breach.

All complaints will be attempted to be resolved at the local level however the complainant has the right to file a complaint of discrimination at the state or federal level using the information listed below:

State Level

Andrew Adams, Director
Division of Equal Opportunity Development
NYS Department of Labor
State Office Building Campus
Albany, NY 12240
Telephone: (518) 457-1984
TDD: 1-800-662-1220
Voice: 1-800-421-1220

Federal Level Director

Civil Rights Center
US Department of Labor
200 Constitution Avenue
N.W. Room N-4123
Washington, DC 20210

NYS Department of Labor – Division of Equal Opportunity Development

Handling of Allegations of Discrimination at the state level

1. When a written complaint is filed with Division of Equal Opportunity Development (DEOD), DEOD will determine if the complaint is within the DEOD's jurisdiction.
2. DEOD will acknowledge receipt of the complaint to all appropriate parties. DEOD will also send a notice of non-jurisdiction, when necessary to the complainant and the LWIA.
3. DEOD may take the following actions but not limited to the following:
 - On-site visit of recipient's program or activity
 - Desk-Audit of recipient's records
 - Request that complainant visit DEOD for an in-person interview
 - Review of vendor/provider services
 - Review and analysis of Equal Opportunity (EO) data collection and reports relevant to allegation of complain
 - Review of recipients demographics, employment referral, placement and training records
4. DEOD will issue a Notice of Final Action within 90 days of the receipt of a written complaint. The time frame for the issuance of a resolution to the complainant includes the initial time the complainant filed in writing at the local level.
5. DEOD will advise complainant of the right to use the Alternative Dispute Resolution Procedure and of the right to file a complaint with CRC if any agreement reached through ADR is perceived to be breached. The complainant will be advised of their right to use DEOD's customary procedure for discrimination complaints if the complainant and/or respondent to a complaint fail to reach an agreement through ADR or any party refuses to participate.
6. DEOD will advise the complainant of the right to file a complaint with the Civil Rights Center – US Department of Labor (CRC) within 30 days of receipt of the DEOD's Notice of Final Action.
7. DEOD will advise the complainant of their right to file a complaint in accordance with any applicable federal, state and local civil or human rights laws.-----

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Employment Plan

An up to date and honest assessment of your skills, education and goals will provide the needed information to develop an Employment Plan. This plan is linked to your eligibility for benefits.

A. CUSTOMER IDENTIFICATION

OSOS ID	First Name	Last Name	Petition Number

B. EMPLOYMENT EXPECTATIONS

Short-term goal:

Long-term employment goal:

Labor market outlook for goal:

C. WORK HISTORY and TRANSFERRABLE SKILLS: A transferrable skill is one that you develop over a lifetime and can be used in a variety of situations and occupations. To secure your next job, it is important that you can identify these skills and be able to communicate them to a prospective employer on an application, resume or during an interview. Understanding your transferrable skills also is important in making a career change and selecting a training program. Transferrable skills are more than your job duties. A good resource to get you thinking about transferrable skills is the skills section on O*Net.

Organization/Company	City	Job Title	Dates

Transferrable Skills from the employment listed above

D. LEISURE ACTIVITIES / HOBBIES / COMMUNITY ORGANIZATIONS: Do not overlook the skills gained from these experiences; they may help you meet your next employer's expectations. These skills may also lead to new and different types of employment.

Organization	Type of Organization	Dates (From – To)	Transferable Skills

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E. EDUCATION AND TRAINING

Highest Grade Level Completed:

Special Licenses (if any):

Post-Secondary Education:

School Name/Location	Dates (From – To)	Credit Hours	Major/Degree/Certification

Other skills training:

School	Dates (From – To)	Training	Certification

F. ASSESSMENT Assessments often confirm what we already know about ourselves and help us gain better insight into who we are. It is important to know who we are, especially during a job transition, so that informed decisions are made to secure meaningful work. Assessments are used in conjunction with a review of your transferable skills, education and career counseling to create your Employment Plan. Decisions about your career should never be made solely on an assessment.

Interest Inventory Name:	
Results: High Interest Areas:	
Other Information:	

Aptitude Inventory Name:	
Strongest Areas:	1. _____
	2. _____
	3. _____
Areas that need development:	1. _____
	2. _____

Reading / Math Inventory Name (if applicable):	
Results:	

Other Assessments:

Name:	Results:

G. SUMMARY

Statement of present situation (include current occupational skills/training, etc.)

Is the customer able to return to former occupation? Yes No

Is the customer able to return to former industry? Yes No

Barriers to employment (if any):

Based upon past work history, conversations and customer's interests, what occupational areas is the customer interested in?

How is the customer qualified for the type of work listed above?

H. ACTIVITIES to ACHIEVE EMPLOYMENT: List all (include dates, locations and expected outcomes)*Certification*

I certify that I have received a copy of this Employment Plan. The purpose of this plan is to secure employment. I am involved in the development of the above plan including any additions, changes and updates.

