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| TAA-855 (Rev 08/2024)  |
| **TRADE ADJUSTMENT ASSISTANCE – TRADE READJUSTMENT ALLOWANCES****Request for Entitlement Determination**Connecticut Department of Labor – Employment Security DivisionTrade Act of 1974, as amended  |
| **Instructions: Please complete and return this application as soon as possible as there are deadlines associated with certain benefits of the Trade Act and includes a *lifetime training benefit*\*.** (\*One per certification)Make sure to sign the certification section at the bottom of the page. Return to: Connecticut Department of Labor, Trade Adjustment Assistance Unit (TAA), 200 Folly Brook Blvd., Wethersfield, CT 06109 or fax to (860) 263-6631.  |
| Petition Number: |  | Last 4 digits- Social Security#: |       | Phone #       |
| Applicant’s Name (Last, First, Middle Initial)      | Email:       |
| Mailing Address (Number, Street)      | City, State, Zip      |
| Alternate Contact’s Name Phone Number:             | Date of Birth:      |
| Do you require a language interpreter? Yes [ ]  No [ ]  If yes, specify your primary language:       |
| Are you a United States citizen? Yes [ ]  No [ ]  If no, enter your Alien Registration Number:       |
| Have you received benefits under a prior TAA Certification in the past ten years? [ ]  Yes [ ]  No |
| Do you have entitlement to unemployment benefits in another state? Yes [ ]  No[ ] . If yes, paying state:       |
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| **Trade-Impacted Employment** |
| Name of firm/subdivision: |
| Dates of employment:  | From:  |       | To: |       |
| Hourly rate of pay: |       | Hours worked per week: |       |
| Last department in which employed       |
| Most recent job title      |
| Complete address where work was performed      |
| Reason for separation: | **[ ]** Lay-off | [ ]  Discharge  | [ ]  Voluntary leaving  | [ ]  Other |
| Type of separation: | **[ ]**  | Total | [ ]  Partial - still employed part-time, working      hours per week. |
| If you are currently employed, but have received a notice of *future termination or layoff* due to lack of work:  >Is the separation expected to be total [ ]  or partial [ ]  (reduction in wages and hours)? | Expected Date:       |
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| **Subsequent Employment** |
| Did you perform work after separating from your trade-impacted employment (include self-employment)? Yes [ ]  No [ ]   >If yes, are you still employed? Yes [ ]  No [ ]  Name of New Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  >Employment is/was: Full time [ ]  Part time [ ]  |
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| **Certification** |
| By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or regulations. All statements made on this application are subject to verification. |
| Applicant’s Signature:  | Date |       |
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**NOTE:** **Full registration in** [**CTHires.com**](https://www.cthires.com/vosnet/Default.aspx) **will be required to record all TAA activities. Other workforce development programs and services are also available in this system. You should register as soon as possible.**