



TRADE ADJUSTMENT ASSISTANCE WAGE SUBSIDY REQUEST

Reemployment Trade Adjustment Assistance (RTAA) 2011 and 2015 Law Benefit
State Form 55561 (R4 / 9-20)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

***CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-8**

This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

<i>Participant's Name and Address (number and city, state, and ZIP code)</i>

Last 4 of SSN:
Petition:
Separating Employer
Eligibility End Date:

Please read and verify all information is correct. **Answer questions 1 through 5** and sign/date below. Attach copies of wage statements/pay stubs. (Original pay stubs submitted are not returned to the participant.) **Return all required documents to Indiana Department Workforce Development, ATTN: TAA Unit 10 N. Senate Ave SE 205 Indianapolis, IN 46204-2277. Errors and omissions may delay subsidy payment.** For assistance, call (317) 220 - 4638 or e-mail TradeActRTAA@dwd.IN.gov. Changes to personal information (i.e. name, residence or bank institution) will require a new W-9 and Direct Deposit form to be completed and resubmitted to DWD/TAA Unit. **Please contact your local WorkOne or TAA Unit for this form.**

- 1) What is the date range of the wage statement(s) for this submission? _____
- 2) How frequently are you paid?: Weekly Biweekly (26/YEARLY)
 Semi-monthly (24/YEARLY) Monthly Other _____
- 3) What is your current rate of pay? \$ _____ *per hour*
- 4) Have you changed employers since your last RTAA application/submission? Yes No
 - o If YES, answer the following bullets: Are you reemployed with your TAA certified seperating employer or a subsidiary of your TAA certified separating employer? Yes No
 - o Who is your current employer? _____
 - o Industry or type of employment (*such as manufacturing, retail, agriculture, etc.*)? _____
 - o In which state is your current employment located? _____
- 5) Did you claim Unemployment Benefits any week(s) you worked less than full-time hours?
 - Yes No
 - o If YES, which week(s) did you claim Unemployment Benefits? _____

Attestation Statement: This form does not denote a final determination until executed by the Agency/Department Workforce Development (DWD). I attest that this information is true, correct and complies with 20 CFR 618 and other Federal and State guidelines and regulations. I understand that I am responsible for timely/accurately informing the WorkOne or DWD of any changes to this information. Falsification or misrepresentation of information may place benefits at risk or create personal liability.

Signature of Participant	Date (<i>month/day/year</i>)

Right of Appeal: Either party may appeal this determination and request a hearing before an administrative law judge within ten days of the date this determination was mailed or otherwise delivered. All appeals are heard by Administrative Law Judges assigned to the Appeals Division. Information on how to file an appeal may be found either at a WorkOne Center or by visiting the following website address: <http://www.in.gov/dwd/2356.htm>. All appeals will be filed with the Appeals Division, which is headquartered at 100 N. Senate Avenue, Suite N800, Indianapolis, IN 46204. Appeals may be faxed to (317) 233-6888. Appeals must be filed within the statutorily required ten (10) day time limit from the date of the mailing of the Determination of Eligibility. Any appeal not filed within the time frame allowed by Indiana law will be dismissed. All cases are scheduled in the order they are received. Scheduling of hearings generally occurs within eight to ten weeks, although the actual time may be shorter or longer depending on case volume. If you do not participate in a hearing before the Administrative Law Judge, a decision could be issued that may be unfavorable to you.