



Division of Workforce Development and Adult Learning

TAA Reversion 2021

TRADE ADJUSTMENT ASSISTANCE TRAINING MANUAL



Objectives

- Includes:
 - Trade Adjustment Assistance (TAA) History...
 - Maryland Workforce Exchange (MWE)
 - Unemployment Insurance/Re-Employment & Trade Unit
 - Data Integrity
 - TAA Benefits
 - Case Management
 - File Management
 - Obtaining Employment
 - Case Closure
-

History

The **Trade Adjustment Assistance (TAA) Program** is a federal entitlement program established under the Trade Act of 1974, or as amended in 2002, 2009, 2011, 2015 and the current Reversion 2021.

The TAA Program provides aid to workers who, **through no fault of their own**, lose their jobs or whose hours of work and wages are reduced as a result of increased imports or work performed at their company being moved out of the country.

Trade Petition Is:

- Worker-Group Specific
 - Site Specific
 - Can check on status of a petition at:
https://www.doleta.gov/tradeact/petitioners/taa_search_form.cfm
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TAA Side-By-Side Guide

Side-by-Side Comparison of TAA Program Benefits under the 2002 Program, 2009 Program, 2011 Program, 2015 Program, and Reversion 2021				
	2002 Program	2009 Program	2011 / 2015 Programs	Reversion 2021
<p>Group Eligibility: Defines the worker group that is eligible to apply for and potentially receive benefits through the TAA program.</p>	<p>Manufacturing sector workers ONLY</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to the outsourcing of jobs to a country with which the U.S. has a Free Trade Agreement</p>	<p>Manufacturing sector workers Service sector workers Public sector workers</p> <p>-----</p> <p>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to ANY country</p>	<p>Manufacturing sector workers Service sector workers</p> <p>-----</p> <p>ITC workers (those who work for a firm that has been identified by the International Trade Commission as a domestic industry that has been injured/is a party to a market disruption)</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to ANY country</p>	<p>Manufacturing sector workers ONLY</p> <p>-----</p> <p>No ITC-based certifications</p> <p>-----</p> <p>Workers who have lost their jobs because their company's decline in production and/or sales was due to increased imports or to outsourcing to limited countries</p> <p>-----</p> <p>No adversely affected incumbent workers.</p>
<p><u>Trade Readjustment Allowances</u> (TRA): Income support available in the form of weekly cash payments to workers who are enrolled in a full-time training course.</p>	<p>Up to 104 weeks of TRA available to workers enrolled in full-time training</p> <p><i>OR</i></p> <p>Up to 130 weeks of TRA available to workers enrolled in remedial training</p> <p>Must enroll in training within 8 weeks of certification or 16 weeks of layoff</p>	<p>Up to 130 weeks of TRA available to workers enrolled in full-time training</p> <p><i>OR</i></p> <p>Up to 156 weeks of TRA available to workers enrolled in remedial training</p> <p>Must enroll within 26 weeks of either certification or layoff</p>	<p>Up to 130 weeks of TRA available to workers enrolled in full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</p> <p>Must enroll within 26 weeks of either certification or layoff</p>	<p>Up to 130 weeks of TRA available to workers enrolled in full-time training, the last 13 of which are only available if needed for completion of a training program and training benchmarks are met</p> <p>Must enroll within 8 weeks of certification or 16 weeks of layoff</p>

TAA Side-By-Side Guide (Cont'd)

Side-by-Side Comparison of TAA Program Benefits under the 2002 Program, 2009 Program, 2011 Program, 2015 Program, and Reversion 2021

	2002 Program	2009 Program	2011 / 2015 Programs	Reversion 2021
<p><u>Training Waivers:</u> Basic TRA is payable if an individual participates in TAA training OR is under a waiver of the requirement to participate in training. Training may be determined not feasible or appropriate and waived as a requirement for basic TRA eligibility for the following reasons:</p>	<ol style="list-style-type: none"> 1. The worker will be recalled to work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in or complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available 	<ol style="list-style-type: none"> 1. The worker will be recalled to work reasonably soon 2. The worker has marketable skills for suitable employment and a reasonable expectation of employment in the foreseeable future 3. The worker is within two years of eligibility for a pension or social security 4. The worker is unable to participate in or complete training due to a health condition 5. No training program is available 6. An enrollment date is not immediately available 	<ol style="list-style-type: none"> 1. The worker is unable to participate in or complete training due to a health condition 2. No training program is available 3. An enrollment date is not immediately available 	<ol style="list-style-type: none"> 1. The worker is unable to participate in or complete training due to a health condition 2. No training program is available 3. An enrollment date is not immediately available
<p><u>Funding:</u> <u>Training Funding:</u> Funds to states to pay for TAA training.</p> <p><u>State Administration Funding:</u> Funds to states to pay for state administration of TAA benefits, not administration of TRA or ATAA/RTAA (covered by UI Funding Agreement).</p> <p><u>Job Search and Relocation Allowances Funding:</u> Funds to states to pay allowances.</p> <p><u>Case Management Funding:</u> Funds to states to pay for TAA case management and employment services.</p>	<p>\$220 Million Statutory Cap Applies to Training Funds Only</p> <p>An additional 15% above the amount provided for training is available for State Administration</p> <p>Additional funds are available for Job Search and Relocation Allowances</p> <p>No funds are available for TAA Case Management and Employment Services</p>	<p>\$575 Million Statutory Cap Applies to Training Funds Only</p> <p>An additional 15% above the amount provided for training is available for State Administration, and Case Management and Employment Services</p> <p>Additional funds are available for Job Search and Relocation Allowances</p> <p>At least 1/3 of these funds must be used for TAA Case Management and Employment Services</p> <p>States also receive \$350,000/year for TAA case management and employment services</p>	<p>\$575 Million (2011) \$450 Million (2015) Statutory Cap Applies to Training, Job Search and Relocation Allowances, Case Management and Employment Services, and related State Administration</p> <p>No more than 10% of the amount provided may be spent for State Administration</p> <p>Included in Training Funding</p> <p>No less than 5% of the amount provided may be spent for TAA Case Management and Employment Services</p> <p>DOL may recapture unobligated funds and redistribute funds, as needed.</p>	<p>\$220 Million Statutory Cap Applies to Training Funds Only</p> <p>Funding available for state administration.</p> <p>No funding for employment services.</p>

Note: As of June 29th, 2015, all participants being served under the Reversion 2014 Program were automatically converted to the 2015 Program.

TAA Side-By-Side Guide (Cont'd)

Side-by-Side Comparison of TAA Program Benefits under the 2002 Program,
2009 Program, 2011 Program, 2015 Program, and Reversion 2021

	2002 Program	2009 Program	2011 / 2015 Programs	Reversion 2021
<p>Job Search Allowances: A cash allowance provided to workers who cannot find an available job within the commuting area (e.g. 50 miles). Used to cover transportation costs, etc.</p> <p>-----</p> <p>Relocation Allowances: A cash allowance provided to workers who have to accept a job outside of their commuting area and relocate.</p>	<p>90% of allowable job search costs, up to a maximum of \$1,250</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250</p>	<p>100% of allowable job search costs, up to a maximum of \$1,500</p> <p>-----</p> <p>100% of allowable relocation costs, plus an additional lump sum payment of up to \$1,500</p>	<p>90% of allowable job search costs, up to a maximum of \$1,250.</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250.</p>	<p>90% of allowable job search costs, up to a maximum of \$1,250.</p> <p>-----</p> <p>90% of allowable relocation costs, plus an additional lump sum payment of up to \$1,250.</p>
<p>Alternative Trade Adjustment Assistance/Reemployment Trade Adjustment Assistance: A wage supplement provided to eligible workers over the age of 50 that supplements a portion of the wage difference between their new wage and their old wage (up to a specified maximum amount).</p>	<p>Alternative Trade Adjustment Assistance: Requires a separate group certification</p> <p>Available to workers earning less than an annual salary of \$50,000</p> <p>Maximum total ATAA benefit of up to \$10,000</p> <p>Reemployed within 26 weeks of separation</p> <p>Reemployed in full time employment</p> <p>Training benefit NOT available</p>	<p>Reemployment Trade Adjustment Assistance: Does not require a separate group certification</p> <p>Available to workers earning less than an annual salary of \$55,000</p> <p>Maximum total income support (RTAA and TRA) benefit of \$12,000</p> <p>Reemployed with no deadline</p> <p>Reemployed in full-time or part-time employment in combination with approved training</p> <p>Training benefit is also available</p>	<p>Reemployment Trade Adjustment Assistance: Does not require a separate group certification</p> <p>Available to workers earning less than an annual salary of \$50,000</p> <p>Maximum total income support (RTAA and TRA) benefit of \$10,000</p> <p>Reemployed with no deadline</p> <p>Reemployed in full-time or part-time employment in combination with approved training</p> <p>Training benefit is also available</p>	<p>Alternative Trade Adjustment Assistance: Requires a separate group certification</p> <p>Available to workers earning less than an annual salary of \$50,000</p> <p>Maximum total ATAA benefit of \$10,000</p> <p>Reemployed within 26 weeks of separation</p> <p>Reemployed in full time employment</p> <p>Training benefit NOT available</p>
<p>Health Coverage Tax Credit: A tax credit offered to eligible TAA recipients to help pay for qualified health insurance premiums of the worker and their family.</p>	<p>72.5% of qualifying health insurance premium costs</p> <p>http://www.irs.gov/Individuals/HCTC</p>			

What Takes Place When A Petition Is Approved

- **Dislocation Services Unit (DSU) Office**
 - **Deliver a Rapid Response if it has not already been done**
 - **When possible, schedule Trade Information Sessions for impacted workers**
 - **Provide “refresher training” to staff in local area impacted by Trade Certification. **This training will be petition specific.****
 - **Be mindful of ancillary businesses that may be impacted**
 - **DSU Office (In certifications originated out-of-state)**
 - **Receives list of employees from Reemployment and Trade Unit (RTU)**
 - **Impacted employees sent Rapid Response and Trade information packets**
-

What Takes Place When A Petition Is Approved (UI)

*** No matter what the petition # is***

INFORMATION FOR CLAIMANTS ON THE TRADE ACT OF 1974

(AS AMENDED 2014)

*This pamphlet outlines provisions of
the Trade Act of 1974 of particular
importance to claimants.*

*You should read it before you call your area
DLLR Claim Center.*



STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING
AND REGULATION
DIVISION OF UNEMPLOYMENT INSURANCE

DLLR/Pub./OUI 4261-A (06-14)

Reemployment & Trade Unit

- Receives/Shares List of employees from Company
- Notice of petition certifications are placed in local newspapers
- Send impacted workers the following instructions:
 - Trade Adjustment Assistance Certification notification
 - Reemployment Trade Adjustment Assistance Certification notification (For those who are 50 years of age or older.)
 - UI Notice reminder to file a UI claim and a TRA claim
 - Information for Claimants on TRADE ACT of 1974 (as amended)
- **Impacted workers MUST:**
 - **File a UI claim (877-293-4125 or mdunemployment.com)**
 - **File a TRA Claim (410-767-2630)**

TRA Claim Processing - UI

Reemployment & Trade Unit processes TRA applications

- Form “MD 855” is completed with information provided by the claimant & employer
- Eligibility (for TRA Benefits) is based upon the separation reason from the affected employer and monetary determination
- Sends out form MD 857 to the affected workers
- Affected workers are advised to report to their nearest AJC office with their MD 857 form so Workforce staff can complete form MD 858



Participant Reports to AJC for TRADE

- Affected **worker MUST** report to their nearest AJC office and meet with a Workforce Specialist before starting the training.
- Up to 130 weeks of Trade Readjustment Allowance is permitted
- In order to take advantage of this benefit, **the participant must be on a “waiver certification” or be in training within 8 weeks from certification or 16 weeks from separation, whichever is later.**
- TAA staff **MUST complete form MD858 within 8 weeks** of the certification of the petition or 16 weeks from the separation.
- Once form MD 858 is completed a **copy MUST BE provided to the claimant and sent to the MD 858 email group.**



MD 858 (Front)

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION DIVISION OF UNEMPLOYMENT INSURANCE REQUEST BY WORKER OF TRAINING APPROVAL AND ALLOWANCES WHILE IN FULL TIME TRAINING TRADE ACT OF 1974, AS AMENDED 2015 (Petitions 85,000 and above)		REGISTERED MWE <input type="checkbox"/> Yes <input type="checkbox"/> No
		REFERRED TO WIA <input type="checkbox"/> Yes <input type="checkbox"/> No
		DATE OF REQUEST
		PETITION NUMBER
WORKER'S NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	
MAILING ADDRESS		
TRAINING REQUEST BY CLAIMANT/APPLICANT		
1. ONE STOP ADDRESS AND PHONE		
TYPE OF TRAINING		
FULL TIME TRAINING STATUS VERIFIED Yes _____ No _____		
TO DATE, HAVE ALL BENCHMARKS BEEN MET? NA ___ YES ___ NO ___	NAME & ADDRESS OF TRAINING FACILITY	NUMBER OF WEEKS OF FULL TIME TRAINING
EXPLAIN:		
START DATE OF THIS SECTION OF TRAINING	START DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
END DATE OF THIS SECTION OF TRAINING	ESTIMATED END DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
<i>(Start and End Date of verified break)</i>		
2. REQUEST FOR SUBSISTENCE AND/OR TRANSPORTATION ALLOWANCE WHILE ATTENDING FULL TIME TRAINING OUTSIDE OF COMMUTING DISTANCE (50 MILES ONE WAY FROM RESIDENCE)		
ADDRESS OF REGULAR PLACE OF RESIDENCE	NO. OF MILES FROM REGULAR PLACE OF RESIDENCE TO TRAINING FACILITY	NO. OF DAYS PER WEEK
3. CLAIMANT/APPLICANT CERTIFICATION		
I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR ENTITLEMENT TO ALLOWANCES WHILE IN THE ABOVE TRAINING UNDER THE TRADE ACT OF 1974, AS AMENDED 2015. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I ALSO UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR ADDITIONAL WEEKS OF TRADE READJUSTMENT ALLOWANCE (TRA) WHILE IN FULL TIME TRAINING, I MUST ENROLL IN TAA APPROVED TRAINING BY THE MONDAY OF THE FIRST WEEK OCCURRING 30 DAYS AFTER THE DATE ON WHICH THE WAIVER TERMINATED, WHETHER BY REVOCATION OR EXPIRATION.		
SIGNATURE OF CLAIMANT/APPLICANT		DATE
SIGNATURE OF TAA REPRESENTATIVE		DATE

MD 858 (Back)

WAIVER OF TRAINING REQUIREMENT	
CLAIMANT/APPLICANT	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. WAIVER CERTIFICATION. This is to certify that the above named adversely affected worker is exempt from enrollment in training.	<input type="checkbox"/> 2. WAIVER DENIAL. This is to certify that the above named adversely affected worker is not exempt from enrollment in training.
The requirement of enrollment in a training program as a condition of receipt of Trade Readjustment Allowances is waived because training is not feasible or appropriate. The waiver is issued for the following specific reason (check one)	
<input type="checkbox"/> Worker in poor health-a waiver can exempt worker from training but they must meet the job search, able and availability requirements. <input type="checkbox"/> Delay in first available enrollment date for training. First available enrollment must be within 60 days after determination is made. <input type="checkbox"/> Training funds are not available under TAA or other Federal laws. Training is not available at reasonable cost or no funds available.	
This waiver is effective from _____ until _____, unless revoked. Eligibility for Trade Readjustment Allowances after that date will be contingent upon enrollment in training or issuance of another waiver.	
Comments: _____	
I understand the condition under which this waiver is granted and that the waiver is effective only until _____. I also understand that the waiver may be revoked prior to that date if the conditions, which allowed the waiver, change. Furthermore, as a condition of this training participation waiver, I am required to make 4 job contacts on 3 separate days for each week of Basic TRA Benefits. I have also read and understand the General Information contained at the beginning of this form. I have been informed of my TRA Monetary benefits prior to Commencement of training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowance (TRA) while in training, I must enroll in full-time TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF TAA REPRESENTATIVE	DATE
SIGNATURE OF UNEMPLOYMENT INSURANCE REPRESENTATIVE	DATE
APPEAL RIGHTS	
If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Claim Center where this claim was filed.	
SIGNATURE OF JOB SERVICE REPRESENTATIVE	TITLE
DATE MAILED	You have until _____ to file an appeal.
I have been informed of my TRA Monetary benefits prior to Commencement of Training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowances (TRA) while in training, I must enroll in TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.	
CLAIMANT/APPLICANT SIGNATURE	DATE SIGNED
DISTRIBUTION: ONE STOP TRA UNIT TAA UNIT	

Front of the 858 form: Certified Waiver

Complete the top section

Section A. Training Request by Claimant/Applicant

1. Complete all areas listed & ensure the start and end dates of the training are documented correctly.
 - If the claimant has a break, make sure those dates are included with the start & end date of the training.
 - If the training date(s) change then a new 858 form needs to be completed with the new start & end date(s) listed.
2. Review and complete if needed.
3. Claimant must read & agree with both the information by providing date and signature.
 - The TAA representative must date and sign the form

Section B. TAA/TRA Unit – Determination by State Agency

1. Complete all areas listed, as needed.
 2. If this applies to the claimant then the claimant & agency staff person must date and sign the form.
-

CERTIFIED WAIVER: (FRONT)

- Verify that the correct form is being used
- Complete the highlighted sections
 - Petition Number
 - Worker's Name
 - SSN
 - Training Request
 - Signature of Claimant and Date
 - Signature of TAA Rep and Date

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION DIVISION OF UNEMPLOYMENT INSURANCE REQUEST BY WORKER OF TRAINING APPROVAL AND ALLOWANCES WHILE IN FULL TIME TRAINING TRADE ACT OF 1974, AS AMENDED 2015 (Petitions \$5,000 and above)		REGISTERED MWE <input type="checkbox"/> Yes <input type="checkbox"/> No REFERRED TO WIA <input type="checkbox"/> Yes <input type="checkbox"/> No DATE OF REQUEST
WORKER'S NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER
MAILING ADDRESS		
TRAINING REQUEST BY CLAIMANT/APPLICANT		
1. ONE STOP ADDRESS AND PHONE		
TYPE OF TRAINING		
FULL TIME TRAINING STATUS VERIFIED Yes _____ No _____		
TO DATE, HAVE ALL BENCHMARKS BEEN MET? N/A _____ YES _____ NO _____	NAME & ADDRESS OF TRAINING FACILITY	NUMBER OF WEEKS OF FULL TIME TRAINING
EXPLAIN:		
START DATE OF THIS SECTION OF TRAINING	START DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
END DATE OF THIS SECTION OF TRAINING	ESTIMATED END DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
<small>(Start and End Date of verified break: _____)</small>		
2. REQUEST FOR SUBSISTENCE AND/OR TRANSPORTATION ALLOWANCE WHILE ATTENDING FULL TIME TRAINING OUTSIDE OF COMMUTING DISTANCE (50 MILES ONE WAY FROM RESIDENCE)		
ADDRESS OF REGULAR PLACE OF RESIDENCE	NO. OF MILES FROM REGULAR PLACE OF RESIDENCE TO TRAINING FACILITY	NO. OF DAYS PER WEEK
3. CLAIMANT/APPLICANT CERTIFICATION		
I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR ENTITLEMENT TO ALLOWANCES WHILE IN THE ABOVE TRAINING UNDER THE TRADE ACT OF 1974, AS AMENDED 2015. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I ALSO UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR ADDITIONAL WEEKS OF TRADE READJUSTMENT ALLOWANCE (TRA) WHILE IN FULL TIME TRAINING, I MUST ENROLL IN TAA APPROVED TRAINING BY THE MONDAY OF THE FIRST WEEK OCCURRING 30 DAYS AFTER THE DATE ON WHICH THE WAIVER TERMINATED, WHETHER BY REVOCATION OR EXPIRATION.		
SIGNATURE OF CLAIMANT/APPLICANT		DATE
SIGNATURE OF TAA REPRESENTATIVE		DATE

Back of the 858 FORM: Certified Waiver

WAIVER OF TRAINING REQUIREMENT:

Complete name & last four(4) of social security number

1. Grant the claimant a WAIVER CERTIFICATION
 - **Check box 1.** Waiver Certification
 - The box below, **select the reason for the waiver**
 - The box below, only complete **the start ____ & end dates ____**.
 - If the training date(s) change then a new 858 form needs to be completed with the new start & end date(s) listed.
 - Complete the **date in the paragraph** following: “I understand...”
 - Both the claimant & TAA representative must **date/sign the form**.
2. Claimant **MUST the date/sign** the TRA monetary benefits paragraph at the bottom.

