

Bi-Weekly Verification of Trade Training Attendance

Customer Information

<input type="checkbox"/> 2002 - TAA Petition Requirements (50,000 - 69,999 or 80,000 - 80,999, as applicable)		<input checked="" type="checkbox"/> 2009 - TGAAA Petition Requirements (70,000 - 79,999)		<input type="checkbox"/> 2011 - TAAEA Petition Requirements (80,000 - 80,999, as applicable or 81,000 and above)	
1. LWIA #/ETC: 3		2. Customer SSN: - -enter # here		3. Date: 3/2/12	
4. Last Name: Example			First Name: Example		Middle Initial: p
5. Address: 123 Shore Dr			City: Rockford	State: IL	Zip Code: 61104

Training Provider Information

6. Name of Training Institution: Rock Valley College				
7. Address: 3301 N. Mulford Rd		City: Rockford	State: IL	Zip Code: 61104
8. Training Week 1 Begin Date: 2/26/12		Training Week 2 Ending Date: 3/10/12		
9. Total Hours Not in Attendance for All Courses: 4 hours and 50 minutes				

To Be Completed By Training Provider

The individual named above has filed a claim for benefits. The law, under certain conditions, provides that Trade benefits may be received while attending an approved training program. Eligibility depends partly upon the information received concerning the student's **attendance and progress**. Students must provide all information requested and give this form to the instructor(s)/authorized training provider(s) for completion and signature.

COURSE 1	10. Course Title: Math 86 Remedial class							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		10-10:50	10-10:50	10-10:50	10-10:50	10-10:50		
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1		2/27/12 Sick	2/28/12	2/29/12	3/1/12	3/2/12	
	2		3/5/12	3/6/12	3/7/12	3/8/12	3/9/12	
	13. Is the customer successfully progressing through the listed course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature: INSTRUCTOR SIGNATURE							
15. Date: 3/9/12		16. List Total Hours Not in Attendance for Course: 50 minutes						
17. List Reason (s) for Absence: Sick								

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COURSE 2	10. Course Title: CIS 102							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		6-8:45						
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1		2/27/12 Sick					
	2		3/5/12					
	13. Is the customer successfully progressing through the listed course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature: INSTRUCTOR SIGNATURE							
15. Date: 3/9/12		16. List Total Hours Not in Attendance for Course: 2.75 hours						
17. List Reason (s) for Absence: Sick								

Notice of Certification:

I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. I have the right to inspect this information and initiate appropriate corrections through the LWIA administering agency. I hereby authorize the Training Provider to release information required to verify training status from the date of signature. I agree to provide the case manager all class schedules, grades, progress reports, attendance reports, billing information and program outcome documentation (diploma, certificate).

I understand that if I miss class without justified cause the Illinois Department of Employment Security will investigate and make a determination on my Trade Readjustment Assistance (TRA) eligibility.

18. Customer Signature: PARTICIPANT SIGNATURE AND DATE

19. Date: / /

APPEAL RIGHTS

If you disagree with this determination, you have the right to file an appeal in person, by mail or by fax. The appeal must be filed at your IDES reporting office within thirty (30) days from the determination date if the determination was hand delivered or thirty (30) days from the date the determination was mailed. If the appeal is sent by mail, it must be postmarked within thirty (30) days from the mailing date. If the last day for filing your appeal is a Saturday or Sunday, or any other day the office is closed, the appeal may be filed on the next day the office is open.

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COURSE 3	10. Course Title: ENG 99 remedial class							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
			3:-4:45		3:-4:45			
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1			2/28/12		3/1/12		
	2			3/6/12		3/8/12		
	13. Is the customer successfully progressing through the listed course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature: INSTRUCTOR SIGNATURE							
15. Date: 3/9/12		16. List Total Hours Not in Attendance for Course: 0						
17. List Reason (s) for Absence: NA								

COURSE 4	10. Course Title: ATG 106							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		1:30-2:45		1:30-2:45				
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1		2/27/12 Sick		2/29/12			
	2		3/5/12		3/7/12			
	13. Is the customer successfully progressing through the listed course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature: INSTRUCTOR SIGNATURE							
15. Date: 3/9/12		16. List Total Hours Not in Attendance for Course: 1.25 hours						
17. List Reason (s) for Absence: SICK								

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COURSE 5	10. Course Title: HIST 101 ON-LINE							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		ON- LINE	ON- LINE	ON- LINE	ON- LINE	ON- LINE		
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1		2/27/12	2/28/12	2/29/12	3/1/12	3/2/12	
	2		3/5/12	3/6/12	3/7/12	3/8/12	3/9/12	
	13. Is the customer successfully progressing through the listed course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature: Instructor signature or Email attachment from Instructor stating: "you name" is making satisfactory progress in the " class name" from ""attendance period" and has handed in all required assignments.. Instructor contact information should be Included in the email.							
15. Date: 3/9/12		16. List Total Hours Not in Attendance for Course: 0						
17. List Reason (s) for Absence: NA								

COURSE 6	10. Course Title:							
	11. List Regular Course Meeting Days and Times of Required Attendance.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	12. List Dates of Attendance Week 1 and Week 2 – Leave Blank for Absence							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1							
	2							
	13. Is the customer successfully progressing through the listed course? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:							
	14. Authorized Training Provider Signature:							
15. Date: / /		16. List Total Hours Not in Attendance for Course:						
17. List Reason (s) for Absence:								