I understand that it is my responsibility to follow through with the activities outlined in the Employment Plan.

Signature

Date

Staff Signature

Date

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I. TRAINING – This section is completed if occupational skills training is warranted in the Employment Plan.**1. Training Application/Bona Fide Application Date for Training**

I am applying for training under the Trade Adjustment Assistance Program. The date of this application will be used to record a bona fide application date.

<i>Course of Study:</i>		<i>Occupational Objective</i>	
<i>Signature of Trainee</i>	<i>Date</i>	<i>Official Signature</i>	<i>Application Date</i>

(proceed to Waiver Review, Justification, and to Training Plan Detail section)

2. Waiver of the Training Requirement

TAA is a program that facilitates reemployment through occupational skills training. Income support is available for customers who enroll in approved training by their training enrollment deadline date (available on the TA722), or are temporarily waived from the training requirement due to a delay in the start of training. Waivers due to enrollment unavailable are issued only when a training plan has been approved.

Waiver not needed

Waiver issued on _____ effective through _____ because your training does not begin until after your training enrollment deadline. Your training enrollment deadline is _____ and your training begins on _____.

Waiver Review Schedule

Waiver must be reviewed and updated every 30 days.

You are instructed to return no later than _____ to report your job search efforts and thereafter on these dates:

3. Justification for Training

- i. There is no suitable employment available for the customer based upon:
- ii. There is a direct correlation between the needs of the customer for skills training or remedial education, and the training provided by this program and the customer will be ready upon completion of training.

Yes No
- iii. Given the job market conditions expected to exist at the time of the completion of training, there is, fairly and objectively considered, a reasonable expectation that the customer will find a job using the skills acquired while in training. Yes No
- iv. This training is reasonably available to the worker. Yes No
- v. The customer is qualified to undertake and complete this training, including having the financial resources to sustain himself/herself throughout the duration of training. Yes No
- vi. Training is suitable for the customer and is available at a reasonable cost. Yes No
- vii. Other justification:

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4. Training Plan Detail

A. Employer Based Training Plan Detail

1. Employer Information

Note: Locally developed OJT contract document may be substituted.

Federal Employer Identification #				Job Title			
Employer Name				Employer Address			
Employee Supervisor							
Supervisor Phone				Supervisor Fax			
Dates of Training				Total Weeks of Training		Current Year	Subsequent Years
Starting Wage		Ending Wage		Total Wages Paid During OJT			
Current Year	Subsequent Years	Current Year	Subsequent Years	Current Year		Subsequent Years	
# OJT hours per day				Total # OJT hours			

Training Outline:

Week	Tasks/Skills by O-Net Definition by Week	# Hours

2. Cost

EMPLOYER BASED TRAINING	Employer Share	WIA Title I	TAA		Other	TOTAL
			Current Year	Subsequent Years		
ON-THE-JOB TRAINING						
CUSTOMIZED TRAINING						

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B. Classroom Training

1. Training Institution Information

Institution Name:			
Address:			
Course of Study:		Occupational Objective	
Start Date	End Date	Total Number of Instructional Weeks	

Satisfactory completion of the training will result in receipt of:

Associates Degree Bachelor's Degree Certificate License to

Other:

Is remedial training necessary? Yes No

Is yes, what:

2. Costs (complete costs breakout chart and statement of reasonable cost assurance)

CLASSROOM INSTRUCTION	WIA Title 1	TAA		VESID	WIA Title II	Veterans Grants	PELL	TAP	Other	TOTAL
		Current Year	Subsequent Years							
Tuition & Fees										
Books										
Supplies										
Subsistence										
Transportation										
									TOTAL	

This training cannot be obtained at another institution/organization at a lower total cost and the total cost of training is not unreasonably high compared to the cost of training other customers in similar occupations.

Yes No (False will result in a Training Determination)

Training Determination issued on:

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Trade Adjustment Assistance Training Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

For all training:

I have read the terms below and by signing agree to attend my Trade Adjustment Assistance (TAA) approved training program as outlined in my Employment Plan and will adhere to all policies, procedures and requirements of the program.

- I have participated in the development of my training plan.
- I will abide by the rules and regulations of the training provider, including employers for On the Job Training Programs.
- I will make a **good faith effort to satisfactorily complete my TAA approved training program.**
- **I will consult** with my TAA Counselor **before** making any changes to my TAA approved training program and understand that failure to do so could result in termination of my TAA approved training program.
- I will notify my TAA Counselor and training provider if I experience difficulty with my TAA approved training program.
- I will remain in contact with my TAA Counselor through completion of my TAA approved training program to discuss progress and any difficulties with my TAA approved training program.
- I understand that withdrawal from my TAA approved training program for personal, non-compelling reasons will forfeit my right to resume training or receive further TAA funds for training under the petition for which my TAA/TGAA/TAAEA training program was approved.