CERTIFIED WAIVER (BACK)

- Complete highlighted sections
 - Waiver of Training Requirement
 - Waiver Certification
 - Effective Dates of when the waiver will begin and end
 - Comments (if any)
 - Signatures of Claimant and Rep; and Date Signed
 - Appeal Rights
 - Signature of Rep & Title
 - Date Mailed
 - Expiration of Appeal
 - Signature of Worker and Date Signed

WAIVER OF TRAINING REQUIREMENT	
CLAIMANT/APPLICANT	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. WAIVER CERTIFICATION. This is to certify that the above named adversely affected worker is exempt from enrollment in training.	<input type="checkbox"/> 2. WAIVER DENIAL. This is to certify that the above named adversely affected worker is not exempt from enrollment in training.
<p>The requirement of enrollment in a training program as a condition of receipt of Trade Readjustment Allowances is waived because training is not feasible or appropriate. The waiver is issued for the following specific reason (check one)</p> <p><input type="checkbox"/> Worker in poor health-a waiver can exempt worker from training but they must meet the job search, able and availability requirements.</p> <p><input type="checkbox"/> Delay in first available enrollment date for training. First available enrollment must be within 60 days after determination is made.</p> <p><input type="checkbox"/> Training funds are not available under TAA or other Federal laws. Training is not available at reasonable cost or no funds available.</p>	
<p>This waiver is effective from _____ until _____, unless revoked. Eligibility for Trade Readjustment Allowances after that date will be contingent upon enrollment in training or issuance of another waiver.</p> <p>Comments: _____</p> <p>I understand the condition under which this waiver is granted and that the waiver is effective only until _____. I also understand that the waiver may be revoked prior to that date if the conditions, which allowed the waiver, change. Furthermore, as a condition of this training participation waiver, I am required to make 4 job contacts on 3 separate days for each week of Basic TRA Benefits. I have also read and understand the General Information contained at the beginning of this form. I have been informed of my TRA Monetary benefits prior to Commencement of training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowance (TRA) while in training, I must enroll in full-time TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.</p>	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF TAA REPRESENTATIVE	DATE
SIGNATURE OF UNEMPLOYMENT INSURANCE REPRESENTATIVE	DATE
APPEAL RIGHTS	
<p>If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Claim Center where this claim was filed.</p>	
SIGNATURE OF JOB SERVICE REPRESENTATIVE	TITLE
DATE MAILED	You have until _____ to file an appeal.
<p>I have been informed of my TRA Monetary benefits prior to Commencement of Training. I also understand that in order to eligible for additional weeks of Trade Readjustment Allowances (TRA) while in training, I must enroll in TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.</p>	
CLAIMANT/APPLICANT SIGNATURE	DATE SIGNED

DISTRIBUTION: ONE STOP
TRA UNIT
TAA UNIT

MD 858 (REVISED 12-18) (Side 2)

Waiver Certification

EX
C
E
P
T
I
O
N
S



- Health Condition
- Enrollment in Training Unavailable
- Training Not Available



WAIVER OF TRAINING REQUIREMENT	
CLAIMANT/APPLICANT SIGNATURE	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. WAIVER CERTIFICATION. This is to certify that the above named adversely affected worker is exempt from enrollment in training.	
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The requirement of enrollment in a training program as a condition of receipt of Trade Readjustment Allowances is waived because training is not feasible or appropriate. The waiver is issued for the following specific reason (check one):	
<input type="checkbox"/> Worker in poor health—a waiver can exempt worker from training if they must meet the job search, able and availability requirements.	
<input type="checkbox"/> Delay in first available enrollment date for training.	
<input type="checkbox"/> Training funds are not available under TAA or other laws. Training is not available at reasonable cost or no funds available.	
This waiver is effective from _____ until _____, unless revoked. Eligibility for Trade Readjustment Allowances after that date will be contingent upon enrollment in training or issuance of another waiver.	
Comments: _____	
I understand the condition under which this waiver is granted and that the waiver is effective only until _____. I also understand that the waiver may be revoked prior to that date if the conditions which allowed the waiver, change. Furthermore, as a condition of this training participation waiver, I am required to make 4 job contacts on 3 separate days for each week of Basic TRA Benefits. I have also read and understand the General Information contained at the beginning of this form. I have been informed of my TRA Monetary benefits prior to Commencement of training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowance (TRA) while in training, I must enroll in TAA approved training within 210 days of the certification date or 210 days from the last qualifying separation.	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF TAA REPRESENTATIVE	DATE
SIGNATURE OF UNEMPLOYMENT INSURANCE REPRESENTATIVE	DATE
APPEAL RIGHTS	
If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Claim Center where this claim was filed.	
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DATE MAILED	You have until _____ to file an appeal.
I have been informed of my TRA Monetary benefits prior to Commencement of Training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowances (TRA) while in training, I must enroll in TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.	
CLAIMANT/APPLICANT SIGNATURE	DATE SIGNED
DISTRIBUTION: ONE STOP TRA UNIT TAA UNIT	
MD 858 (REVISED 4-30-14) (Side 2)	

Training Waivers

■ Health Condition

- Worker is unable to participate in training due to the health of the worker...
- Except that this basis for a waiver **does not exempt** a worker from the availability for work, active search for work, or refusal to accept work requirements under Federal or State unemployment law.



Training Waivers



■ Enrollment Delay in Training...

- 1st available enrollment date for the workers approved training is within 60 days after the date of the determination

OR, if later, there are extenuating circumstances for the delay in enrollment

- Note: Participant's training must have already been approved and he/she is waiting for it to begin

Training Waivers

■ No Training Program Available

- Approved training is not reasonably available to the worker from either private, governmental agencies, or other sources
- No suitable training for the worker is available at a reasonable cost
- No training funds are available



858 Waiver Denial

- If the worker is not ready to enroll in school by 8/16 weeks from certification or separation, the waiver should be completed as such:
 - **WAIVER DENIAL**
 - Be sure to fill in the date the 858 was completed
 - **The worker will not receive TRA during this time** and is only given up to an additional 30 days to enroll in full-time approved training (by the Monday of the first week the waiver terminates, whether by revocation or expiration) in order to remain eligible for TRA payments.
 - At this point, the waiver is serving only as a “place marker”

COMPLETION OF THE 858 FORM – Back/Waiver Denial

WAIVER OF TRAINING REQUIREMENT: Process the WAIVER DENIAL

- **Check box 2.** Waiver Denial
- Skip to 3rd section: **COMMENTS line:** Complete **ONLY to document the reason why** the claimant is being **denied** a waiver. (No other information in this area.)
- Both the claimant & TAA representative must **date/sign** the form.

APPEAL RIGHTS MUST be completed & provided to claimant anytime this form is completed.

- TAA or Job Service Rep. **MUST** provide appeal rights to claimant & complete all four boxes
- Claimant **MUST be given a copy** of this completed form prior to leaving the AJC office.
- Completed form **MUST be emailed** to the business email group:
dllr.md858@maryland.gov
- All **dates MUST match & represent the date the claimant reported.**

NOTE >> No crossed out error or edits can be made on this form.
If an error is made or edit is needed, a new form needs to be completed.

WAIVER DENIAL – SIDE ONE

- Verify that you are using the correct form
- All highlighted sections should be filled out...
 - Petition Number
 - Worker's Name
 - SSN

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION DIVISION OF UNEMPLOYMENT INSURANCE REQUEST BY WORKER OF TRAINING APPROVAL AND ALLOWANCES WHILE IN FULL TIME TRAINING TRADE ACT OF 1974, AS AMENDED 2015 (Petitioners \$5,000 and above)		REGISTERED MWE <input type="checkbox"/> Yes <input type="checkbox"/> No REFERRED TO WIA <input type="checkbox"/> Yes <input type="checkbox"/> No DATE OF REQUEST
		PETITION NUMBER
WORKER'S NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER
MAILING ADDRESS		
TRAINING REQUEST BY CLAIMANT/APPLICANT		
1. ONE STOP ADDRESS AND PHONE		
TYPE OF TRAINING		
FULL TIME TRAINING STATUS VERIFIED Yes _____ No _____		
TO DATE, HAVE ALL BENCHMARKS BEEN MET? N/A ____ YES ____ NO ____ EXPLAIN:	NAME & ADDRESS OF TRAINING FACILITY	NUMBER OF WEEKS OF FULL TIME TRAINING
START DATE OF THIS SECTION OF TRAINING	START DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
END DATE OF THIS SECTION OF TRAINING	ESTIMATED END DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
<i>(Start and End Date of verified break)</i>		
2. REQUEST FOR SUBSISTENCE AND/OR TRANSPORTATION ALLOWANCE WHILE ATTENDING FULL TIME TRAINING OUTSIDE OF COMMUTING DISTANCE (50 MILES ONE WAY FROM RESIDENCE)		
ADDRESS OF REGULAR PLACE OF RESIDENCE	NO. OF MILES FROM REGULAR PLACE OF RESIDENCE TO TRAINING FACILITY	NO. OF DAYS PER WEEK
3. CLAIMANT/APPLICANT CERTIFICATION		
I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR ENTITLEMENT TO ALLOWANCES WHILE IN THE ABOVE TRAINING UNDER THE TRADE ACT OF 1974, AS AMENDED 2015. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I ALSO UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR ADDITIONAL WEEKS OF TRADE READJUSTMENT ALLOWANCE (TRA) WHILE IN FULL TIME TRAINING, I MUST ENROLL IN TAA APPROVED TRAINING BY THE MONDAY OF THE FIRST WEEK OCCURRING 30 DAYS AFTER THE DATE ON WHICH THE WAIVER TERMINATED, WHETHER BY REVOCATION OR EXPIRATION.		
SIGNATURE OF CLAIMANT/APPLICANT		DATE
SIGNATURE OF TAA REPRESENTATIVE		DATE

WAIVER DENIAL – SIDE TWO

- Complete highlighted sections
 - Signature of Claimant and Date
 - Signature of Rep and Date
 - Appeal Rights
 - Signature of Rep and Title
 - Date Mailed
 - Exp. Of Appeal
 - Signature of Claimant and Date
- WAIVER DENIAL
 - Insert 30-day period (or less) from beginning to end

WAIVER OF TRAINING REQUIREMENT	
CLAIMANT/APPLICANT	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. WAIVER CERTIFICATION. This is to certify that the above named adversely affected worker is exempt from enrollment in training.	<input type="checkbox"/> 2. WAIVER DENIAL. This is to certify that the above named adversely affected worker is not exempt from enrollment in training.
<p>The requirement of enrollment in a training program as a condition of receipt of Trade Readjustment Allowances is waived because training is not feasible or appropriate. The waiver is issued for the following specific reason (check one)</p> <p><input type="checkbox"/> Worker in poor health—a waiver can exempt worker from training but they must meet the job search, able and availability requirements.</p> <p><input type="checkbox"/> Delay in first available enrollment date for training. First available enrollment must be within 60 days after determination is made.</p> <p><input type="checkbox"/> Training funds are not available under TAA or other Federal laws. Training is not available at reasonable cost or no funds available.</p>	
<p>This waiver is effective from _____ until _____, unless revoked. Eligibility for Trade Readjustment Allowances after that date will be contingent upon enrollment in training or issuance of another waiver.</p> <p>Comments: _____</p> <p>I understand the condition under which this waiver is granted and that the waiver is effective only until _____. I also understand that the waiver may be revoked prior to that date if the conditions, which allowed the waiver, change. Furthermore, as a condition of this training participation waiver, I am required to make 4 job contacts on 3 separate days for each week of Basic TRA Benefits. I have also read and understand the General Information contained at the beginning of this form. I have been informed of my TRA Monetary benefits prior to Commencement of training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowance (TRA) while in training, I must enroll in full-time TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.</p>	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF TAA REPRESENTATIVE	DATE
SIGNATURE OF UNEMPLOYMENT INSURANCE REPRESENTATIVE	DATE
APPEAL RIGHTS	
<p>If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Claim Center where this claim was filed.</p>	
SIGNATURE OF JOB SERVICE REPRESENTATIVE	TITLE
DATE MAILED	You have until _____ to file an appeal.
<p>I have been informed of my TRA Monetary benefits prior to Commencement of Training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowances (TRA) while in training, I must enroll in TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.</p>	
CLAIMANT/APPLICANT SIGNATURE	DATE SIGNED

DISTRIBUTION: ONE STOP
TRA UNIT
TAA UNIT

MD 858 (REVISED 12-18) (Side 2)

Enter TAA Waiver Service in MWE

Activity Code	Activity Title
234	Waiver- Poor Health
235	Waiver - Delay for Training
236	Waiver - Training Not Available

- ✓ Whenever staff issue a training waiver to a TAA participant, they should also use the appropriate waiver Activity Code above
- ✓ The dates [Projected & Actual] should match those on Form 858
- ✓ A new waiver service should be assigned each time an 858 is completed, unless instructed to do otherwise by management
- ✓ There should be a waiver service assigned for each **Required by Date** listed in the customer's Waiver Entry screen, until no longer needed [i.e., number of waiver services assigned should = **Required by Dates**]

Agent State vs. Liable State

*****You Will Need To Indicate In MWE*****

Agent State

- Provides services to the customer
- Responsible for cost associated with training
- Responsible for keeping Liable State informed on status of TAA participant
- Any State can be Agent State
(They do not have to have residency in Maryland)

Liable State

- Provides Unemployment and TRA Benefits to the customer
-

Working With Trade Customers

Remember what's important:

1. Confidentiality
2. Commitment
3. Responsibility
4. Relationship
5. Communication
6. Patience



Eligibility

(Required Documents)

Eligibility Documents:

- Social Security Number
- Citizenship/Alien Status
- Driver's License; Birth Certificate
- Veterans Status DD-214 (if applicable)



NOTE: All eligibility documents must be verified prior to starting the TAA application.

More Documents

- Unemployment Insurance Determination Notice/Letter
 - MD-857
 - Unemployment Insurance Printouts (Example: Employment Separation Screen)
 - Pay Stub (from Trade impacted employer)
 - Layoff Letter from Employer
 - Company Layoff List/Rapid Response List
 - U.S. DOL/ETA TAA Petition Determination
www.doleta.gov/tradeact/determinations.cfm
-

More Documents

- Big 8 Signature Form
 - Form 7C (Criteria)
 - TAA app printout from MWE
 - MD 858
 - Release of Employment Information Form
 - Release of School Information
 - Credential Showing Education Level
 - EEOC
 - TAA Participant Rules Form
-

Enter Information Into MWE

- Staff enrolls customer in TAA program
 - *WP application must be complete prior to starting the TAA Program application
- Trade application
- Create participation
 - **Must add a service**



Co-Enrollment

- Remember co-enrollment for each participant is mandatory
 - (including RTAA only participants and participants residing over state lines)
 - All Trade impacted workers are Adult Dislocated Workers
 - Under Reversion 2021, states must “make every reasonable effort to secure...counseling, testing and placement services, supportive and other services...” to all adversely-affected workers.
-

Co-Enrollment

- All Trade Certified workers are WIOA dislocated workers
 - Co-enrollment allows the Trade Certified worker to fully benefit from WIOA-funded career planning and support services, including referrals, when necessary, to vocational skills or dual-language training
 - All trade impacted workers receive initial assessments and Rapid Response Services
 - All Trade impacted workers must have an IEP prior to the start of training
 - TAA funds will no longer be available to provide the required employment and case management services
-

TAA APPLICATION



Currently mar

Fill out the information below to complete this section of the application.

Trade Adjustment Assistance (TAA)

Intro

Intro
 Contact
 Veteran
 Employment
 Public Assistance
 Barriers

TAA [+ Add Programs](#)

Jonas, Samatha

Trade Adjustment Assistance (TAA)

Application is Closed Never Enrolled

Case Application ID: 1676663

* Application Date: [Today](#)

* Eligibility Date: [Today](#)

* LWDB/Region:

* Office Location:

* Office Location of Responsibility:

Create Date: 9/8/2021 12:21 PM

Created By: Nine, Staff

Edit Date: 9/8/2021 12:21 PM

Last Edited By: Nine, Staff

Intro

1. **Intro** is the 1st page & includes the following:
 - Application ID
 - Application Date
 - Eligibility Date
 - LWDB/Region
 - Office Location
 - Office Location of Responsibility

Next

Fill out the information below to complete this section of the application.

Trade Adjustment Assistance (TAA)

Intro Contact

Intro
 Veteran
 Public Assistance
 Contact
 Employment
 Barriers

TAA [Add Programs](#)
Hide All Steps

Jonas, Samatha

Contact Information

* First Name:

Middle Initial:

* Last Name (including suffix e.g. Jr., Sr., PhD, etc.):

* Social Security Number: [Edit SSN](#)

* SSN Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

Residential Address

Contact

2. Contact is the 2nd page & includes the following:
- Contact Information *[name & SSN]*
 - Residential Address *[full address – includes City, State, Zip Code & County]*
 - Mailing Address *[mirrors Residential Address]*
 - Phone Information
 - Email Information
 - Note: some fields have a [Verify](#) – click on it to select the appropriate document/form

Next

Residential Address

* Address 1:

Address 2:

* Zip/Postal Code: [Find Zip Code](#)

* City:

* State:

* County/Borough/Parish:

* Country:

* Preferred method of contact:

Mailing Address

Check here to use the residential address information

* Mailing Address 1:

Mailing Address 2:

* Mailing Zip/Postal Code:

* Mailing City:

* Mailing State:

* Mailing Country:

Contact (Cont'd)

2. Includes the following:
- Primary Phone Number
 - Primary Phone Type
 - Alternate Phone Number
 - Alternate Phone Type
 - Text Message Phone
 - Primary Email
 - Alternate Contacts

□ Next

Phone Information

*Primary Phone Number: Ext.

*Primary Phone Type:

Alternate Phone Number: Ext.

Alternate Phone Type:

Text Message Phone:

Email Information

Primary Email:

Alternate Contacts

Contact Name	Relationship	Phone Number	Date Inactive	Action
There are currently no alternate contacts for this user.				
Add New Contact				

Check the box to indicate this is a partial application. This will allow navigation to any page to fill out any information that is available. Eligibility will not be fully determined nor will the application be marked complete until the partial flag is removed and any missing information is provided.

in Wizard

<< Back Next >>

Contact
Demographic

Intro

Veteran

Public Assistance

Contact

Employment

Barriers

[Hide All Steps](#)

TAA [+ Add Program\(s\)](#)

Jonas, Samatha

Individual Detail
Case Notes
Comments

Demographic Information

* Date of Birth: [Edit Date Of Birth](#)

* Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

Today's Age: 25

TAA Eligibility Age: 25

* Gender: Female Male Did not self-identify

* U.S. Citizenship Status:

* Hispanic/Latino Heritage: Yes No Did not self-identify

* Race (Ethnicity) check all that apply:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hawaiian/Other Pacific Islander
- White
- I do not wish to answer.

Demographic

3. Demographic is the 3rd page & includes the following –

- Date of Birth *[includes a [Verify](#)]*
- Gender
- U.S. Citizenship Status *[expands upon certain selections]*
- Race & Ethnicity
- Question about disability *[includes a [Verify](#)]*

Next



Fill out the information below to complete this section of the application.

Trade Adjustment Assistance (TAA)

Demographic

Veteran

- Intro
- Veteran
- Public Assistance
- Contact
- Employment
- Barriers

▲ Hide All Steps

TAA + Add Program(s)

Jonas, Samatha

Veteran Information

- * Are you the spouse of a member of the armed forces who is on active duty? Yes No
- * Question 1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No
- * Question 2. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No
- * Question 3. Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability? Yes No
- * Have you attended a Transition Assistance Program (TAP) Workshop within the last three years? Yes No

Veteran

4. **Veteran** is the 4th screen & begins with 4 questions:
 - Are you the spouse of a member of the armed forces who is on active duty?
 - Q 1. Are you within 24 months of retirement or 12 months of discharge from the military
 - Q 2. Have you served on active duty...and were discharged or released...under conditions other than dishonorable
 - Q 3. Are you the spouse of a veteran who has a total service connected disability...
 - Q 4. Have you attended a Transition Assistance Program (TAP) Workshop within the last three years?
 - Note: "Yes" selection(s) will cause this section to expand to include more questions

Next

General Veteran Information

Please enter the information below regarding the individual's military service.

• Did you serve more than 1 tour of duty? Yes No

• First Active Duty Start Date: [Today](#)

• First Active Duty End Date: [Today](#)

• Received a Military Campaign Badge: Yes No
[Campaign Veteran Website](#)

• Branch of Service:

• Most Recent Character of Service Received:

• Disabled Veteran:

• Homeless Veteran: Yes No

• Received Services from Veterans Voc. Rehab. (Chapter 31): Yes No Unknown

Recently Separated: Yes

Veteran Status: Yes, Eligible Veteran

• Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

[Obtain DD214](#)

Veteran Cont'd.

