



TRADE ADJUSTMENT ASSISTANCE WAGE SUBSIDY REQUEST

Reemployment Trade Adjustment Assistance (RTAA) 2011 and 2015 Law Benefit
State Form 55561 (R2 / 5-17)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

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

Participant's Name and Address:

Last 4 of SSN:
Petition:
Eligibility End Date:
Region: County:

Please read and verify all information is correct. **Fill out Sections A and B** 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 312 Indianapolis, IN 46204-2277. Errors and omissions may delay subsidy payment.** For assistance, call (574) 295-0105 ext. 3007 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.**

A. RECORD WAGE STATEMENT(S): List below all wage statements (pay stubs) being submitted. **The Period Ending Date** is the last date of the pay period on each wage statement -- not the date the payroll check was issued.

HOW ARE YOU PAID?: WEEKLY BIWEEKLY (26/YEARLY) SEMI-MONTHLY (24/YEARLY) MONTHLY

| PERIOD ENDING DATE (mm/dd/yy) | HOURLY PAY RATE | FISCAL USE ONLY | |
|-------------------------------|-----------------|-----------------|--|
| | | Vendor: | |
| | | Activity: | |
| | | Depart/Unit | |
| | | | |
| | | | |
| | | | |

B. REPORT UNEMPLOYMENT BENEFITS CLAIMED: If you worked less than thirty-five (35) hours a week, answer the following questions.

Did you claim Unemployment Benefits any week(s) you worked less than thirty-five (35) hours? YES NO

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 617 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.

*Confidentiality Statement and Notice Concerning the Use of the Information Provided: The information requested by the Indiana Department of Workforce Development and the U.S. Department of Labor is authorized under Section 231 of the Trade Act of 1974, amended 2002, 2009, 2011 and 2014; Section 806 of the Social Security Act, and the Tax Reform Act of 1976 (42 U.S.C. § 405(c)(2)(C)(i)). Disclosure of your Social Security Account Number is mandatory pursuant to 42 U.S.C. § 405(c)(2)(C)(i) and in accordance with IC 4-1-8-1 and IC 4-1-8-2. All information provided will remain confidential in accordance with IC 22-4-19-6 except to the extent necessary to process this application or to meet other department obligations as requested by IC 22-4-19-6, Section 303 of the Social Security Act, Federal Regulations, and other Indiana state provisions concerning the use of personal information.

Signature of Participant Date (month/day/year)