For classroom training:

- I agree to voluntarily contribute all or a portion of my PELL grant, if awarded, to cover training costs that may exceed the State's TAA funding cap and any other funds that may be available to me through other funding sources.
- I will regularly attend scheduled classes and understand that failure to do so could result in termination of my TAA approved training program.
- I will report my grades to my TAA Counselor and the NYS Department of Labor's Special Programs Unit at the end of each semester/trimester or academic training period.
- I will furnish proof that I am meeting my training benchmarks as per the check-in schedule created with my TAA Counselor.
- I will seek tutoring or assistance from my training provider/instructor if I experience difficulty with my TAA approved training program.
- I will provide my TAA Counselor with registration information and (if applicable) financial aid (Pell & TAP) eligibility status required to complete necessary approvals and paperwork in a timely manner.
- I will schedule an appointment with my TAA Counselor prior to completion of my Trade Act approved training program to create a job search plan geared toward helping me secure employment in my newly-trained occupation.
- I will provide my TAA Counselor with copies of my certificate or degree upon completion of training.
- I will advise my TAA Counselor as soon as I secure new employment by providing a copy of my first pay stub.
- I understand that failure to follow or adhere to any of these conditions may jeopardize my right to continued TAA training approval.
- I will **immediately** notify my TAA Counselor and the training provider, in writing, if I withdraw from my Trade Act approved training program.
- (TAAEA participants only) I understand that I must meet my benchmarks to receive Completion TRA benefits; therefore I will provide information to my TAA Counselor to show that I am maintaining satisfactory progress and am on track to graduate in accordance with my approved training plan.

For On the Job Training:

- I will regularly attend work and abide by the rules and regulations of the employer.
- I will **immediately** notify my TAA Counselor if I am terminated or quit the OJT employment.

Trainee's Signature/Date

Trade Act Counselor's Signature/Date

If Trade Act funding is included in this training plan, I understand that payment for the full course of training approved under this plan is contingent upon Federal Trade Act funding being available from the United States Department of Labor. Any Trade-Act-funded training in the TAA Employment Plan beyond the current Federal Fiscal Year needs to be resubmitted for approval within 60 days of the start of the subsequent Federal Fiscal Year. Funding for subsequent Fiscal Years is contingent upon availability of Federal funding for those years and requests for funds awarded will be based on the original date of submission of the TAA Employment Plan. Therefore, I understand that the Local Area, State, and the United States Department of Labor shall not be liable for the cost or any portion of the costs of this training program to the extent that Federal Trade Act funds are unavailable. This document represents planned services and not a guarantee thereof.

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Trade Adjustment Assistance customers who are enrolled in TAA approved training may be eligible for 117 weeks of income support. This includes 26 weeks of Unemployment Insurance Benefits, 26 weeks of BASIC Trade Readjustment Allowance and 65 weeks of Additional Trade Readjustment Allowance. An additional 13 weeks of income support (**Completion Trade Readjustment Allowance**) may also be available. In order for you to receive Completion TRA you must meet the following conditions:

1. The requested weeks are necessary for you to complete the training program
2. You are participating in training in each such week.
3. You have substantially met the performance benchmarks established in the approved training plan.
4. You are expected to continue to make progress toward the completion of the approved training.
5. You will be able to complete the training during the period authorized for receipt of Completion TRA.

In addition to the five conditions outlined above, you must also meet the following two **Training Benchmarks** at intervals of no more than 60 days beginning with the start of TAA approved training.

1. Maintaining satisfactory academic standing (e.g. not on probation or determined to be “at risk” by the instructor or training institution); and
2. On schedule to complete training within the time frame identified in the approved training plan.

It is your responsibility to provide documentation of the satisfactory progress towards meeting the training benchmarks from the training provider, such as through the training provider’s attestations. If your training provider indicates you are not meeting one or both of these benchmarks an explanation from your training provider is required. An email from the training provider to your TAA counselor would be acceptable.

Summary (trainee complete)

I am responsible for providing my counselor school progress information every 60 days. This may be progress reports, grades, etc. which show that I am maintaining satisfactory academic standing (for example: not on academic probation or determined to be “at risk” by the instructor or training institution) and that I am on schedule to complete training within the time frame identified in this training plan. To be eligible for Completion TRA, (TAAEA/Reversion participants only) I acknowledge that I must be on track to graduate as outlined in this agreement, and must maintain contact with my counselor in person, by phone or by email every 60 days with deadlines as indicated in the schedule included below, for the duration of my training program.

<http://www.timeanddate.com/date/dateadd.html>

Deadline for Day 60 Check-In _____

Deadline for Day 120 Check-In _____

Deadline for Day 180 Check-In _____

Deadline for day 240 Check-In _____

Deadline for Day 300 Check-In _____

Deadline for Day 360 Check-In _____

Deadline for Day 420 Check-In _____

Deadline for day 480 Check-In _____

Deadline for Day 540 Check-In _____

Deadline for Day 600 Check-In _____

Deadline for Day 660 Check-In _____

Deadline for day 720 Check-In _____

Deadline for Day 780 Check-In _____

Deadline for Day 840 Check-In _____

Deadline for Day 900 Check-In _____