4. General Veteran Information

- Did you serve more than 1 tour of duty?
- First Active Duty Start Date
- First Active Duty End Date
- Received a Military Campaign Badge?
- Branch of Service
- Most Recent Character of Service Received?
- Disabled Veteran?
- Received Services from Veterans Voc. Rehab. (Chapter 31)?
- Verify

Next

Employment

5. **Employment** is the 6th screen & is divided into 4 sections:

Employment Information

- Employment Status - Registration
- Employment Status
- Not in the Labor Force and not actively looking for work
- UC Eligibility Status [*includes a [Verify](#)*]
- Claimant was referred by [WPRS, RESEA, Not Applicable]
- Attended a Rapid Response Orientation [*click on [Find RR Event](#), if applicable*]
- **Note:** “Yes” selection(s) will cause this section to expand to include more questions

Individual Employment History [*select from customer's record, if available*]

□ **Next**

Trade Adjustment Assistance (TAA)

Veteran Employment

▼ Show All Steps

TAA + Add Program

onas, Samatha

Individual Detail Case Notes Comments

Employment Information

Information entered on this screen is related to the specific individual only.

* Employment Status (from Registration):

* Employment Status:

* Not in the Labor Force and not actively looking for work: (Including those incarcerated) Yes No

* UC Eligibility Status:

Claimant was referred by:

Claimant has been exempted from work search: Yes No

Date Claimant was exempted from work search: [Today](#)

UC Status Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

* Attended a Rapid Response Orientation: Yes No

Rapid Response Event: [Find RR Event](#)

Individual Employment History

[View Background Summary](#)

Company Name	Location	Job Title (Occupation)	Start/End Dates	Action
No individual employment history records were found.				
Add Employment History				

TAA Petition and Employer

Search DOL for Petition: [Find DOL Petition](#)

Search TAA Petition Numbers: [Find TAA Petition](#)

* TAA Petition: 94711

* Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

* Has been threatened with layoff (Adversely affected incumbent worker)? Yes No

* TAA Liable/Agent State:

TAA Employer: Verso

Employer Address 1: Luke

Employer Address 2:

Employer City: Luke

Employer State: Maryland

Employer Zip: 21532

* Hours Per Week (xx.x)

Entered Employers:

* Job Title:

* Employment Begin Date: [Today](#)

Employment End Date: [Today](#)

* Dislocation Hourly Wage

Projected Date of Layoff: [Today](#)

Most Recent Date of Qualifying Separation: [Today](#)

Months Employed at Qualifying Separation Date:

Verify: [Verify](#) | [Scan](#) | [Upload](#) | [Link](#)
✔ Verification from employer

Employment [mid-screen]

The most important section of the TAA application includes:

TAA Petition and Employer

- TAA Petition # [includes search link & [Verify](#); populates most fields in this section]
- TAA Liable/Agent State [select]
- Hours Per Week
- Job Title
- Employment Begin & End Dates
- Dislocation Hourly Wage
- Date of Qualifying Separation
- Months Employed... [includes a [Verify](#)]

TAA Re-Employment

* Re-Employed since layoff from Trade affected job? Yes No

New Employment Projected or Actual Start Date:

Projected or Actual Annual wage of individuals new employment:

Age at Re-Employment:

Employment [bottom]

TAA Re-Employment

- Re-Employed since layoff from Trade affected job *[Yes or No]*
- New Employment Projected or Actual Start Date *[use if "Yes"]*
- Projected or Actual Annual wage of individuals new employment *[use if "Yes"]*
- Months Employed... *[includes a [Verify](#)]*

□ **Next**

Education

Trade Adjustment Assistance (TAA)

Employment ✓ Education ✓

TAA + Add Program(s)

Taa, George

Education Information

Information entered on this screen is related to the specific individual only.

* Highest school grade completed: 12 school grades completed

* High school diploma or equivalent received: Yes No

* Highest education level completed: Attained a secondary school equivalency

Education Partner Services

* Receiving services from Adult Education (WIOA Title II): Yes No Did not self-identify

* Receiving services from Vocational Education (Carl Perkins): Yes No Did not self-identify

6. **Education** is the 6th page & has 2 sections:

Education Information

- Highest grade completed
- High school diploma or equivalent
- Highest level completed

Education Partner Services

- Receiving services from Adult Education (WIOA Title II)
- Receiving services from Vocational Education

Next

Public Assistance

Trade Adjustment Assistance (TAA)

Education Public Assistance

TAA + Add Program(s)

Taa, George

Public Assistance Information

Individual receives, or in the last 6 months, received:

* Temporary Assistance for Needy Families (TANF) recipient: Yes No

* Supplemental Security Income (SSI) recipient: Yes No

* General Assistance (GA) recipient: Yes No

* Supplemental Nutrition Assistance Program (SNAP) recipient: Yes No

* Refugee Cash Assistance (RCA) recipient: Yes No

* Social Security Disability Insurance (SSDI) recipient: Yes No

* Receiving Services under SNAP Employment and Training Program: Yes No Unknown

* Receiving, or has been notified will receive, Pell Grant: Yes No

7. **Public Assistance** is 7th page & asks 8 “Yes” or “No” questions about whether the customer receives:

- TANF
- SSI
- General Assistance
- SNAP
- Refugee Cash Assistance
- SSDI
- SNAP Employment & Training
- Pell Grant

- Note: these questions & their responses do not effect TAA eligibility, but may impact eligibility for services in other programs

Next

Barriers

Trade Adjustment Assistance (TAA)

Public Assistance Barriers

TAA + Add Program(s)

Taa, George

Individual Barriers

Information entered on this screen is related to the specific individual only.

* English Language Learner: Yes No

* Basic Skills Deficient/Low Levels of Literacy: Yes No

Barriers To Employment

* Single Parent (including single pregnant women): Yes No Did not self-identify

8. **Barriers** is the 8th page & includes 2 sections:

Individual Barriers

- English Language Learner
- Basic Skills Deficient...

Barriers to Employment

- Single Parent (including single pregnant women)

Next

Eligibility Summary

Trade Adjustment Assistance (TAA) Eligibility Information			
Program	Eligible	Reason(s) Not Eligible	Action
TAA	Meets definition for TAA: Yes		Set TAA Eligibility to No
ATAA	Meets definition for ATAA: No	Petition Number does not qualify for ATAA. The TAA Petition you have selected is not ATAA Certified. Re-employed since layoff from Trade affected employer is set to No.	Set ATAA Eligibility to Yes
RTAA	Meets definition for RTAA: No	Re-employed since layoff from Trade affected employer is set to No.	Set RTAA Eligibility to Yes

Eligibility Summary is the 9th & final screen & includes the following:

Trade Adjustment Assistance (TAA) Eligibility Information

- TAA, ATAA & RTAA Eligibility *[not qualified reasons listed]*

Eligibility Summary Cont'd

TAA Petition Number: 94711

Eligible for TRA? Yes No

Trade Extension Act 2011 (TAAEA)

Petition Number between 80000 and 80999: Yes No

One time election to be served under TAAEA has been made?

Date Election was made:

• **Have you received a benefit under a prior TAA certification in the last 10 fiscal years?** Yes No

• **Referred to WIOA staff for possible co-enrollment** Yes No

• **Individual has declined WIOA co-enrollment** Yes No

Trade Adjustment Assistance (TAA) Eligibility Information [continued]

- TAA Petition Number
- Eligible for TRA
- Petition Number between 80000 & 80999
- One time election to be served under TAAEA made
- Date Election was made
- ...received a benefit under prior TAA cert in last 10 years

Eligibility Summary Cont'd

Benefit Deadlines	
Basic TRA Deadline (on Waiver or in Training)	01/04/2020
Job Search Allowance Deadline	03/22/2022
Relocation Allowance Deadline	03/22/2022

Benefit Deadlines

- Basic TRA Deadline (On Waiver or in Training)
- Job Search Allowance Deadline
- Relocation Allowance Deadline

Eligibility Summary

Staff Information

* Staff Position:

Current Case Manager: [Assign Case Manager](#)
[Assign Me](#)
[Remove Case Manager Assignment](#)

Case currently Not Assigned to a Case Manager

Remote Signature

Applicant Signature: _____  Capture Signature

Staff Signature: _____  Capture Signature

it.Wizard

Staff Information

- Staff can assign themselves as Case Manager for the customer.
- Participant can electronically sign the application.
- Staff can electronically sign the application.

Finish

Finish Application

Finish Application

The application has successfully been saved. Please select below where you want to go next.

Return to Programs Tab

TAA #1676663 - Participation

App Date: 09/08/2021

LWDB: 03 - Baltimore City | Office: 28 - Baltimore City One Stop Center (Eutaw Street)

- At the **Finish Application** box click on TAA # _____ - Participation

PROGRAM PARTICIPATION

TAA

General Information

State ID:	23405
Name:	Samatha Jonas
Date of Birth:	02/01/1996
Application Date:	09/08/2021
Eligibility Date:	09/08/2021

Participation Information

* Participation Date:	<input type="text" value="09/09/2021"/> (mm/dd/yyyy)  Today
Participation Age:	25

1. The 1st screen of the Participation displays 2 sections –
 - **General Information**
 - **Participation Information** –
 - Participation Date - *cannot be prior to Eligibility Date*
 - Participation Age [*displays by default – used for ATAA & RTAA*]
- **Next** for the 1st service assignment



Activity Enrollment - General Information

This page displays activity information for the specified participant.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
-------------------------------------	----------------------------------	---------------------------------	-------------------------------	-----------------------------------	---------------------------------	-------------------------------------

General Information



Participant User Name: MAYVET09

Participant State ID: 23405

Last Name, First Name MI: Jonas, Samatha

Address:
4204 KEY HWY
Maryland
BALTIMORE, MD 21230

Application Summary:
Program:Trade Adjustment Assistance (TAA)
Application Date:09/08/2021
Eligibility Date:09/08/2021

Participation Date: 09/09/2021

*** Customer Program Group:** [\[Select program enrollment template \]](#)

*** LWDB:**
LWDB cannot be modified if staff has local region assignment.

*** Office Location:**



This is the top half of the screen.

Staff Information

Staff ID: 2022923

• Position:

Current Case Manager:

Group: Trade Case Management Group

Case Manager: Member Nine, Staff

Temporary Case Manager: Not Applicable

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

Comments:

Case Notes:

[[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	
		Edit

[Exit Wizard \]](#)

This is the bottom half of the screen.
At this point, select the “Exit Wizard” Link

Enrollment Information

WIOA or Non-WIOA Partner Program: Yes, service is a WIOA or Non-WIOA Partner Program.

Select Partner:

Activity Code:
[\[Select Activity Code \]](#)

An actual begin date or a projected begin date is required.

Projected Begin Date: (mm/dd/yyyy) [Today](#)

Actual Begin Date:
Actual begin date may not be modified on the first activity.

Projected End Date: (mm/dd/yyyy) [Today](#)

Training leads to an Associate's Degree: Yes No

Attending Full or Part Time Training as defined by the training institution:

Total Number of Hours attending currently:

Date Verified current training attendance: (mm/dd/yyyy) [Today](#)

Any classes attended through [Distance Learning](#): Yes No

Date Verified current distance learning attendance: (mm/dd/yyyy) [Today](#)

Occupational Training Code:
[\[Occupational Training Code \]](#)

Activity Enrollment

1. The 2nd screen of the Participation displays 2 sections –

- **General Information**
- **Enrollment Information** –
 - WIOA or Non-WIOA Partner?
 - Select Partner
 - Activity Code
 - Project Begin Date
 - Actual Begin Date
 - Projected End Date

→ **NEXT**

Activity Enrollment

1. The 3rd screen of the Participation displays Enrollment Service Provider Information:

- Enrollment Summary
- Provider
- Service, Course or Contract
- Provider Locations
- Provider Contacts

You may not have this information initially so just select the “Exit Wizard link.

Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 4116440
Username: MAYVET09
TAA Application ID: 1676663
Activity Code: 102 - Initial Assessment
Activity Dates: 9/9/2021 - 9/9/2021

* **Provider:**
[\[Select Provider \]](#)

* **Service, Course or Contract:**
[\[Select Service, Course or Contract \]](#)

Provider Locations:

[\[Select Provider Locations \]](#)

Provider Contacts:
[\[Select Provider Contacts \]](#)

[\[Exit Wizard \]](#)

Activity Enrollment

Eligibility Summary

Participation 09/09/2021

[Edit Participation](#)

Participation Date: 09/09/2021

Activities / Enrollments / Services 2

[Create Activity / Enrollment / Service](#)

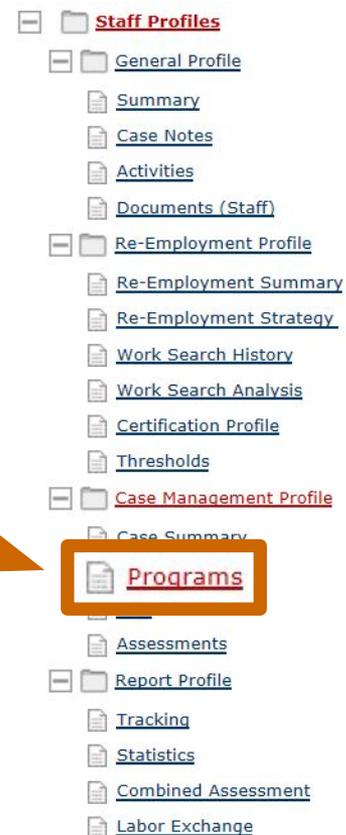


PE 	EE 	Status	Activity / Provider	Actions	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
		C	310 - Skills Upgrading and Retraining No Provider Information	W	TAA	09/13/2021	09/13/2021	06/13/2022	09/21/2021 Successful Completion

TAA SERVICE ASSIGNMENT

Find Your Customer's Record

1. Via Quick Menu or Manage Individuals > Assist an Individual
2. Open the customer's record & go to Programs



Activity Enrollment for TAA - Basics

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
---------------------	------------------	-----------------	---------------	-------------------	-----------------	---------------------

■ Activities / Enrollments / Services

[Create Activity / Enrollment / Service](#)



Under the Activities/Enrollments/Services Tab, select Create Activity/Enrollment/Service link.

Activity Enrollment for TAA - Basics

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
---------------------	------------------	-----------------	---------------	-------------------	-----------------	---------------------

Activity Enrollment, aka service assignment / creation, occurs in 1 of 2 ways:

- Participation - Staff assign the 1st service [same as the Participation Date]
- Any subsequent services that staff may assign during the customer's participation in TAA

There are 7 screens in the TAA service assignment wizard –

- **General Information**
- **Service Provider**
- **Enrollment Cost**
- **Financial Aid**
- **Enrollment Budget**
- **Budget Planning**
- **Closure Information**

Maryland normally uses only the **General Information & Closure Information** screens

General Information

General Information

Participant User Name: MAYVET09

Participant State ID: 23405

Last Name, First Name MI: Jonas, Samatha

Address: 4204 KEY HWY
Maryland
BALTIMORE, MD 21230

Application Summary: Program:Trade Adjustment Assistance (TAA)
Application Date:09/08/2021
Eligibility Date:09/08/2021

Participation Date: 09/09/2021

* **Customer Program Group:** [\[Select program enrollment template \]](#)

* **LWDB:**
LWDB cannot be modified if staff has local region assignment.

* **Office Location:**

Includes 3 sections –

- **General Information**
- **Enrollment Information**
- **Staff Information**

General Information section includes basic info about the customer & asks for the following –

- Customer Program Group [TA1-TAA, TAA2-ATAA or TAA3-RTAA]
- LWDB and Office Location [*select*]

Customer Group is the specific funding source for that service. Available Customer Program Groups are determined during the TAA application process

Enrollment Information

Enrollment Information

WIOA or Non-WIOA Partner Program: Yes, service is a WIOA or Non-WIOA Partner Program.

* Activity Code:
[\[Select Activity Code\]](#)

* An actual begin date or a projected begin date is required.

Projected Begin Date: (mm/dd/yyyy) Today

Actual Begin Date: (mm/dd/yyyy) Today

* Projected End Date: (mm/dd/yyyy) Today

Training leads to an Associate's Degree: Yes No

Attending Full or Part Time Training as defined by the training institution:

Total Number of Hours attending currently:

Date Verified current training attendance: (mm/dd/yyyy) Today

Any classes attended through [Distance Learning](#): Yes No

Date Verified current distance learning attendance: (mm/dd/yyyy) Today

Occupational Training Code:
[\[Occupational Training Code\]](#)

Enrollment Information asks for the following:

- WIOA or Non-WIOA Partner
- Activity Code [via [Select Activity Code](#)]
- Projected Begin Date [required if there is no Actual Begin Date]
- Actual Begin Date [cannot be a future date]
- Projected End Date
- Training leads to an Associates Degree
- Attending Full or Part Time Training...
- Total Number of Hours attending currently
- Date Verified current training attendance
- Any classes though Distance Learning
- Date Verified current distance learning attendance
- Occupational Training Code

■ [Select Activity Code](#) opens a window where staff select the appropriate service code. Available codes are based on the Customer Program Group selected.

Enrollment Information

Enrollment Information

(*) indicates required fields. For help click the question mark icon.

WIA Title II Partner Program: Yes, service is a WIA Title II Partner Program.

* **Activity Code:** [\[Select Activity Code \]](#)

Select an Item - Mozilla Firefox

https://mwe.jobs.maryland.gov/vosnet/programs/enrollment/enrollfield.aspx?fieldname=actcode&c=48&s=3&a=0A9eNW8hmB8=

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

* Project	Activity Code	Activity Title	Provider Type
Train	214	Adult Literacy, Basic Skills or GED Prep	PS - Training Non-ITA
Degr	222	English as a Second Language (ESL)	PS - Other
	231	Waiver - Recall	PS - Office Services
Train	232	Waiver - Marketable Skills	PS - Office Services
Gran	233	Waiver - Retirement	PS - Office Services
	234	Waiver - Poor Health	PS - Office Services
Atter	235	Waiver - Delay for Training	PS - Office Services
Train	236	Waiver - Training Not Available	PS - Office Services
train	237	TAA - Approved Out of Area Job Search Allowance	SS - Other
	240	TAA Relocation Assistance	SS - Relocation
Total	280	ATAA - Wage Subsidy	SS - Other
curre	281	RTAA - Wage Subsidy	SS - Other
	300	Occupational Skills Training - Approved Provider List (ITA)	PS - Approved Provider Training - ITA
Date	301	On-The-Job Training	PS - OJT

attendance:

✓ Click on [\[Select Activity Code\]](#) to open a new window for you to fill in the Activity Code field – select the appropriate service

✓ [The complete list of activities that can be assigned to a TAA participant follows on the next pages]

List of TAA Activities [100-level]

<u>Activity Code</u>	<u>Activity Title</u>	<u>Provider Type</u>
102	Initial Assessment	PS - Office Services
103	Information On Training Providers, Performance Outcomes	PS - Office Services
107	Provision Of Labor Market Research	PS - Office Services
108	Staff Assisted Informal Assessment	PS - Office Services
109	Staff Assisted Career Planning	PS - Office Services
115	Resume Preparation Assistance	PS - Office Services
122	Employment During Participation	PS - Office Services
125	Job Search/Placement Asst., inc. Career Counseling	PS - Office Services
133	Staff assisted Job Search	PS - Office Services
143	O*NET Assessment - Staff Assisted	PS - Office Services
161	Job Search Activity	PS - Office Services
170	Basic Computer Literacy Skills	PS - Office Services

TAA-specific activities are **shaded** and in *italics*

List of TAA Activities [200-level]

Activity Code	Activity Title	Provider Type
200	Individual Counseling	PS - Office Services
204	Interest And Aptitude Testing	PS - Office Services
205	Development of Individual Employment Plan (Formal)	PS - Office Services
214	Adult Literacy, Basic Skills or GED Preparation	PS - Training Non-ITA
222	English as a Second Language (ESL)	PS - Other
230	<i>TAA - Adult Literacy, Basic Skills or GED Preparation</i>	<i>PS - Office Services</i>
231	<i>Waiver - Recall</i>	<i>PS - Office Services</i>
232	<i>Waiver - Marketable Skills</i>	<i>PS - Office Services</i>
233	<i>Waiver- Retirement</i>	<i>PS - Office Services</i>
234	<i>Waiver- Poor Health</i>	<i>PS - Office Services</i>
235	<i>Waiver - Delay for Training</i>	<i>PS - Office Services</i>
236	<i>Waiver - Training Not Available</i>	<i>PS - Office Services</i>
237	<i>TAA - Approved Out of Area Job Search Allowance</i>	<i>SS - Other</i>
239	Case Management	PS - Office Services
240	<i>TAA Relocation Assistance</i>	<i>SS - Relocation</i>
280	<i>ATAA - Wage Subsidy</i>	<i>SS - Other</i>
281	<i>RTAA - Wage Subsidy</i>	<i>SS - Other</i>

TAA-specific activities are **shaded** and in *italics*

List of TAA Activities [300-level]

<u>Activity Code</u>	<u>Activity Title</u>	<u>Provider Type</u>
300	Occupational Skills Training - Approved Provider List (ITA)	PS - Approved Provider Training - ITA
301	On-The-Job Training	PS - OJT
302	Entrepreneurial Training	PS - Non-ITA Occupational Skills
304	Customized Training	PS - Non-ITA Occupational Skills
307	Occupational Skills Unique	PS - Non-ITA Occupational Skills
310	Skills Upgrading and Retraining	PS - Non-ITA Occupational Skills
314	Enrolled In Apprenticeship Training	PS - Non-ITA Occupational Skills
316	Occupational Skills High Demand	PS - Non-ITA Occupational Skills
328	Occupational Training, Standard	PS - Non-ITA Occupational Skills
331	<i>TAA - Approved Travel in Training</i>	<i>PS - Office Services</i>
332	<i>TAA - Approved Subsistence in Training</i>	<i>SS - Other</i>

TAA-specific activities are **shaded** and in *italics*

List of TAA Activities [300- & 600-level]

Activity Code	Activity Title	Provider Type
333	<i>TAA - Approved Remedial Training (for those with GED/HS Diploma)</i>	PS - Training Non-ITA
335	<i>TAA - Approved Occupational Skills Training - Approved by Other State</i>	PS - Non-ITA Occupational Skills
339	<i>TAA - Approved GED Training</i>	PS - Office Services
341	<i>TAA - Approved Remedial Training (for those with GED HS Diploma) Approved by Other State</i>	PS - Office Services
686	Occupational Skills Training (Customized) (BM)	PS - Office Services

TAA-specific activities are **shaded** and in *italics*

Staff Information

Staff ID: 2022923

* Position:

Current Case Manager:

Group: Trade Case Management Group

Case Manager: Member Nine, Staff

Temporary Case Manager: Not Applicable

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

Comments:

Case Notes:

[[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

Staff Information asks for the following –

- Position *[select]*
- [Assign Case Manager](#) or [Assign Me](#) *[optional]*
- Case Note *[optional; click on Add a new Case Note to use]*

▢ **Next**

Skipped Screens

MARYLAND
Workforce Exchange
Where Business Meet People Connect

Activity Enrollment - Service Costs

This page displays activity cost information for the specified participant.

[General Information](#) [Service Provider](#) **Enrollment Cost** [Financial Aid](#) [Enrollment Budget](#) [Budget Planning](#) [Closure Information](#)

Enrollment Cost Information

The selected activity does not have any costs.
There was no provider information saved with this activity record.

<< Back Next >>

The following 4 screens are skipped unless you're completing the details of a training service –

- [Enrollment Cost](#)
- [Financial Aid](#)
- [Enrollment Budget](#)
- [Budget](#)

Instead, go directly from the [Service Provider](#) to the [Closure Information](#) tab

Service Provider

Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 4116443
Username: MAYVET09
TAA Application ID: 1676663
Activity Code: 310 - Skills Upgrading and Retraining
Activity Dates: 9/13/2021 - 12/13/2021

* **Provider:**
[\[Select Provider.\]](#)

* **Service, Course or Contract:**
[\[Select Service, Course or Contract.\]](#)

Provider Locations:

[\[Select Provider Locations.\]](#)

Service Provider screen is completed for training services only

Click on the link provided to complete the following –

- [Provider](#)
- [Service, Course or Contract](#)
- [Provider Locations](#)
- [Occupational Training Code](#) *[available for training services only]*

☐ **Next** *[or click on [Closure Information](#) for non-training services]*

☐ Click on the link provided to open a window where staff can select the desired response

Provider Contacts:

[\[Select Provider Contacts.\]](#)

<< Back

Next >>

[\[Exit Wizard\]](#)

Closing an Open Activity

Closure Information

Closure Information

Enrollment Summary: Enrollment ID: 4116443
Username: MAYVET09
TAA Application ID: 1676663
Activity Code: 310 - Skills Upgrading and Retraining
Activity Dates: 9/13/2021 - 12/13/2021

Last Activity Date: [Today](#)

Completion Code:

Case Notes: [[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

[<< Back](#) [Finish](#) [Delete](#) [Live Chat](#)

Use the Closure Information screen to add the following –

- Last Activity Date
- Completion Code
- Case Notes *[optional]*

Finish

Note: do not list a Last Activity Date or Completion Code, if the activity is still in progress

This screen must receive a Last Activity Date & Completion Code no later than 60 days after the Projected End Date or the service will “Void”

Other Info about Assigning TAA Activities

ATAA & RTAA Recipients...

Activity Code	Activity Title	Provider Type
280	ATAA - Wage Subsidy	SS - Other
281	RTAA - Wage Subsidy	SS - Other

- ✓ When an ATAA- or RTAA-eligible participant finds a job & receives a wage subsidy, Unemployment Insurance will record the appropriate Activity Code in his/her TAA record
- ✓ That service has a Projected End Date = 2 years after the Actual Begin Date – that activity should not be closed by staff or Create Case Closure done, unless authorized
- ✓ The TAA program must remain open for 2 years or until the participant stops receiving the wage subsidy, whichever comes first

Other Special TAA-related Activity Codes...

Activity Code	Activity Title	Feature / Link
237	<i>TAA - Approved Out of Area Job Search Allowance</i>	<u>Create Transportation Assistance</u>
240	<i>TAA Relocation Assistance</i>	
331	<i>TAA - Approved Travel in Training</i>	<u>Create Transportation Assistance</u>
332	<i>TAA - Approved Subsistence in Training</i>	
335	<i>TAA - Approved Occupational Skills Training - Approved by Other State</i>	<u>Create Approved Training</u>

- ✓ Some TAA-related activity codes correspond with other features within the customer's TAA record in the MWE
- ✓ It is best to assign the activity & use complete the feature that corresponds with it together

RESEARCH

- Job Description/Work Details
 - Job Outlook
 - Salary Outlook
 - Two Job Openings
 - Shadowing (if possible)
 - Vendor Information
 - Costs of Training
 - Distance/Transportation
 - Barriers
-



CASE MANAGEMENT

Case Management Steps

- Background
- Assessment
- Planning
- Implementation
- Follow-up



Essential Components of Case Management

- Case review
- Case documentation
- Customer participation



Case Management Requirements

- Individual Employment Plan (IEP)
 - Assessment
 - If Associate's degree or higher, not needed
 - Planning
 - Implementation

Note: The completion of the participant's IEP in MWE is mandatory prior to the participant starting their training activity.

Case Management Objectives

- Identify the big picture of the case management process
- Relate the importance of assessments to the case management process
- Identify appropriate services for a case management plan



Case Management Components

- Case review by case managers, supervisors and monitors
 - Documentation that is clear, concise, and complete
 - Customer participates at **ALL** stages of the process
 - **You are responsible for tracking progress and follow-up**
-

Assessment Principles

- Assessment is determined by the types of decisions that customers are likely to be required to make during the time he/she is receiving services.
 - Assessments should use both a comprehensive and an exploratory approach to gathering information.
 - Assessment procedures and instruments ought to lead to factual or truthful information and be reliable, i.e. if repeated would produce similar results.
-

Assessment in MWE

- Assessment is ongoing and continuous throughout the case management process and may address:
 - Basic skills
 - Interests
 - Aptitudes
 - Work history
 - Assets
 - Barriers
 - Other...special circumstances



Formal Assessments

- Interest inventories
 - Ability or aptitudes tests
 - Skill inventories
 - Work values inventories
 - Personality inventories
-

Informal Assessments

- Skills checklist
 - Transferable skills
 - Résumé
 - Interviews
 - Group discussions
 - Observations
-

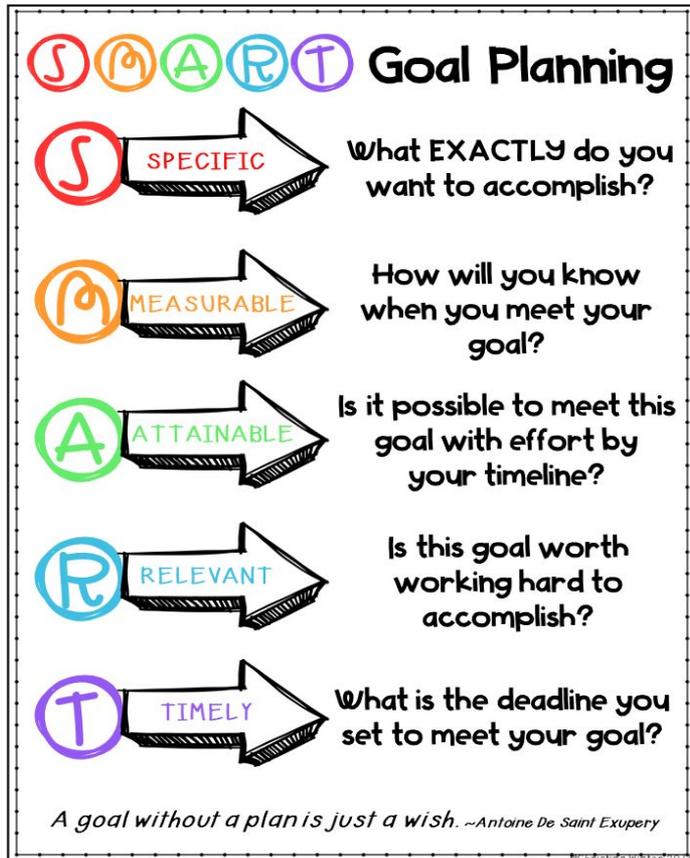
Planning

Planning is continuous and includes:

- Employment goals
- Activities
- Services
- Bona Fide Application for training



Three Types of Planning



- Immediate Goals
- Short Term Goals
- Long Term Goals

Immediate Planning

The focus of planning is always on forward action.

- Always about *next steps*
 - An important element of the process
because the customer will never arrive at
the goal if the next step is not taken
 - Plans are **ALWAYS** documented
-

Short Term Planning

Has three basic requirements:

- Goals - occupation or career field
 - Objectives - steps to gain employment
 - Services - resources to overcome barriers and obstacles along the way
-

Long Term Planning

Focuses on employment services to help the customer:

- Find a better job
 - Enter a new field with career ladders
 - Achieve higher income or greater benefits
-

Planning

Build the following into the process:

- Expectations - clear measurable objectives
 - Accountability
 - Communications- getting feedback
-

Implementation

Implementation is when the IEP is executed!

Implementation is driven by:

- Clear expectations
 - Consistent accountability
 - Regular communications
-

INDIVIDUAL EMPLOYMENT PLAN



What Is An IEP?

- **IEP stands for “Individual Employment Plan.”**
 - An agreement (similar to a contract) between the customer and case manager in which a realistic action plan is developed to achieve an employment goal.
 - A living document, a dynamic record of information, that can be modified or amended throughout the entire customer service process.
-

What Is The Role Of An IEP?

- Gives the customer a plan.
- Establishes expectations.
- Reflects need for training
- Builds confidence in the customer.
- A guide for helping the customer.



What Are The Different Ways An IEP Can Be Used?

- To document the planning that has been done and will be done.
- To determine what the customer does while in the program.
- To provide a system of accountability to help keep the action moving forward towards attaining the goal.
- To provide a vehicle for the case manager to know where the customer is with training:
 1. On schedule,
 2. Ahead of schedule, or
 3. Behind schedule.

Benchmarks

What Are The Major Steps In Preparing An IEP?

- Prepare the customer for the IEP
- Prepare the case manager for the IEP
- Focus on the Assessment; strengths and interests

IDENTIFYING
CUSTOMER NEEDS



Considerations When Designing An IEP

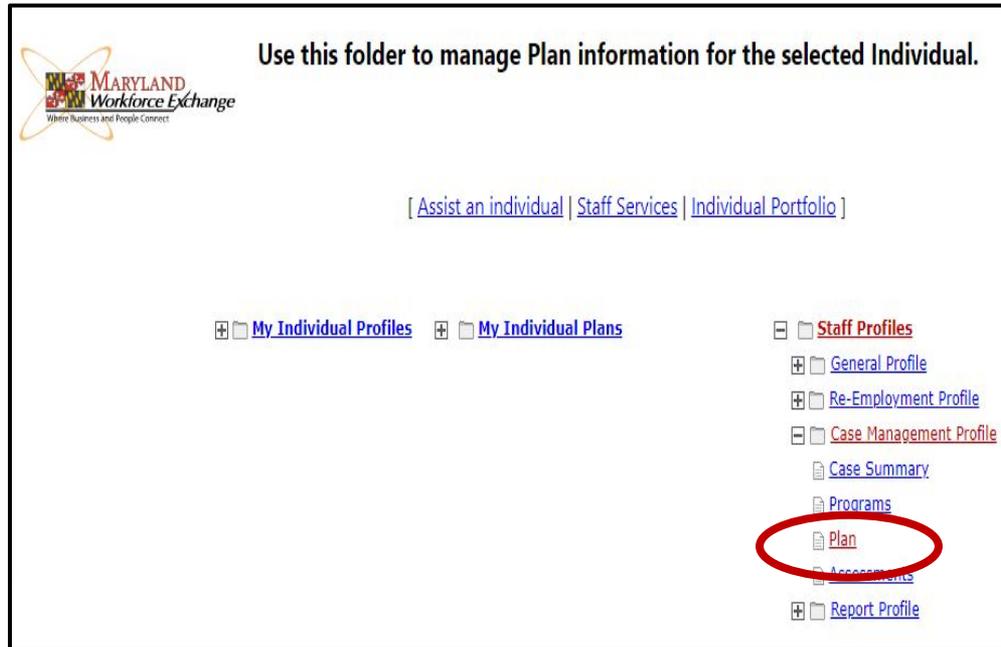
- Major elements that make up the content of an IEP:
 - Goal – A specific occupation.
 - Objectives – A major milestone that must be achieved in order to attain the goal.
 - Services – Support or assistance that enables the customer to achieve an objective.
-

Plan: Essential Questions...

1. Who am I?
2. Where am I going?
3. How will I get there?



Accessing a Participant's Plan



✓ To access the IEP (Individual Employment Plan, go to [Staff's Profile](#) [Case Management Profile](#) [Plan](#)

Plan Tab

The screenshot displays the 'Plan' tab interface. At the top, there are four navigation tabs: 'Case Summary', 'Programs', 'Plan' (which is highlighted in red), and 'Assessments'. Below the tabs, the page is divided into two main sections. The first section is titled 'Objective Assessment Summary' and contains the text 'There are No Objective Assessment Summaries' followed by a red button labeled 'Create Objective Assessment Summary'. The second section is titled 'Individual Employment Plan/Service Strategy' and contains the text 'There are no Individual Employment Plans/Service Strategies' followed by a black button labeled 'Create Individual Employment Plan/Service Strategy'. In the bottom right corner, there is a 'Live Chat' button with a speech bubble icon.

- ✓ The **Plan** list screen includes 2 sections –
 - **Objective Assessment Summary**
 - **Individual Employment Plan**
- ✓ Go to the **Individual Employment Plan** section and click on Edit to access an existing IEP (Plan)
- ✓ Click on  to create a new Plan

The Plan [Wizard view]

Step 1 of 4
Enter your information below. After you are finished click the Next >> button.

Plan	State	Division	City
Information required fields			

Identifying Information

Plan ID Number	1
State ID	2345
User Name	user1234
Plan ID	345678
Name	State Services
Created By	not available
Created On	
Last Edited By	
Edited On	

Currently Participating In

Currently participating in the following programs:

Health Adjustment Assistance	Application Date: 08/08/2021 Participation Date: 08/08/2021
------------------------------	--

Plan Information

*Plan Start Date	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="Date"/>
*CAPS/Region	<input type="text" value="Select from City"/>
*Plan started in office location	<input type="text" value="None Selected"/>
Plan closed on	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="Date"/>

[Exit Wizard](#)

- ✓ The Plan is a 4 step process that includes the following screens –
 - Plan
 - Goals
 - Objectives
 - Services
- ✓ **Plan** is the 1st page of the process
- ✓ Click on the folder tabs to navigate among pages

IEP [Contents of each screen]

Contents of an Individual Employment Plan in tabular form:

<u>SCREEN #</u>	<u>SCREEN NAME</u>	<u>SECTIONS</u>	<u>SCREEN INCLUDES...</u>
1	<u>Plan</u>	<ul style="list-style-type: none"> • Identifying Information • Currently Participating • Plan Information 	<ul style="list-style-type: none"> ▪ Plan ID Number ▪ customer info ▪ staff info ▪ Created On & Edited On dates ▪ Programs
2	<u>Goals</u>	<ul style="list-style-type: none"> • General Information • IEP Goals 	<ul style="list-style-type: none"> ▪ customer info ▪ Goals table list [with Edit]
3	<u>Objectives</u>	<ul style="list-style-type: none"> • General Information • Objective Information 	<ul style="list-style-type: none"> ▪ customer info ▪ Objectives table list [with Edit]
4	<u>Services</u>	<ul style="list-style-type: none"> • General Information • IEP Services 	<ul style="list-style-type: none"> ▪ customer info ▪ Services (associated with this IEP) table list

Step 1 - Plan

Plan

- Indicates required fields.

Identifying Information

Plan ID Number	0
State ID	23405
User Name	MAYVET09
User ID	2023586
Name	Jonas, Samatha
Created By	Not Available
Create On	
Last Edited By	
Edited On	

Currently Participating In

Currently participating in the following programs:

Trade Adjustment Assistance: Application Date: 09/06/2021
Participation Date: 09/09/2021

Plan Information

*Plan Start Date: YYYYMMDD [Help](#)

*LWIA/Region: Business Cpt

*Plan started in office location: None Selected

Plan closed on: YYYYMMDD [Help](#)

[Back](#) [Next >>](#)

- ✓ The Plan detail screen includes the following sections –
 - **Identifying Information** [prefilled]
 - **Currently Participating In** [prefilled program participations]
 - **Plan Information**
- ✓ **Plan Information** [list / select the following] –
 - Plan Start Date
 - LWIA/Region
 - Plan started in office location
 - Plan closed on [leave blank for now]
- ✓ Click on 

Step 2 - Goals

Plan Goals Objectives

General Information

User Name MAYVET09

User ID 2023586

Name Jonas, Samatha

IEP/ISS Goals

#	Goal	Date Established	Est. date for Completion	Actual Completion D
No History Records				

[Add New Goal](#)

[Exit Wizard](#)

<< Back Next >>

- ✓ The Goal list screen includes the following sections –
 - **General Information** [prefilled]
 - **IEP Goals** [table listing any existing Goals, with an Edit and Delete for each entry]
- ✓ **IEP Goals** – click on Add New Goal

Goal Details Screen

✓ The Goal detail screen includes the following sections –

- **General Information** [prefilled]
- **Goal Information**
- **Goal Information** – complete as follows:
 - LWDB/Region and Office [select]
 - Program Affiliation [select “ Trade Adjustment Assistance (TAA) Program”]
 - Type of Goal [select Employment, Training or Schooling]
 - Term of Goal [select Short Term, Long Term or Intermediate Term]
 - Description of Goal
 - Date Established and Estimated Completion Date
 - Completion Status [keep as Open]
 - Goal Details [as desired]
 - click on

General Information

User Name	MAYVET09
State ID	23405
User ID	2023586
Name	Jonas, Samatha
Plan Start Date	9/15/2021

Goal Information

*LWDB/Region	<input type="text" value="Baltimore City"/>
*Office	<input type="text" value="Baltimore City One Stop Center (I)"/>
*Program Affiliation	<input checked="" type="checkbox"/> Trade Adjustment Assistance (TAA)
*Type of Goal	<input type="text" value="Employment"/>
*Term of Goal	<input type="text" value="Long Term"/>
*Description of Goal	<input type="text" value="Obtain Employment as a Medical Assistant"/>
*Date Established	<input type="text" value="09/15/2021"/> (mm/dd/yyyy) <input type="button" value="Today"/>
*Estimated Completion Date	<input type="text" value="12/31/2021"/> (mm/dd/yyyy) <input type="button" value="Today"/>
Actual Completion Date	<input type="text"/> (mm/dd/yyyy) <input type="button" value="Today"/>
*Completion Status	<input type="text" value="Open"/>
Reason Closed	<input type="text" value="None Selected"/>
Goal Details(Comments)	<div><p>B I U X <input type="button" value="B"/> <input type="button" value="I"/> <input type="button" value="U"/> <input type="button" value="X"/> <input type="button" value="List"/> <input type="button" value="Text"/> <input type="button" value="Link"/> <input type="button" value="Image"/> <input type="button" value="Table"/> <input type="button" value="Code"/> <input type="button" value="Help"/> <input type="button" value="Undo"/> <input type="button" value="Redo"/> <input type="button" value="Print"/> <input type="button" value="Fullscreen"/></p><p>Format - Font - Size - <input type="button" value="A"/> <input type="button" value="B"/> <input type="button" value="C"/> <input type="button" value="D"/> <input type="button" value="E"/> <input type="button" value="F"/> <input type="button" value="G"/> <input type="button" value="H"/> <input type="button" value="I"/> <input type="button" value="J"/> <input type="button" value="K"/> <input type="button" value="L"/> <input type="button" value="M"/> <input type="button" value="N"/> <input type="button" value="O"/> <input type="button" value="P"/> <input type="button" value="Q"/> <input type="button" value="R"/> <input type="button" value="S"/> <input type="button" value="T"/> <input type="button" value="U"/> <input type="button" value="V"/> <input type="button" value="W"/> <input type="button" value="X"/> <input type="button" value="Y"/> <input type="button" value="Z"/> <input type="button" value="0"/> <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="3"/> <input type="button" value="4"/> <input type="button" value="5"/> <input type="button" value="6"/> <input type="button" value="7"/> <input type="button" value="8"/> <input type="button" value="9"/> <input type="button" value="Space"/> <input type="button" value="Enter"/> <input type="button" value="Backspace"/> <input type="button" value="Delete"/> <input type="button" value="Home"/> <input type="button" value="End"/> <input type="button" value="PageUp"/> <input type="button" value="PageDown"/> <input type="button" value="Print"/> <input type="button" value="Fullscreen"/></p></div>

Save

Completed Goals List Screen

General Information

User Name: MARVET09
User ID: 2023586
Name: Jonas, Samantha

IEP/ISS Goals

#	Goal	Date Established	Est. date for Completion	Actual Completion Date	Last Edit Date	Program	Staff	Status	Action
307	Employment - Obtain Employment as a Medical Assistant	09/15/2021	12/31/2021		09/15/2021	TAA	Nine, Staff	Open	Edit Delete

[Add New Goal](#) [Exit Wizard](#)

<< Back Next >>

- ✓ The **Goals** list screen returns with the newly added **IEP Goals**, which include –
 - **Goal** [name]
 - **Date Established**
 - **Est. date for Completion**
 - **Program**
 - **Staff**
 - **Status**
 - **Action** [may [Edit](#) or [Delete](#)]
- ✓ May include several Goals and several Types of Goals
- ✓ Click on 

Step 3 - Objectives

The screenshot displays a web interface for managing objectives. At the top, there are navigation tabs for 'Plan', 'Data', 'Objective', and 'Review'. A help icon is located in the top right corner. The 'General Information' section contains the following details:

- User Name: MAH/VETO8
- User ID: 2021586
- Name: Jonas, Samatha

The 'Objective Information' section features a table with the following columns: Goal Description, Objective, Date Established, Actual Completion Date, Last Edit Date, Review Date, Program(s), Staff, and Status. The table currently shows 'No Objective Records'. Below the table, there are three links: 'Add new objective', 'Select pre-defined objectives', and 'Exit Wizard'. At the bottom of the form, there are two buttons: '<< Back' and 'Next >>'.

- ✓ The **Objectives** list screen includes the following:
 - **General Information** [prefilled]
 - **Objective Information** [table that displays any Objectives] and includes:
 - Add New Objective
 - Selected pre-defined objectives [allows new objective to be selected from a pre-established list]
- ✓ Click on Add new objective or Select pre-defined objectives

Step 3 - Objectives

General Information	
Username	MAYVET09
State ID	23405
User ID	2023586
Name	Jonas, Samatha

Objective Information	
*Goal	<input type="text" value="None Selected"/>
Goal Date Established	<input type="text"/>
*LWDB/Region	<input type="text" value="Baltimore City"/>
*Office Location	<input type="text" value="Baltimore City One Stop Center (I)"/>
*Program Affiliation	<input type="text" value="None Selected"/>
*Objective	<input type="text"/>
*Date Established	<input type="text" value="(mm/dd/yyyy)"/> Today
*Review Date	<input type="text" value="(mm/dd/yyyy)"/> Today
Actual Completion Date	<input type="text" value="(mm/dd/yyyy)"/> Today
Completion Status	<input type="text" value="Open"/>
Reason Closed	<input type="text" value="None Selected"/>
Created By	
Create Date	12:00:00 AM
Last Edited By	
Last Edited Date	12:00:00 AM
Objective Details (Comments)	

Rich text editor toolbar: Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, Font Size, Font Color, Link, Unlink, Image, Table, Fullscreen, Print, Help.

✓ The Objective details screen displays the following:

- **General Information** [prefilled]
- **Objective Information** – complete as follows:

- Goal [select]
- LWDB/Region and Office Location
- Program Affiliation [select “Trade Adjustment Assistance (TAA) Program”]
- Objective [describe briefly]
- Date Established
- Review Date
- Completion Date [leave as Open]
- Objective Details [as desired]
- click on 

Completed Objectives List Screen

Objective Information

Goal Description	Objective	Date Established	Actual Completion Date	Last Edit Date	Review Date	Program(s)	Staff	Status	action
Obtain Employment as a Medical Assistant.	Get A Job	08/15/2021		08/15/2021	08/15/2021	TAA	Nine, Staff	Open	Edit Delete

[Add new objective](#)
[Select pre-defined objectives](#)
[Exit Wizard](#)

<< Back Next >>

The **Objectives** list screen returns displaying any new **Objective Information**

- **Objective Information** includes:
 - **Goal Description** [name of Goal]
 - **Objective** [name]
 - **Date Established**
 - **Review Date**
 - **Program(s)**
 - **Staff**
 - **Status**
 - **Action** [may [Edit](#) or [Delete](#)]

May [Add new objective](#) or [Select pre-defined objectives](#)

Click on [Next >>](#)

Services List Screen

 **Step 4 of 4.**
Enter your information below. To save your changes and continue, click the [Finish](#) > button.

[Plan](#) [Goals](#) [Objectives](#) **Services**

 For help click the information icon.

General Information

User Name MAVVET09
User ID 2023586
Name Jonas, Samatha

IEP/ISS Services

App # - program	Service/Activity	Begin Date	End Date	Provider	Staff
No Service Records.					

[Exit Wizard](#)

[<< Back](#) [Finish](#) [Delete](#)

- ✓ The **Services** list screen displays the following:
 - **General Information** [prefilled]
 - **IEP Services**
 - Displays any services added on or after the Created Date for the Plan
 - Services are not added here, but through TAA's [Create Activity](#) link
- ✓ Click on [Finish](#)

Closing a Plan

Case Summary Programs **Plan** Assessments

Objective Assessment Summary

There are No Objective Assessment Summaries

Create Objective Assessment Summary

Individual Employment Plan/Service Strategy

#	LMA/Region	Office Location	Status	# of Goals	Staff	Date	Action
280	Baltimore City	Baltimore City One Stop Center (Eutaw Street)	OPEN	1	Nine, Staff	09/15/2021	Edit Delete Display/Print

Create Individual Employment Plan/Service Strategy

Return to the Directory of Services

✓ Remember:

- Close parts of the Plan in this order:
 1. Objective(s)
 2. Goal(s)
 3. Plan
- Only 1 plan may be in “Open” status at a time – *staff must close any existing Plan to create a new Plan*
- Any number of open Goals and/or Objectives may be added to an open Plan
- Services are added to the Plan, but not through the Plan

A Key Point To Remember



- The “Plan” belongs to the customer but the “process” belongs to the case manager.
 - Nobody plans to fail, but not planning can lead to failure.
-

Bona Fide Application for Training

- The participant must file a bona fide application for training within 210 days of separation or certification to be eligible for Additional TRA.
 - Could be as simple as an email from the participant to the State
 - Shows intent to participate in a specified training program
 - Need to be case noted in MWE

Job Training

- Participants are allowed up to 130 Weeks
 - Individual Training Contract (ITC) Authorization Form (submit back up documentation electronically);
dlwdaldislocationservices-labor@maryland.gov
 - Additional Items Request Form (submit back up documentation electronically)
 - **Course materials must be required**
 - Acceptance Letter from School or Confirmation of Registration
 - Results of Training Course (Transcript or Grades)
 - Training Completion Information (Example: Certificate of Completion, License, Diploma)
-

Individual Training Contract (ITC)

- ONET CODE
- TRAINING GOAL
- COURSE INFORMATION
 - E.g., CST100
- COSTS FOR COURSES
- DATES FOR TERM (MODULE)
- Projected End Date
- Contract Start and End Dates

TRAINING MUST BE DEEMED FULLTIME IN ORDER FOR THE STUDENT TO RECEIVE TRA



Division of Workforce Development and Adult Learning
Dislocation Services Unit

(CENTRAL OFFICE USE ONLY)

Contract # _____

Trade Adjustment Assistance (TAA)
Individual Training Contract (ITC) ONET Code 15-1121.00 Employment Goal: Computer Systems Analyst

Participant Name: John Doe Last 4 of SSN: XXX-XX-1234

MWE User Name: jdoe1234 TAA Enrollment in MWE: 11/18/2019 Projected End Date: 1/27/2021

Vendor Name: Computer Science University of Maryland Contact Email: CSUadmin@UMD.com

Vendor Address: 1800 Laboratory Drive Baltimore, MD 21201
(Street Address) (City/State/Zip Code)

Vendor Contact Name: Sylvia Jenkins Phone #: 410-222-3245 Fax #: 410-222-3240

Workforce Specialist: Heather Evans Phone #: 410-767-2143 Fax #: 410-333-5064

I. STATEMENT OF WORK: TRAINING: This agreement authorizes the client/student whose name appears above to attend classes provided by the above named vendor.

PROGRAM/COURSE#	TITLE/DESCRIPTION	COST & TERMS	PAGE	OF		
				COST	START	END
CST 100	Intro to Computer Science				1/27/2020	5/8/2020
CSS 100	Intro to Cyber Security				1/27/2020	5/8/2020
CST 110	Digital Algebra				1/27/2020	5/8/2020
CSS 112	Cyber Threat Analysis				1/27/2020	5/8/2020
	Tuition - \$250/credit			\$3,000.00		
	Lab Fees			\$500.00		
	Program Fee			\$25.00		
TOTAL CONTRACT AMOUNT NOT TO EXCEED:				\$ 3,525.00		

This contract starts 1/27/2020 and is estimated to end 5/8/2020

II. DELIVERABLES: The vendor will provide a copy of a course completion/CEU certificate(s) or grades, printed on the training institution's letterhead, with the final invoice. For programs resulting in letter of recognition, program certificate or diploma, a copy of such certificate must also accompany final invoice. The vendor will notify the Dislocation Services Unit (DSU) Maryland Department of Labor (Labor) upon voluntary withdrawal from a class. If a client/student enrolls and then withdraws reimbursement must be consistent with the training institution's policy. DSU/Labor retains the right to terminate or reduce this contract in whole or in part if State or Federal funds are not available.

III. BUDGET AND PAYMENT: Invoices will be submitted at the conclusion of training and will include receipts and documentation for all expenses. For specific information on the accounting procedures for this agreement, please see OMB circulars A-87 and A-133. For administrative requirements, see 29 CFR 97.

Note: Upon the termination or conclusion of this agreement, DSU/Labor may reclaim any or all supplies, training materials, and equipment purchased under this agreement.

Payment: The vendor should submit invoices to the DSU/Labor at the address indicated below with a copy of this voucher for tuition and fees after the customer has been accepted by your organization.

MD Department of Labor-Dislocation Services Unit (DSU)
1100 North Eutaw Street, Room 209
Baltimore MD 21201
Telephone: 410-767-2050 FAX: 410-333-5064

APPROVING AUTHORITY (MUST HAVE TWO SIGNATURES)	DATE
DSU Authorized Signature	
Fiscal Authorized Signature	

MD 858: Training

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION DIVISION OF UNEMPLOYMENT INSURANCE		REGISTERED MWE <input type="checkbox"/> Yes <input type="checkbox"/> No
REQUEST BY WORKER OF TRAINING APPROVAL AND ALLOWANCES WHILE IN FULL TIME TRAINING TRADE ACT OF 1974, AS AMENDED 2015 (Petitions 85,000 and above)		REFERRED TO WIA <input type="checkbox"/> Yes <input type="checkbox"/> No DATE OF REQUEST
WORKER'S NAME (Last, First, Middle Initial)		PETITION NUMBER
MAILING ADDRESS		SOCIAL SECURITY NUMBER
TRAINING REQUEST BY CLAIMANT/APPLICANT		
1. ONE STOP ADDRESS AND PHONE		
TYPE OF TRAINING		
FULL TIME TRAINING STATUS VERIFIED Yes _____ No _____		
TO DATE, HAVE ALL BENCHMARKS BEEN MET? N/A ____ YES ____ NO ____	NAME & ADDRESS OF TRAINING FACILITY	NUMBER OF WEEKS OF FULL TIME TRAINING
EXPLAIN:		
START DATE OF THIS SECTION OF TRAINING	START DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
END DATE OF THIS SECTION OF TRAINING	ESTIMATED END DATE OF TRAINING TO MEET EMPLOYMENT GOAL	
<i>(Start and End Date of verified break: _____)</i>		
2. REQUEST FOR SUBSISTENCE AND/OR TRANSPORTATION ALLOWANCE WHILE ATTENDING FULL TIME TRAINING OUTSIDE OF COMMUTING DISTANCE (50 MILES ONE WAY FROM RESIDENCE)		
ADDRESS OF REGULAR PLACE OF RESIDENCE	NO. OF MILES FROM REGULAR PLACE OF RESIDENCE TO TRAINING FACILITY	NO. OF DAYS PER WEEK
3. CLAIMANT/APPLICANT CERTIFICATION		
I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR ENTITLEMENT TO ALLOWANCES WHILE IN THE ABOVE TRAINING UNDER THE TRADE ACT OF 1974, AS AMENDED 2015. THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PENALTIES ARE PROVIDED FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN ALLOWANCES TO WHICH I AM NOT ENTITLED. I ALSO UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR ADDITIONAL WEEKS OF TRADE READJUSTMENT ALLOWANCE (TRA) WHILE IN FULL TIME TRAINING, I MUST ENROLL IN TAA APPROVED TRAINING BY THE MONDAY OF THE FIRST WEEK OCCURRING 30 DAYS AFTER THE DATE ON WHICH THE WAIVER TERMINATED, WHETHER BY REVOCATION OR EXPIRATION.		
SIGNATURE OF CLAIMANT/APPLICANT		DATE
SIGNATURE OF TAA REPRESENTATIVE		DATE

MD 858 (REVISED 12-18) (Side 1)

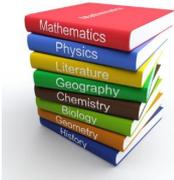
MD 858: Waivers

WAIVER OF TRAINING REQUIREMENT	
CLAIMANT/APPLICANT	SOCIAL SECURITY NUMBER
<input type="checkbox"/> 1. WAIVER CERTIFICATION. This is to certify that the above named adversely affected worker is exempt from enrollment in training.	<input type="checkbox"/> 2. WAIVER DENIAL. This is to certify that the above named adversely affected worker is not exempt from enrollment in training.
The requirement of enrollment in a training program as a condition of receipt of Trade Readjustment Allowances is waived because training is not feasible or appropriate. The waiver is issued for the following specific reason (check one)	
<input type="checkbox"/> Worker in poor health-a waiver can exempt worker from training but they must meet the job search, able and availability requirements. <input type="checkbox"/> Delay in first available enrollment date for training. First available enrollment must be within 90 days after determination is made. <input type="checkbox"/> Training funds are not available under TAA or other Federal laws. Training is not available at reasonable cost or no funds available.	
This waiver is effective from _____ until _____, unless revoked. Eligibility for Trade Readjustment Allowances after that date will be contingent upon enrollment in training or issuance of another waiver.	
Comments: _____	
I understand the condition under which this waiver is granted and that the waiver is effective only until _____. I also understand that the waiver may be revoked prior to that date if the conditions, which allowed the waiver, change. Furthermore, as a condition of this training participation waiver, I am required to make 4 job contacts on 3 separate days for each week of Basic TRA Benefits. I have also read and understand the General Information contained at the beginning of this form. I have been informed of my TRA Monetary benefits prior to Commencement of training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowance (TRA) while in training, I must enroll in full-time TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF TAA REPRESENTATIVE	DATE
SIGNATURE OF UNEMPLOYMENT INSURANCE REPRESENTATIVE	DATE
APPEAL RIGHTS	
If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Claim Center where this claim was filed.	
SIGNATURE OF JOB SERVICE REPRESENTATIVE	TITLE
DATE MAILED	You have until _____ to file an appeal.
I have been informed of my TRA Monetary benefits prior to Commencement of Training. I also understand that in order to be eligible for additional weeks of Trade Readjustment Allowances (TRA) while in training, I must enroll in TAA approved training by the Monday of the first week occurring 30 days after the date on which the waiver terminated, whether by revocation or expiration.	
CLAIMANT/APPLICANT SIGNATURE	DATE SIGNED

DISTRIBUTION: ONE STOP
TRA UNIT
TAA UNIT

MD 858 (REVISED 12-18) (Side 2)

We CAN pay for clothing!



- Textbooks, workbooks, printed materials, etc. as required on the course description from the school.
- Clothing, such as smocks, uniforms, lab coats, work boots, etc. that is required by the school for those classes.
- Equipment that is required to successfully complete the course, such as stenographs, stethoscopes, work tools, etc.

We CAN pay for computer downloads!

- As long as the class requires the downloadable software, we can approve the payment and have the means to pay for it in advance.

Note: Documentation must be attached to the request showing the requirement for that class.



We **CAN** pay for exams and certification tests!



Note: Documentation must be attached to the request connecting the exam to the class.

We **CAN** pay for additional items required for the training!



- **Drug Tests**
- **Fingerprinting**
- **Vaccines/Immunizations**
- **Learner's Permits**

We **CANNOT** pay for pencils, pens or basic supplies



- The customer is responsible for any writing utensils, notebooks, paper, etc that they will need for the training.

Note: If the customer is in dire need of the supplies and they have a hardship preventing them from buying it on their own, then contact DSU ASAP at 410-767-2143 or 410-767-2833.



(THIS IS ON AN EXCEPTION BASIS ONLY!)

We **CANNOT** reimburse an individual!

- Per Federal Regulations we **CANNOT** reimburse an individual with Trade dollars, *even if* the items purchased were required.

Note: This is why it is crucial to have all of the Additional Items researched and requested with the ITC, so this scenario never happens!



RECORDING SERVICES

- Add Case Management Services
 - Make sure to put the services under TAA
- Occupational Training
 - Once put in...benchmark will populate
- Add relevant case notes



TAA Training Appeals Process

In the event a TAA participant does not agree with a denial of training, it is the case workers responsibility to explain the reasoning behind the decision

- Refer the participant to the rules and regulations they signed prior to entering trade funded training as well as the guidance pertaining to their certified trade petition number
 - If the participant is still not satisfied or in agreement with the decision, refer them to your Job Service Supervisor and advise them of the appeal process
-

Training Appeals Process

1. Provide the claimant with a TAA Training Appeal form.
 2. The claimant must discuss his/her appeal with the American Job Center Case Worker and/or the Job Service Supervisor before submitting the Trade Adjustment Assistance Training Appeal Form.
 3. The Claimant and the Case Worker must sign the form, if the issue has not been resolved.
 4. The form must then be reviewed by the Labor Exchange Administrator to seek possible resolution.
 5. If issue remains unresolved, the form must then be sent to the Dislocation Services Unit and it will be reviewed and evaluated by a DSU representative.
-

Trade Appeals Process

6. The form will then be submitted to the Dislocation Services Unit Manager for final determination.
 7. If the participant is still not agreement with the decision, their final recourse is a formal appeal to the Director of Workforce Development.
 8. Arrangements will be made to set up a formal interview with the participant and the Director of Workforce Development. The participant can present their case and back-up documentation.
 9. Upon final review, the director will provide the participant with a final determination letter that will be mailed within seven calendar days of the appeal interview.
-

Instructions:

- The claimant must discuss his/her appeal with the American Job Center (Case Worker and/or the Job Service Supervisor) before submitting this form.
- If the matter cannot be resolved with the American Job Center, the participant may file an appeal with the Dislocation Services Unit (DSU) Manager.
- To do so, this form must be filled out by the Claimant.



Maryland
DEPARTMENT OF LABOR

DIVISION OF WORKFORCE DEVELOPMENT & ADULT LEARNING
DISLOCATION SERVICES UNIT
1100 North Eutaw Street, Room 209
Baltimore, MD 21201

TRADE ADJUSTMENT ASSISTANCE TRAINING APPEAL FORM

Instructions:

1. The claimant must discuss his/her appeal with the American Job Center (Case Worker and/or the Job Service Supervisor) before submitting this form.
2. If the matter cannot be resolved with the American Job Center, please contact the Dislocation Services Unit (DSU) Manager.
3. The form must be submitted with the requested documents below.
4. The Claimant and the Case Worker must sign the completed form before sending to the DSU.
5. The form must be reviewed by the Job Service Supervisor and/or the Labor Exchange Administrator before sending to the DSU.
6. The form must be submitted within fifteen (15) days of the claimant's denial of Trade Adjustment Assistance benefits per the Training Request Application (MD 858). A determination will be made within fifteen (15) days of receipt of this completed form along with related documentation.

Claimant's Name (Please Print)		Social Security Number	
		Petition Number	
Mailing Address			
Claimant's Phone Number		Claimant's Email (Optional)	
AJC Address			
Job Service Specialist's Name (Please Print)		Phone Number	

Please select the reason(s) for your appeal:

- Waiver Denial _____
- Training Denial _____
- Request for Subsistence and/or Transportation Allowance Denial _____
- Benchmark Discrepancy _____
- Other: _____

The following documents should be attached to this form before submitting:

- Individual Employment Plan (IEP)
- Copy of MD 858
- Other: _____

Claimant's Signature		Date	
Job Service Specialist's Signature		Date	
DISLOCATION SERVICES UNIT			
DSU Representative's Signature		Date Received	
Reviewed By (Please Print)		Review Date	
Determination: _____			
<input type="checkbox"/> Upheld <input type="checkbox"/> Overturned			
DSU Manager's Signature		Date	

Revised 09/13/2019

INSTRUCTIONS (CONT'D)

- The Claimant and the Case Worker must sign the completed form.
 - The form must be reviewed and signed by the Job Service Supervisor and/or the Labor Exchange Administrator **before** sending to the DSU.
 - The form must then be submitted to the DSU with the requested information and signatures below.
 - The form must be submitted within fifteen (15) calendar days of the claimant's denial of Trade Adjustment Assistance benefits per the Training Request Application (MD 858). A determination will be made within fifteen (15) calendar days of receipt of this completed form along with related documentation.
-

TRAINING BENCHMARKS



BENCHMARKS

Benchmarks

- Must be completed in MWE every 60 days or less. Contact/communication with a worker must be done by the 60th day
- The worker must supply the progress report, report card or the transcript to verify progress
- Modify the Individual Employment Plan (IEP) as needed



***Workers will not receive last 13 weeks “Completion TRA” if benchmarks are not being recorded in MWE!!!**

TRADE READJUSTMENT ALLOWANCE (TRA)

- It is an allowance that's available to workers enrolled in full-time training
 - Must file a UI claim
 - Must meet with a Workforce Specialist before starting the training
 - Wide variety of trainings are available.
 - Up to 130 weeks to complete training program but in order to receive TRA, the training must be full-time
 - In order to take advantage of this benefit, **the participant must be on a “waiver” or be in training within 8 weeks of certification or 16 weeks from separation, whichever is later.**
 - Participant must submit attendance forms (MD-858A)
-

MD-858A

- Attendance Forms must be submitted weekly to the Reemployment & Trade Unit.
- Regardless as to whether the worker is attending classes traditionally or on-line
- On-line tracking could present challenges...
 - It is up to the caseworker and the student to develop a plan...
 - The Dislocation Services Unit Administrator should be notified of this plan for approval

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION DIVISION OF UNEMPLOYMENT INSURANCE		TRAINING WEEK					
		BEGINNING DATE	ENDING DATE				
WEEKLY REQUEST FOR ALLOWANCE BY WORKER IN TRAINING TRADE ACT OF 1974, AS AMENDED 2015		SOCIAL SECURITY NUMBER	PETITION NUMBER				
WORKER'S NAME (Last, First, Middle Initial)							
MAILING ADDRESS							
A. TRADE READJUSTMENT ALLOWANCE (COMPLETED BY WORKER)							
Have you previously received a Trade Readjustment Allowance or any other training allowance for the week shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes", Name of the Program	Date Received	Amount Received					
		\$ _____					
Have you filed (or do you intend to file) a claim, or have you received unemployment insurance under a State or Federal law for the training or any part of the training week shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes", Type of Claim	Paying State	Amount Received					
		\$ _____					
Have you worked in employment or self-employment during the training week shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes", Name of the Program	Date Received	Amount Received					
		\$ _____					
B. WORKER CERTIFICATION							
I AUTHORIZE deduction for advances made to me, if appropriate. I give this information to support my request for allowances. The information contained in the request is correct to best of my knowledge. I UNDERSTAND that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.							
Signature of Worker		Date					
C. PROGRESS AND ATTENDANCE IN TRAINING (COMPLETED BY TRAINING FACILITY)							
From the beginning of training and through the training week shown above, has the worker made satisfactory progress in training? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", give reason for unsatisfactory progress:							
Did good cause exist for worker's unsatisfactory progress in training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Terminated	Last Hour and Date Attended					
Did you provide lodging and meals to this worker during the training week shown above <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Charge Per Day	Number of Days Provided					
ATTENDANCE RECORD: Enter "P" for each day the worker was present for training Enter "A" for each day the worker was absent without good cause							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	NO. DAYS TRAINING SCHEDULED
The above information (Section C) is in accordance with our records. Statements made by the worker appear to be complete and correct to the best of my knowledge.							
NAME OF TRAINING FACILITY		SIGNATURE OF TRAINING OFFICIAL		DATE			
D. STATE AGENCY DETERMINATION							
TRADE READJUSTMENT ALLOWANCE Type _____	AMOUNT AUTHORIZED		PAYMENT DENIED				
SUBSISTENCE ALLOWANCE Number of Days _____	\$ _____		_____				
TRANSPORTATION ALLOWANCE Initial _____	\$ _____		_____				
Terminal _____	\$ _____		_____				
Daily _____	Number of Days _____		_____				
REASON FOR DENIAL							
SIGNATURE OF STATE AGENCY REPRESENTATIVE						DATE AUTHORIZED	

MD 858-A (REVISED 12-18)

+ Travel Allowance Applications

+ TAA/TRA Program Benefit Payments

+ Training Benchmarks

+ Measurable Skills C

+ Credentials

+ Closure

+ Exit / Outcome

+ Follow-ups

+ Bona-Fide Application

CREATING TRAINING BENCHMARKS

Steps to Create a Training Benchmark

[TAA #1676663 - Complete](#)   

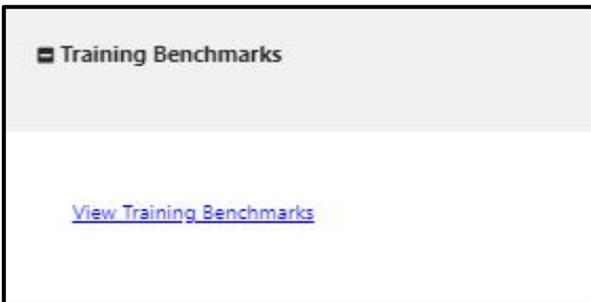
	LWDB:	03 - Baltimore City	Application Date:	09/08/2021
	Onestop:	28 - Baltimore City One Stop Center (Eutaw Street)	Participation Date:	09/09/2021
	Open/Total Activities:	1 / 2	Closure Date:	N/A
			Exit Date:	N/A

- Go to your customer's **Programs** tab.
- Scroll down to Trade Adjustment Assistance Application.
- Click on .
 - *The TAA Application will expand.*

Steps to Create a Training Benchmark



Click on the , next to Training Benchmarks.



Click on **View Training Benchmarks**.



Training Benchmark Details Screen

WV MARYLAND
Workforce Exchange

Add a new training benchmark record or edit an existing training benchmark record.

General Information

Individual Name: Jonas, Samatha
State ID: 23405
Application Number: 1676663
Petition Number: 94711 - Verso

Table List Display of all TAA training activities

Training Activity	Provider	Program	Actual Begin Date	Projected End Date	Actual End Date	Completion Status
310 - Skills Upgrading and Retraining	No Provider Information		9/13/2021	6/13/2022		

Training Benchmark Information

* Beginning Date of Benchmark Period: Today

* Ending Date of Benchmark Period: Today

* Is maintaining satisfactory academic standing (e.g. not on probation or determined to be "at risk" by the instructor or institution)?
 Yes
 No

* Is scheduled to complete training within the timeframes identified in the approved training plan?
 Yes
 No

Supporting evidence for the above: [[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

* Review Date: Today

Case Notes: [[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

Save Cancel Print

Complete the Training Benchmark detail screen, as follows:

- List a Beginning Date of Benchmark Period
- List an Ending Date of Benchmark Period
- Yes *or* No for "Is maintaining satisfactory academic standing...."
- Yes *or* No for "Is scheduled to complete training within the timeframes...."
- Select the **Verify** for "Supporting evidence for the above"
- List a Review Date [*may not be prior to the* Ending Date of Benchmark Period]
- Click on **Save**

Training Benchmark List Screen Updated



View a list of existing Training Benchmarks for this application.

Add or Edit Training Benchmarks.

[Add Training Benchmark](#)

ID	Benchmark Period Begin Date	Benchmark Period End Date	Review Date	Action
10	9/15/2021	9/15/2021	9/15/2021	View Print Delete

Return

- The Training Benchmarks list screen returns, this time displaying any new entries.
- Under Action, you may [View](#), [Print](#) or [Delete](#), if desired.

Note: 1) Benchmarks are for every 60 days until a long-term (**6 months or more**) training program has ended. 2) Closeout corresponding service activities and add credentials as needed.

Why Are Benchmarks Important?

- A way to track a TAA customer's progress in a long-term training program
 - The 2011 and 2015 TAA Rules require that this progress be tracked and recorded
 - These benchmarks must be met at least every 60 days
-

Completion TRA

- To Implement Completion TRA, Cooperating State Agencies (CSA's) must establish training benchmarks for a worker when a worker enrolls in training.
 - **Short Term** Trainings are completed in less than six months and **DO NOT** require training benchmarks.
 - **Long Term** Trainings are completed in more than six months and **DO** require training benchmarks
 - Monitor the worker's progress toward completing the approved training within the 130 week maximum during of training
-

Completion TRA

- Participants must be evaluated at intervals of no more than 60 days, beginning with the start of the training plan, to determine whether the worker is:
 - Maintaining satisfactory academic standing (e.g. not on probation or determined to be “at risk” by the instructor or training institution), and
 - On schedule to complete training within the timeframe identified in the approved training plan.

***** Remedial and prerequisite training may be part of an approved training plan and included within the 130 weeks.**

Completion TRA

- Completion TRA aligns with the Department's larger aim to increase the completion of recognized credentials.
- Provides participants with up to 13 more weeks of TRA within a 20 week period in order to complete an approved training plan.

117 weeks + 13 weeks = 130 maximum allowed

130 weeks is not a given, it is the maximum allowed!!!

Completion TRA

- CONDITIONS OF COMPLETION TRA:
 - The requested weeks are necessary for the worker to complete a training program that leads to completion of a degree or industry-recognized credential
 - Is participating in training each week
 - Has substantially met the performance benchmarks established at the beginning of an approved training plan

Completion TRA

- CONDITIONS OF COMPLETION TRA (cont'd):
 - Continues to make progress towards the completion of approved training
 - Will be able to complete the training during the period authorized for the receipt of Completion TRA

Applies to Participants Served Under 81,000 – 84,999 (2011 Rules) and 85,000 and above (2015 Rules)

Participant Served under 81,000 petition (meets benchmarks)

130 weeks of training

IEP

Developed with benchmark requirements documented and signed

Up to 15 benchmark reviews through point of Completion TRA eligibility

Completion TRA begins

Scenario for Two Failed Benchmarks

Participant Served under 81,000 petition (fails benchmarks)

IEP

Developed with benchmark requirements documented and signed

2nd Failure

Participant may continue in original approved plan with no Completion TRA

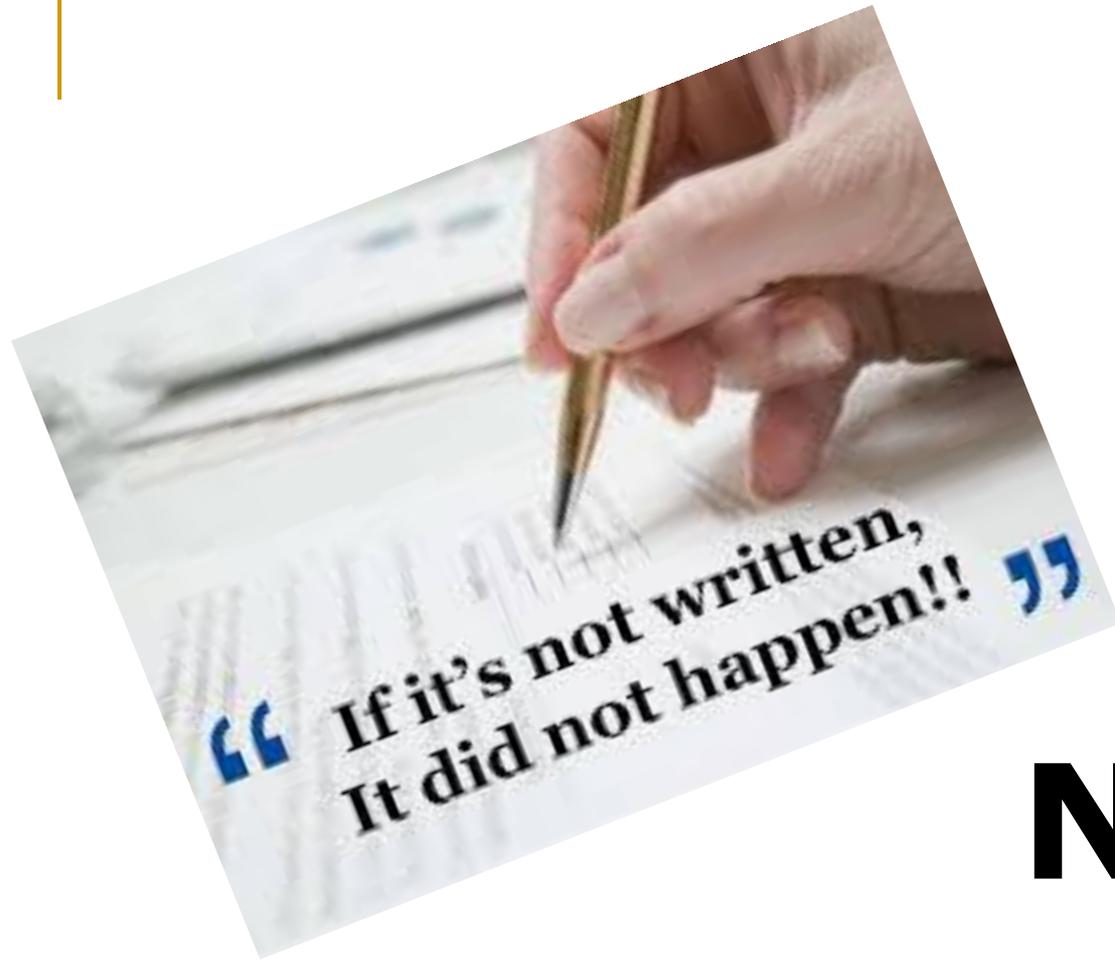
Participant fails one of two benchmarks

Revise plan
Modify IEP

Modified plan *may* include Completion TRA eligibility

- The case manager answers questions 1-5.
- The completed form is email to the Re-Employment & Trade Unit (RTU) dllr.858md@maryland.gov
- RTU will approve or deny the request for Completion TRA

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION Division of Workforce Development and Adult Learning ENTITLEMENT DETERMINATION TO TRADE ADJUSTMENT ASSISTANCE / TRADE READJUSTMENT ALLOWANCE TRADE ACT OF 1974, AS AMENDED		PETITION NUMBER _____ LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER XXX-XX _____
WORKER'S NAME (Last, First, Middle) _____ _____		
COMPLETION TRADE READJUSTMENT ALLOWANCE		
If it is determined that you met the other TRA eligibility requirements, you may qualify for up to 13 (thirteen) weeks of Completion TRA if all of the 5 (five) criteria are met: All five must be met before Completion TRA is issued		
1. The requested weeks are necessary for the worker to complete a training program that leads to completion of a degree or industry-recognized credential. Has the worker successfully completed 117 weeks of training? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, Please explain: _____ _____		
2. The worker was participating in such training in each such weeks. YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, Please explain: _____ _____		
3. The worker has substantially met the performance benchmarks established in the approved training plan. YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, Please explain: _____ _____ _____		
4. The worker is expected to continue to make progress towards the completion of the approved training. YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, Please explain: _____ _____ _____		
5. If the worker is able to complete the training during the period authorized for receipt of Completion TRA, how many weeks of the Completion TRA will be needed? (1-13 weeks) _____		
SIGNATURE OF CASE MANAGER _____		DATE SIGNED _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Explanation: _____ _____		



CASE NOTES & FILES

Reasons for Records

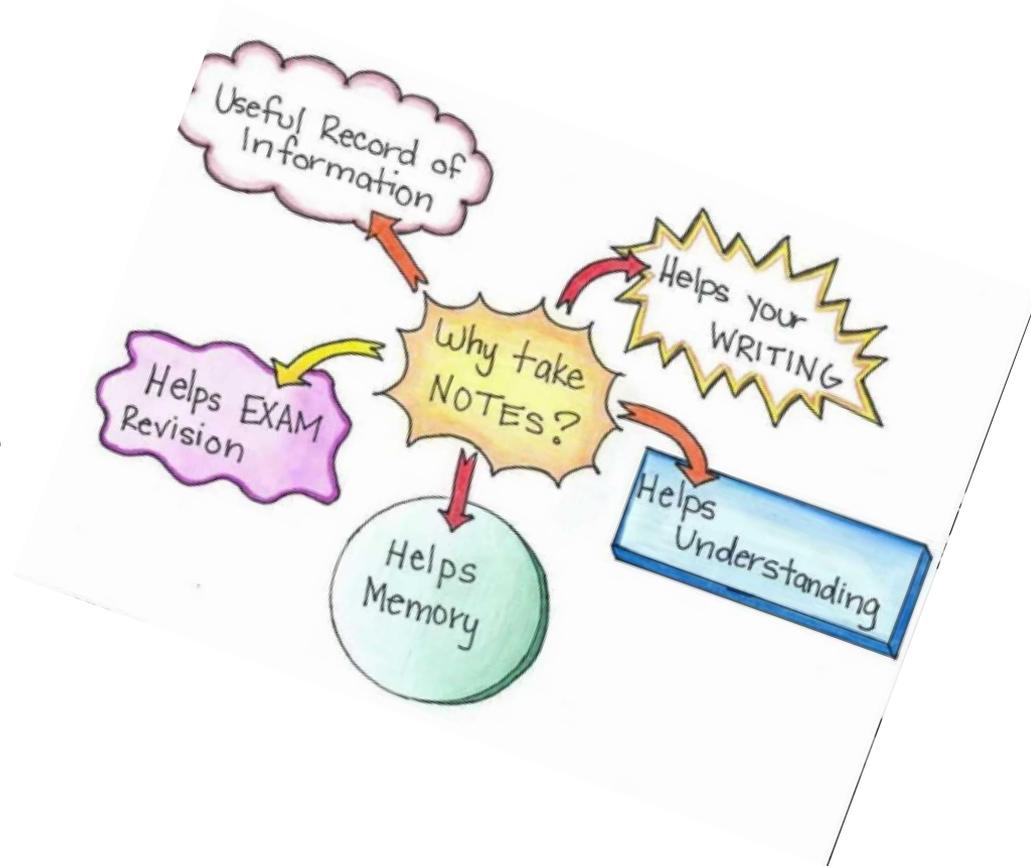
- To document and retain information about...
 - the customer
 - progress toward goals
 - customer services
-

Purposes for Records

- Plan customer services
 - Outlines justifications for services and training
 - Identify any potential obstacles
 - Implement customer service
 - Evaluate effectiveness of customer services
-

Case Records and Notes Must Be...

- Clear
- Relevant
- Useful



Focus of Case Records and Notes

- The customer
 - The customer's needs
 - The situation the customer is facing
 - The services used or planned to meet the customer's needs
-

Scope of Case Records and Notes



- The assessment of skills, problems and barriers
- The accessibility of available resources

Functions of Case Records and Notes

- Document a process

Review the customer and situation

- Select appropriate items
 - Analyze selected items
 - Organize the presentation so others can recognize and understand
-

Good Case Notes Can Paint A Picture *Everyone* Understands



Measurable Skill Gains

Create Measurable Skill Gains(MSG) Under Programs Tab

Measurable Skills Gain

0

Click the plus sign to expand the box.
Click "Create Measurable Skills Gain.

Measurable Skills Gain

0

[Create Measurable Skills Gain](#)

There are no records to display.

MSG Continued

General Information

User Login: MAYVET09

State ID: 23405

User ID: 2023586

Name: Samatha Jonas

Program Entry Date: 09/09/2021

LWDB: Baltimore City

* Office Location:

Skill Attainment Information

Fill in the following information for the skill achievement. **Program:** Trade Adjustment Assistance (TAA)

* Skill Type:

* Date Skill Attained: [Today](#)

* Type of Achievement:

[[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

Staff Information

[[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

This section displays:

- **General Information**
 - Prefilled
 - Select your **Office Location**.
- **Skill Attainment Information**
 - Skill Type
 - Date Skill Attained
 - Type Achievement
- **Staff Information**
 - Add a Case Note
- **Save**

Skill Types

Skill Attainment Information

Fill in the following information for the skill achievement.

Program:

Trade Adjustment Assistance (TAA)

* **Skill Type:**

None Selected

* **Date Skill Attained:**

None Selected

* **Type of Achievement:**

Post-Secondary Transcript/Report Card

Secondary Transcript/Report Card

Training Milestone

Skills Progression

Credits Attained for EFL OR Completed Secondary Ed and Enrolled in Post-Secondary Ed

*

[[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

Clicking on the **Skill Type** drop down will make the above list available. From this list, make your selection as it pertains to your participant.

Skill Type: Skill Progression

Skill Attainment Information

Fill in the following information for the skill achievement. **Program:** Trade Adjustment Assistance (TAA)

* **Skill Type:**

Skills Progression

* **Date Skill Attained:**

09/16/2021  [Today](#)

* **Type of Achievement:**

None Selected

None Selected

Successfully completed a required exam for a particular occupation

Satisfactory progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams

Other skills progression achievement

Clicking on the **Type of Achievement** drop down will make the above list available. From this list, make your selection as it pertains to your participant.

MSG Continued

Measurable Skills Gain 1

[Create Measurable Skills Gain](#)

Search:

Date Achieved	Skill Type	Last Edited By	Last Edited Date	Action
09/16/2021	Skills Progression	Nine, Staff (2022923)	09/16/2021 11:29 AM	Edit Print

Page 1 of 1

Rows: 10

Once you have completed entering the MSG and saved it, you will be taken back to the Programs Tab. There, you will see MSG is now listed.

Verification of MSG

Verification on Skills Gains Screens–

At the roll out of this new form we have loaded one verification of “other” which will allow staff to type in what they are using for the verification until such time as DOLETA has published Data Validation Requirements.

For those that have Document Management/Imaging you have the ability to upload appropriate documentation for each skill gain reported.



FILE MAINTENANCE

☑ Travel Allowance Applications

☑ TAA/TRA Program Benefit Payments

☑ Training Benchmarks

☑ Measurable Skills Gain

☑ Credentials

☑ Closure

☑ Exit / Outcome

☑ Follow-ups

☑ Bona-Fide Application

ADDING CREDENTIALS

Adding Credentials

▣ Credentials

0

- Under the **Programs Tab**, scroll down to the TAA Application
- Click on the plus sign next to **Credentials**
 - This will open the tab to the link, [Create Credential](#).
- Click on [Create Credential](#).

▣ Credentials

0

[Create Credential](#)

There are no records to display.

Credentials - General Information

General Info	Employment	Staff Info
General Information		
User ID:	2023586	
Last 4 of SSN:	***-**-1003	
Name:	Samatha Jonas	
Date of Last Service:	9/21/2021	
Exit Date:		
Exit Reason:		
Local Workforce Investment Area:	Baltimore City	
* Office Location:	<input type="text" value="None Selected"/>	
Closure Date:	9/21/2021	
* Accountability Closure/Exit Status:	<input type="text" value="None Selected"/>	
Exit Wizard	<input type="text" value="None Selected"/> Invalid SSN or failed to disclose SSN Retirement Neither condition applies	
		<input type="button" value="Next >>"/>

General Information:

- Add your LWDB/Region
- Add your Office Location

Credentials - Credential Information

Credential Information

* Credential Received: 

Other Credential:

* Credential Verification: [[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

* Date Credential Received: (mm/dd/yyyy)  [Today](#)

Associate to Training/Activity record: [[Search Activities/Services](#)]

None Selected

- High School Diploma
- Secondary / High School Equivalency
- AA/AS Degree
- BA/BS Degree
- Occupational Skills License
- Occupational Skills Certificate or Credential
- Other Recognized Diploma, Degree, or Certificate (specify)
- Graduate/Post Graduate Degree
- Occupational Certification

Credential Information:

- Credential Received - Drop Down Choices listed above
- Credential Verification
- Date Credential Received
- Associate to Training/Activity Record
- Click 

Adding Credentials - Cont'd.

Credentials 1

[Create Credential](#)

Search:

ID	Program	APPID	Credential	Source/Source ID	Date Received	Staff Entered
1122	TAA	1676663	Occupational Skills License		09/21/2021	Nine, Staff

Page 1 of 1

Rows: 10

Once the Credential has been completed, it will appear under the Credential Tab on the Programs screen.

✚ Travel Allowance Applications

✚ TAA/TRA Program Benefit Payments

✚ Training Benchmarks

✚ Measurable Skills Gain

✚ Credentials

✚ Closure

✚ Exit / Outcome

✚ Follow-ups

✚ Bona-Fide Application

CREATING OUTCOMES

MWE Screens That Effect Performance- Create Outcome

- Create Outcome

- This is where in the system global exclusions are recorded when the exclusion takes place during participation, prior to exit.

- Global exclusions include institutionalized, medical/health, family care, deceased, reservists called to active duty(includes National Guard), relocated to a residential or non-residential program (applies to youth only), invalid SSN

Creating Outcomes

Exit / Outcome

N/A

- Under the **Programs Tab**, scroll down to the TAA Application
- Click on the plus sign next to **Exit/Outcome**
 - This will open the tab to the link, [Create Exit/Outcome](#).
- Click on [Create Exit/Outcome](#).

Exit / Outcome

N/A

[Create Exit/Outcome](#)

Outcome - General Information

Outcome General Information	
User ID:	2023586
Name:	Samatha Jonas
* LWDB/Region:	Baltimore City
* Office Location:	<input type="text" value="Baltimore City One Stop Center (Eutaw Street)"/>
* Staff Position:	<input type="text" value="None Selected"/>

General Information:

- Add your Office Location
- Add your Staff Position

Outcome - Exit Information

Outcome Exit Information

* Exit Date:  [Today](#)

* Exit Reason:

Exit Reason Description:

Alternate Contacts: [\[Click Here\]](#)

Exit Reason Dropdown Menu:

- None Selected
- Institutionalized
- Health/Medical
- Deceased
- Reservist called to Active Duty
- Soft Exit (system set)
- Began Receiving Benefits and Services Under a New Petition Certification
- Retirement
- In Foster Care and moved from area by foster care system

Exit Information:

- Exit Date
- Exit Reason
- Exit Description (optional)
- Alternate Contacts

Outcome - Staff Information

Outcome Staff Information

Case Note: [[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager:

Group: Trade Case Management Group

Case Manager: Member Nine, Staff

Temporary Case Manager: Not Applicable

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

Staff Create:

Create Date:

Last Edited By:

Last Edit Date:

Soft Exit Date:

[Exit Wizard](#)

[Save](#) [Cancel](#)

Staff Information:

- Shows Case Note History
- Current Case Manager Information
- Click [Save](#)

Creating Outcomes - Cont'd.

Exit / Outcome	09/21/2021
Edit Exit/Outcome	
Exit Date: 09/21/2021	Exit Reason: Retirement

Once the Exit/Outcome has been completed, it will appear under the Exit/Outcome Tab on the Programs screen.

☑ Travel Allowance Applications

☑ TAA/TRA Program Benefit Payments

☑ Training Benchmarks

☑ Measurable Skills Gain

☑ Credentials

☑ Closure

☑ Exit / Outcome

☑ Follow-ups

☑ Bona-Fide Application

CREATE A CLOSURE

MWE Screens That Affect Performance-Create Closure

- Create Closure

- When create closure is used, this will stop the participant from receiving TAA funded activities, this **will not exit them.**
 - Can be used to track credentials/certificates received while enrolled, placements at closure, etc.
-

Creating A Closure

☰ Closure

N/A

- Under the **Programs Tab**, scroll down to the TAA Application
- Click on the plus sign next to **Closure**
 - This will open the tab to the link, [Create Closure](#).
- Click on [Create Closure](#)

☰ Closure

N/A

[Create Closure](#)

Closure - General Information

General Info Employment Staff Info

General Information

User ID: 2023586
Last 4 of SSN: ***-**-1003
Name: Samatha Jonas
Date of Last Service: 9/21/2021
Exit Date:
Exit Reason:
Local Workforce Investment Area: Baltimore City
* Office Location:
Closure Date: 9/21/2021
* Accountability Closure/Exit Status:
[Exit Wizard](#)

- None Selected
- Invalid SSN or failed to disclose SSN
- Retirement
- Neither condition applies

Next >>

General Information:

- Add your Office Location
- Accountability/Closure Exit Status
- Click

Closure - Employment Information

[General Info](#) Employment [Staff Info](#)

Employment Information

* **Entered Employment:**

- Yes, entered employment.
- Yes, recall employer.
- No, did not enter employment.

No employers available.

[\[Add Employer \]](#)

[Exit Wizard](#)

[<< Back](#) [Next >>](#)

Employment Information:

- Yes, entered employment.
- Yes, recall employer.
- No, did not enter employment.
- Click [\[Add Employer \]](#) to enter employment information, if available.

Closure - Employment Information

Add/Edit Employer

Employer Information

[Search Individual Employment History](#) [Select from Internal Job Order/Placement](#)

* **Employer Name:**

Verify Employer Name: [[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

Employer FEIN:

Address Line 1:

Address Line 2:

City:

State/Province:

County/Borough/Parish:

Zipcode:

Find Zip Code: [[USPS](#)]

Country:

Industry Code (NAICS): [Search for NAICS Code](#)

Industry NAICS Code:

Industry NAICS Description:

* **Primary Employer Contact Name:**

* **Primary Employer Contact Phone Number:** - - Ext

Primary Employer Contact Email:

Is this employer a federal contractor? Yes No

Use this form to create or edit a new employer.

Closure - Employment Information

Job Information

* Job Title:

* Occupation: [Select Occupation](#)

* Is this a green job? Yes No

* Hours Worked per Week:

* Hourly Wage:

* Job Start Date: 

Job End Date: 

Currently Employed

Reason for Leaving:

Additional Information on reason for leaving (120 characters max): Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.



[\[Clear Text \]](#)

Job Duties (2500 characters max): Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.



[\[Insert Occupational Description \]](#) [\[Clear Text \]](#)

* Primary Employer: Yes No

* Receiving Fringe Benefits: Yes No

Receiving Health Care Benefits: Yes No

* Job Covered by Unemployment Compensation: Yes No

* Is this Entrepreneurial and/or Self-Employment? Yes No

* Is this a Registered Apprenticeship? Yes No

* Is this active Military Service? Yes No

* Is this considered Non-Traditional Employment? Yes No

* Is this considered Training Related Employment?

Add to Employment History: Yes No

- Enter Job information - Remember, all red asterisks require a response.
- Click

Closure - Employment Information

[General Info](#) Employment [Staff Info](#)

Employment Information

* **Entered Employment:**

- Yes, entered employment.
- Yes, recall employer.
- No, did not enter employment.

Employer Name	Job Title	Start Date	End Date	Non-Traditional	Training Related	Action
Holy Cross Hospital	Medical Assistant	09/19/2021		No	Yes	Edit Delete

[\[Add Employer \]](#)

[Exit Wizard](#)

[<< Back](#) [Next >>](#)

Employment Information:

The new employment information can now be seen under this tab.

Click [Next >>](#)

Closure - Staff Information

[General Info](#) [Employment](#) Staff Info

Staff Information

Case Note: [Add a new Case Note](#) | [Show Filter Criteria](#) |

ID	Create Date	Subject	Action
3100986	09/21/2021	Delete Case Closure	
3100985	09/21/2021	Delete Case Closure	

Page 1 of 1 Rows: 25

Current Case Manager:
Group: Trade Case Management Group
Case Manager: Member Nine, Staff
Temporary Case Manager: Not Applicable
[Assign Case Manager](#)
[Assign Me](#)
[Remove Case Manager Assignment](#)

Position:

Staff Created: 2022923
Last Edited By: 2022923

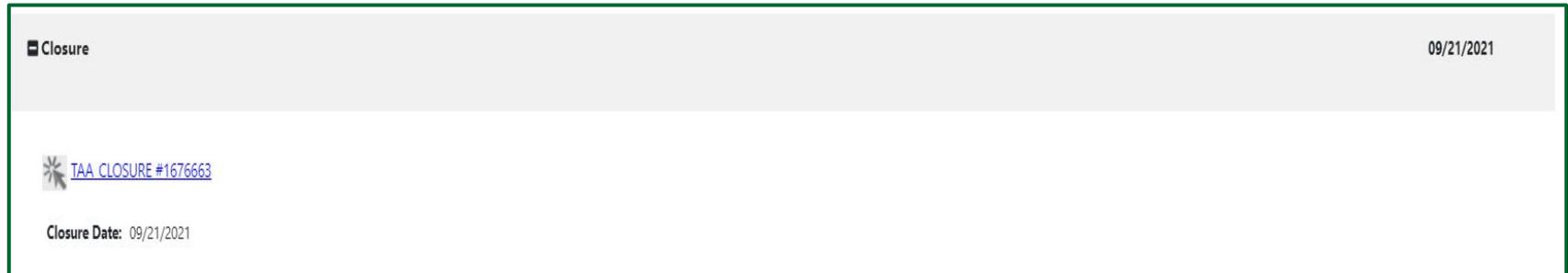
[Exit Wizard](#)

[Back](#) [Finish](#) [Delete](#)

Staff Information:

- Shows Case Note History
- Current Case Manager Information
- Click 

Creating A Closure - Cont'd.



Once the Closure has been completed, it will appear under the Closure Tab on the Programs screen.

☑ Travel Allowance Applications

☑ TAA/TRA Program Benefit Payments

☑ Training Benchmarks

☑ Measurable Skills Gain

☑ Credentials

☑ Closure

☑ Exit / Ou

☑ Follow-ups

☑ Bona-Fide Application

FOLLOW-UPS

Follow Up

Contact Customer





Collect Information On New Job

- Name, address, and telephone number of company
 - Title of Position, O*Net Code
 - Number of hours plan to work
 - Start Date
 - Salary
 - See if they need any additional services
 - Update MWE
-

Follow Up

- Quarterly Follow Up Information
 - Employment Verification Form
 - Unemployment Insurance Printout
 - G01 Wage History
-



Verify Employment

Same Employer

- Same Position
- Different position – indicate new title and salary



Verify Employment (continued)

New employer

- Collect information on new job:
 - Name, address, and telephone number of company
 - Title of Position
 - Hours worked per week
 - Start Date
 - Salary
 - Enter Information in MWE
 - See if customer would like any additional services
-

MWE Screens That Effect Performance- Create Follow Up

- Follow Up Tables (for performance metrics we look only at the 3 quarters following exit)
 - Used to record exclusions when it occurs in one of the 4 quarters following exit
 - Used to record credentials/certificates
 - Used to record placement information
 - Can record follow up services customer receives
-

Create Follow-up

Follow-ups

4

- Under the **Programs Tab**, scroll down to the TAA Application.
- Click on the plus sign next to **Follow-ups**.

Note: A Table will appear when an exit date exists.



Follow-ups

4

Search:

Required By	Date Complete	Status	Follow Up Type
12/31/2021		Pending	1st Quarter after Exit
03/31/2022		Pending	2nd Quarter after Exit
06/30/2022		Pending	3rd Quarter after Exit
09/30/2022		Pending	4th Quarter after Exit

Create Follow Up- Tab 1 "General Information"

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

MARYLAND Workforce Exchange MARYLA

Step 1 of 6. Enter your information below. When you are finished click the *Next>>* button.

(*) indicates required fields. For help click the question mark icon.

Currently Managing

BONUKE, OGENDI
WP Services not recording
Release Individual
Assist a new Individual

My Workspace

My Staff Resources
My Staff Account

Services for Workforce Staff

Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Providers

Followup General Information

Follow-up Type: 1st Quarter after Exit
Status: Pending
Exit Date: 10/17/2011
Exit Reason: Soft Exit (system set)
Soft Exit Date: 1/22/2012 6:10:00 PM

[Exit Wizard](#)

Next >>

Services Portfolio Site Map Preferences Assistance

Privacy Statement | Disclaimer | Terms of Use | Recommended Settings | EEO | Protect Yourself | About this Site | Contact Us

Home Sign Out

Follow Up- Tab 2

“Contact Information”

The screenshot shows a web application interface for the Maryland Workforce Exchange. The top navigation bar includes links for Home, Sign Out, Services for Individuals, Services for Employers, and Labor Market Analysis. The main content area is titled 'Step 2 of 6. To add another item, click the Add New link. To modify an existing item click the Edit link for that item. To save your changes and continue, click the Next-> button.' Below this, there is a sidebar with navigation options under 'Currently Managing', 'My Workspace', and 'Services for Workforce Staff'. The main form area is titled 'Contact Information' and contains two sections: 'Name' and 'Residential Address'. The 'Name' section has fields for First Name (OGENDI), M.I. (empty), and Last Name (BONUKE). The 'Residential Address' section has fields for Address 1 (1418 RAMBLEWOOD DR), Address 2 (empty), City (Emmitsburg), State (Maryland), Zip/Postal (21727), County (Frederick County), and Country (United States). A legend indicates that an asterisk (*) denotes required fields and a question mark icon provides help.

Home Sign Out Services for Individuals Services for Employers Labor Market Analysis

Step 2 of 6. To add another item, click the *Add New* link. To modify an existing item click the *Edit* link for that item. To save your changes and continue, click the *Next->* button.

MARYLAND Workforce Exchange

Currently Managing

- BONUKE, OGENDI
- WP Services not recording
- Release Individual
- Assist a new Individual

My Workspace

- My Staff Resources
- My Staff Account

Services for Workforce Staff

- Manage Individuals
- Manage Employers
- Manage Resumes
- Manage Job Orders
- Manage Labor Exchange
- Manage Activities
- Manage Providers
- Manage Case Assignment
- Manage Profiling
- Manage Follow-Up and Surveys

* indicates required fields. For help click the question mark icon.

Contact Information

Name

- * First Name: OGENDI
- M.I.:
- * Last Name: BONUKE

Residential Address

- * Address 1: 1418 RAMBLEWOOD DR
- Address 2:
- * City: Emmitsburg
- * State: Maryland
- * Zip/Postal: 21727 Example: 99999
- * County: Frederick County
- Country: United States

Follow Up- Tab 3 “Contact Attempt Information”

The screenshot shows a web application interface for the Maryland Workforce Exchange. At the top, there is a navigation bar with links for Home, Sign Out, Services for Individuals, Services for Employers, and Labor Market Analysis. Below the navigation bar, the page title is "Followup Contact Attempts Information".

The main content area contains a table with the following headers: Attempt, Contact Date, Time of Day Indicator, and Type of Contact. The table is currently empty, with the text "No attempts have been made." displayed below it. A link "[Add a new Followup Contact Attempt]" is located below the table.

On the left side, there is a sidebar menu with the following sections:

- Currently Managing
 - BONUKE, OGENDI
 - WP Services not recording
 - Release Individual
 - Assist a new Individual
- My Workspace
 - My Staff Resources
 - My Staff Account
- Services for Workforce Staff
 - Manage Individuals
 - Manage Employers
 - Manage Resumés
 - Manage Job Orders
 - Manage Labor Exchange
 - Manage Activities
 - Manage Providers

At the bottom of the page, there are navigation buttons for "<< Back" and "Next >>". Below these buttons, there is a footer area with links for Services, Portfolio, Site Map, Preferences, and Assistance. At the very bottom, there is a copyright notice: "Copyright © 1998-2012 Geographic Solutions, Inc. All rights reserved. For more information contact Geographic Solutions. 11.1.1004".

Follow Up- Tab 4

“Employment Information”

The screenshot shows a web application interface for the Maryland Workforce Exchange. The top navigation bar includes links for Home, Sign Out, Services for Individuals, Services for Employers, and Labor Market Analysis. The main content area is titled 'Step 4 of 6. Enter your information below. When you are finished click the Next>> button.' The form is for 'BONUKE, OGENDI' and is titled 'Followup Employment Information'. It contains several questions with radio button options:

- Worked during this quarter? (Yes, worked during this quarter; No, did not work during this quarter)
- Have you returned to your layoff employer? (Yes; No)

Below the questions, it states 'No employers since exit available.' and provides an '[Add Employer]' button. There is also an 'Exit Wizard' link and 'Back' and 'Next >>' buttons. The footer includes copyright information for Geographic Solutions, Inc. (1998-2012) and a version number (11.1.1004).

Follow Up Tab 5 “Credential Information”

Currently Managing
BONUKE, OGENDI
WP Services not recording
Release Individual
Assist a new Individual

My Workspace
My Staff Resources
My Staff Account

Services for Workforce Staff
Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Providers
Manage Case Assignment
Manage Profiling
Manage Follow-Up and Surveys
Manage Funds

Manage Reports
My Reports
Summary Reports
Detailed Reports

(*)Indicates required fields. For help click the question mark icon.

Followup Credential Information

This individual has enrollment in a program(s) which lead to a credential. Please verify if the individual did receive their credential.

Received Credential: Yes No

Credential Attainment:

Credential Other:

Date Credential Attained: Today

Credential Verify:
[\[Verify \]](#)

Credentials Received In Enrollment

Activity Code and Description	Credential Received	Provider
No credentials received in enrollment records.		

Credentials received at closure

Received Credential: Yes No

Credential Attainment:

Occupational Completion Point (specify):

Credential Other:

Follow Up- Tab 6

“Follow Up Status Information” (Exclusions)

Currently Managing
BONUKE, OGENDT
WP Services not recording
Release Individual
Assist a new Individual

My Workspace
My Staff Resources
My Staff Account

Services for Workforce Staff
Manage Individuals
Manage Employers
Manage Resumés
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Providers
Manage Case Assignment
Manage Profiling
Manage Follow-Up and Surveys
Manage Funds

(*)Indicates required fields. For help click the question mark icon.

Followup Staff Information

*Follow-up Status:

Other Description:

Staff User Added: GSISOFTTEXT : Soft Exit Process

Staff User Last Edited: LGOLDBERG : Lynda Weber

*LWIA/Region:

*Office Location:

*Position:

Follow-up Date: Today

[Exit Wizard](#)

Services Portfolio Site Map Preferences Assistance

Privacy Statement | Disclaimer | Terms of Use | Recommended Settings | EEO | Protect Yourself | About this Site | Contact Us

[Home](#) [Sign Out](#)

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11.1.1004

Followup Staff Information

*Follow-up Status:

- None Selected
- None Selected
- Institutionalized
- Other
- Relocated to Mandated Residential Program (youth)
- Health/Medical
- Deceased
- Family Care
- Reservists called to active duty
- Moved out of area/cannot locate
- Placed in Employment

*Position:

Follow-up Date: Today

Exit Process
Lynda Weber
One Stop Center

Other Trade Benefits



- ✓ Reemployment Trade Adjustment Assistance (RTAA)
- ✓ Alternative Trade Adjustment Assistance (ATAA) - **Reversion 2021**
- ✓ Job Search Allowance
- ✓ Relocation Allowance
- ✓ Health Coverage Tax Credit (HCTC)

Reemployment Trade Adjustment Assistance (RTAA)

2011 & 2015 Rules

- Must have an eligible TRA claim
- Pays up to 50% of the difference between old wage and new wage
- Must be 50 years old or older at time of reemployment or turning 50 years old prior to the expiration of the eligibility period.
- Can collect RTAA for up to two years or the exhaustion of benefits or whichever is earlier
- Cannot be expected to earn more than \$50,000 per year (Including overtime)
- Maximum benefit of \$10,000
- Cannot return to employment at the firm from which the worker was separated
 - Firm is defined as either the entire firm or the appropriate subdivision

Reemployment Trade Adjustment Assistance (RTAA)

- Application must be filed within two (2) years of the customer's qualifying reemployment.
 - Can receive a TRA benefit and then receive a RTAA benefit (the reverse is not true)
 - Can be in approved full-time TAA Training program and receive the RTAA benefit at the same time
 - Must be working 20 or more hours including overtime
-

Alternative Trade Adjustment Assistance (ATAA) - *Reversion 2021*

- ATAA will replace RTAA
 - Group Eligibility is Required
 - Will be part of the petition and investigation process
 - New Petition forms - Effective 07/01/2021
 - Firms will be asked:
 - Age of workers
 - Transferability of skills of workers
 - ATAA can be denied even if TAA is certified.
-

Alternative Trade Adjustment Assistance (ATAA) - *Reversion 2021*

- New employment must be obtained within 26 weeks from the separation date, **not the certification date.**
- ATAA cannot be combined with training
- Cannot receive ATAA after TRA
- Cannot receive TRA after ATAA
- UI eligibility is not a requirement of ATAA
- Participant can receive no other benefits except Relocation

NOTE: Part-time employment is allowable if there are multiple jobs that equal full-time employment.

WHAT NEEDS TO BE COMPLETED



ATAA Form Needs To Be Filled Out

- **Staff Member:** Provides guidance
 - Only the 1st time if customer is comfortable with the form
 - Enters case note into MWE and refers to RTU (Reemployment and Trade Unit)
- **Customer:** Completes the form
- **RTU:** Will add ATAA service activity if the participant can take advantage of the benefit

Note: Customers may use the same form to apply for RTAA.

ATAA 269-A



DIVISION OF UNEMPLOYMENT INSURANCE
Reemployment and Trade Unit
1100 N. Eutaw Street, Room 500
Baltimore MD 21201

REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE INITIAL APPLICATION

Claimant Name	Claimant Social Security Number	TAA Petition Number
---------------	---------------------------------	---------------------

I understand that the following conditions must be met at the time of reemployment in order to be eligible for Reemployment Trade Adjustment Assistance:

I must:

1. Be aged 50 at the time of reemployment.
2. Not be expected to earn more than \$50,000 annually in gross wages (excluding overtime pay) from reemployment.
3. Not return to work to the firm or appropriate subdivision from which I was separated.
4. Be reemployed
 - a. Full-time (at least 35 hours per week); or
 - b. Less than full-time (at least 20 hours per week) **and** be enrolled in a full-time TAA-approved training program

Further, I understand that the following are limits on the amount of RTAA that I may receive:

- The eligibility period for payments is a period of up to two years beginning the **earlier** of exhaustion of UI or the date of reemployment
 - If I have already received TRA, the two-year period is reduced by the number of weeks of TRA I've received.
- The total amount of payments cannot exceed \$10,000
 - If I have already received TRA, the \$10,000 maximum is reduced proportionately.

Additionally, I understand the following restrictions:

I must file the initial application for RTAA within the two-year eligibility period described above. Once I have received an RTAA payment, I am no longer eligible to receive TRA benefits.

Please complete Page 2



DIVISION OF UNEMPLOYMENT INSURANCE
Reemployment and Trade Unit
1100 N. Eutaw Street, Room 500
Baltimore MD 21201

Name:	Social Security Number	Date Of Birth		
Claimant Mailing Address		City	State	Zip Code

Trade Impacted Employment Data

Trade Certified Employer (Last Employer)		Last Day of Work
Hourly Base Wage	Hours Per Week	Weekly Wage (Hourly Base X Hours Per Week)

Reemployment Data

I am reemployed:		Company Name		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (at least 20 hours + attend Full-Time TAA Training)				
Address		City	State	Zip Code
New Hourly Base Wage	Number of Hours Per Week	New Earnings (Hourly Base X Weekly Earnings)		
Start Date		Beginning Date of First Full Week (7 Days after New Employment Start Date)		
I attend full time TAA-approved training		Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please submit the following supporting documents with this application:

- a. Copy of driver's license or birth certificate
- b. Copy of last pay stub from trade-certified employer
- c. Copies of all pay stubs from the new employer(s)
- d. Payment Request and Change Report

Submit to: Reemployment and Trade Unit via email at: DLRMD858@maryland.gov

Claimant Signature	Date	
Special Programs Staff Signature	Date Received	Date Entered



DOCUMENTS NEEDED

- ✓ Application (ATAA-269-A)
- ✓ Age Verification (Driver's License or State Issued ID)
- ✓ Last full week pay stub from former employer
- ✓ At least one current pay stub (one month's worth preferred)
- ✓ Payment Request Form for each month the customer is submitting for payment

My Company		123 Anytown, Gainesville, FL 32602		Earnings Statement			
Employee Name	Social Security No.	Pay Period	Pay Date	Employee #			
XXXX-XX-1234		1/1/2016 - 1/15/2016	1/22/2016	A1233			
Income	Rate	Hours	Current Total	Deductions			
Gross Earnings	\$14.50	40	\$580.00	FICA - Medicare	Total		
				FICA - Social Security	YTD Total		
				Federal Tax	\$7.94	\$18.50	
				State Tax	\$97.00	\$37.70	
					\$23.20	\$436.00	
YTD Gross	\$2,500.00			YTD Net Pay	\$7,292.74	\$118.00	
				YTD Deductions	\$907.26		
						Net Pay	\$458.50

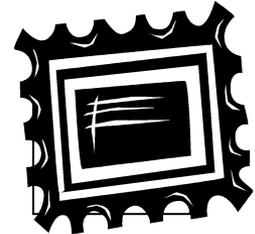
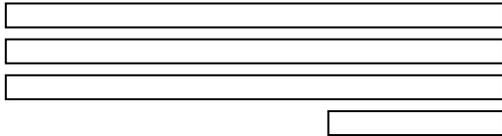




Note: ATAA/RTAA (Payment Request Form)

- Form and pay stubs for the month need to be submitted monthly for the customer to receive ATAA.
- Forms received without the customer's signature will be returned to the customer to be signed.

Submit all Documents To:



Reemployment and Trade Unit
1100 N. Eutaw Street
Room 206
Baltimore, MD 21201
Email: dllr.858md@maryland.gov



JOB SEARCH ALLOWANCE

Job Search Allowance

2011 & 2015 Rules

- Must have written proof of interview for a position
 - With contact information for an individual at the company
 - Pay for 90% reasonable costs that are not covered by the company
 - Must start the process before leaving for the interview
 - Maximum amount \$1,250
 - Can cover more than one interview
-

What Needs To Be Completed?

- **MD 861**
 - Must be started before the interview
- **Make a copy of the interview confirmation**



Job Search Application

STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF UNEMPLOYMENT INSURANCE
REQUEST FOR JOB SEARCH ALLOWANCE
TRADE ACT OF 1974; AMENDED 2009

WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	LO. NO.	DATE OF REQUEST
ADDRESS (No. Street, City, State, Zip Code)	PETITION NUMBER	PAYING STATE	
A. WORKER REQUEST			
1. Were you totally separated within the past year from adversely affected employment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this your first request for a job search allowance under the Trade Act of 1974; as amended 2009? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. NAME AND ADDRESS OF FIRM WHERE INTERVIEW SCHEDULED	4. DATE OF INTERVIEW	5. JOB TITLE FOR WHICH INTERVIEWED	
6. DATE AND TIME OF		7. NUMBER OF MILES TRAVELED	
Departure		Return	
B. WORKER CERTIFICATION			
I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I give this information to support my request for payment of a job search allowance under the TRADE ACT OF 1974; AMENDED 2009. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled.			
SIGNATURE OF WORKER		DATE SIGNED (Mo., Day, Yr.)	
C. STATE AGENCY DETERMINATION			
1. Worker was last totally separated from adversely affected employment within the past year? YES ___ NO ___ if "YES" date of last Total Separation _____			
2. State employment service Director's certification of suitable employment completed and on file? YES ___ NO ___			
3. Worker application for job search allowance made not later than: a. 365 th day after the date of certification of last separation? YES ___ NO ___ b. 182 nd day after concluding date of training? YES ___ NO ___			
4. Job Search must begin _____ and be completed on or before _____			
5. Applicant accepted referral by job service to employer? YES ___ NO ___			
6. JOB SEARCH ALLOWANCE IS APPROVED FOR ADVANCE PAYMENT OR REIMBURSEMENT OF THE FOLLOWING COSTS:			
<input type="checkbox"/> TRAVEL EXPENSE	Actual Cost	Amount Advanced	Amount Reimbursed
COMMERCIAL CARRIER	\$	\$	\$
PRIVATELY OWNED AUTOMOBILE (No. Miles _____)	\$	\$	\$
<input type="checkbox"/> LODGING (No. Nights _____ Actual Daily Rate)	\$	\$	\$
<input type="checkbox"/> MEALS (No. Days _____ Actual Daily Cost)	\$	\$	\$
TOTALS	\$	\$	\$
7. Job search allowance is denied for the following reason(s)			
SIGNATURE OF STATE AGENCY REPRESENTATIVE		TITLE	DATE
D. ADVANCE PAYMENT INFORMATION			
1. I REQUEST ADVANCE PAYMENT OF: <input type="checkbox"/> Travel Expense <input type="checkbox"/> Lodging Cost <input type="checkbox"/> Meals		2. FOLLOWING AMOUNT(S) ARE APPROVED FOR PAYMENT OF: \$ _____ Travel Expense \$ _____ Lodging Costs \$ _____ Meals	
I understand that the total amount of job search allowance to be reimbursed will be reduced by the amount of the allowance advanced. I will repay any amount overpaid.		This worker is not able to go on a job search interview without advance payment(s).	
SIGNATURE OF WORKER	DATE	SIGNATURE OF STATE AGENCY REPRESENTATIVE	DATE

MD 861 (Revised 5/09) side 1

E. RESULTS OF JOB SEARCH AND STATE AGENCY DETERMINATION			
RESULTS OF JOB SEARCH This section must be completed and returned to the One Stop Office before reimbursement of expenses can be made.			
COMPANY'S NAME	DATE OF INTERVIEW	NAME OF INTERVIEWER	RESULT
1			
2			
3			
4			
5			
STATE AGENCY DETERMINATION based on the information you supplied in the Results of Job Search, it is determined that:			
a. You are _____ eligible for job search allowance under Section 237 of the Trade Act of 1974; amended 2009. _____ ineligible because verification of employment interview with _____ could not be made.			
b. You have been overpaid the amount of \$ _____, under Section 237 and 91 56(c) of the Reg. Trade Act of 1974; amended 2009, advance for job search. The overpayment must be repaid to the agency.			
SIGNATURE OF STATE AGENCY REPRESENTATIVE			DATE
F. APPEAL RIGHTS			
If you disagree with this determination, you have the right to appeal within fifteen (15) days of the date this notification was mailed. Such appeal must be in writing and shall set forth the grounds upon which the appeal is sought, and shall be filed through the Local Office where this claim was filed.			
SIGNATURE OF CLAIMANT/APPLICANT			DATE
SIGNATURE OF STATE AGENCY REPRESENTATIVE			DATE

MD 861 (Revised 5/09) side 2

Customer Will...

- Go on Interview
 - Complete or verify information on MD 861
 - Bring in receipts for expenses
-

Staff Member Will...

- Make copies of completed MD 861 and receipts for file
- Send in completed original MD 861 with original receipts to:

**Dislocation Services Unit (DSU)
Maryland Department of Labor
1100 North Eutaw Street, Room 209
Baltimore, MD 21201**

Or

Fax to: 410-333-5064

DSU Will...

- Submit information for check to be generated and sent to customer
 - Cannot guarantee the funds by a specific date
-

RELOCATION





RELOCATION ALLOWANCE

2011 & 2015 Laws

- ❑ Up to 90% of allowable cost
 - ❑ Lump Sum payment of up to \$1,250
 - ❑ Time Limits
 - ❑ 425 days from certification or layoff (which ever is later) or...
 - ❑ 182 days from completion of TRADE approved training
-

Relocation

- Must have written proof from the company of the job offer
 - With contact information for the company
 - Pay for reasonable costs of relocation not covered by company
 - Pay for belongings
 - Pay for family members
 - Must start the process before relocating
 - Must complete relocation application before the either of the following:
-

What Needs To Be Done

- MD 860
 - Must be started before relocation
 - Make copy of job offer
 - Make copy of most recent old paystub
 - Customer researches costs associated with relocation
 - Customer drafts a statement about costs
 - Turns in any additional documents
 - Written estimates for moving belongings
 - From moving companies (2)
 - For cost of truck rental and other costs
 - Estimate of driving miles (i.e., Google Maps)
 - Other documents that can be gathered
-

Relocation Application

STATE OF MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION REQUEST FOR RELOCATION ALLOWANCES TRADE ACT OF 1974; AS AMENDED 2015, Petitions \$5,000+		PETITION NO.	DATE FILED					
		LOCAL OFFICE	DATE OF APPLICATION					
WORKER'S NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO.	PAYING STATE						
CURRENT ADDRESS (No. STREET, CITY, STATE, ZIP)	ADDRESS FOR CHECK MAILING (No. STREET, CITY, STATE, ZIP)							
A. WORKER APPLICATION FOR RELOCATION ALLOWANCES								
1. Were you totally separated from adversely affected employment?..... YES ___ NO ___								
2. Are you currently employed?..... YES ___ NO ___ (If "YES" complete the information concerning your present employment)								
Name and Address of Firm		Date Employment Expected to End						
3. Is this your first request for relocation allowance under the Trade Act of 1974?..... YES ___ NO ___								
4. Have you obtained suitable employment or do you have a bona fide offer of employment?..... YES ___ NO ___								
Name and Address of Firm Offering Employment		Job Title	Starting Date					
		City and State of Relocation	Expected Date of Move					
B. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS								
Type of Service	No. Miles	Estimated Charges	Type of Service	No. Miles	Estimated Charges	Type of Service	No. Miles	Estimated Charges
Moving		\$	Trailer Rental		\$	Trailer Hauled by Commercial Carrier		\$
Accessorial		\$	Federal Rate					
Insurance		\$			\$	Truck Rental		\$
Personal Vehicle(s)		\$	Rate per mile	No. of Vehicles				
TOTAL		\$			\$			\$
NAME AND ADDRESS OF COMMERCIAL CARRIER AND/OR RENTAL COMPANY								
C. WORKER REQUEST FOR LUMP SUM PAYMENT								
AVERAGE WEEKLY WAGE \$ _____		Payment: \$ _____ (Not to exceed \$1,250.00)						
D. WORKER CERTIFICATION								
I give this information to support my request for relocation allowances under the TRADE ACT OF 1974; AS AMENDED 2015. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I further certify that the funds received will be used for the intended purpose and that I will provide proof of such expenditures as required.								
Signature _____		Date _____						

MD 860 (Revised 02/2020) Side 1

E. STATE AGENCY DETERMINATION	
1. You are NOT ELIGIBLE to receive Relocation Allowances under Section 238 of the Trade Act of 1974; as amended 2015 because:	
<input type="checkbox"/> (a) You were not totally or partially separated from adversely affected employment. <input type="checkbox"/> (b) You did not apply for Relocation Allowances within 425 days of the date you were certified as eligible to apply for Trade Adjustment or within 425 days of the date of your first separation from adversely affected employment or within 182 days after the date you completed training to which you were referred by the One Stop System. <input type="checkbox"/> (c) You were not totally separated from employment when your relocation began. <input type="checkbox"/> (d) You can reasonably be expected to obtain suitable employment in the area in which you reside. <input type="checkbox"/> (e) You have not obtained suitable employment or a bona fide offer of suitable employment in the area of intended relocation. <input type="checkbox"/> (f) Your relocation did not occur within 182 days from the date your application was filed or within 182 days after the date you completed training to which you were referred by the One Stop System.	
2. Relocation Allowances are approved for payment of the following costs:	
(a) MOVING ALLOWANCE of TOTAL \$ _____ (Calculated at _____% of total) Computed by: \$ _____ for cost of commercial carrier or trailer hauled by commercial carrier or rental trailer or truck \$ _____ computed by \$ _____ per mile for _____ miles for trailer or house trailer hauled by automobile (b) TRAVEL EXPENSES of \$ _____ \$ _____ per mile for _____ privately owned automobile(s) for _____ miles. (c) LODGING & MEALS Total \$ _____ (Calculated at _____% of total: \$ _____ for Lodging \$ _____ for meals (d) LUMP SUM of \$ _____ (not to exceed \$1,250)	
TOTAL RELOCATION ALLOWANCE: \$ _____	
If you disagree with this determination, you have the right to appeal within fifteen days of the date this notification was mailed. Such appeal must be filed in writing and shall set forth the grounds upon which the appeal is sought and shall be filed through the Local Office where this claim was filed.	
SIGNATURE OF CLAIMANT/APPLICANT	DATE
SIGNATURE OF STATE TAA REPRESENTATIVE	TITLE

MD 860 (Revised 02/2020) side 2

Meet With The Customer

Go over documentation, paystub, and 860



**Send All Information
and the MD 860 To:**

**Dislocation Services Unit (DSU)
Maryland Department of Labor
1100 North Eutaw Street
Room 209
Baltimore, MD 21201
Or
Fax To: 410-333-5064**

Checks Will Be Generated and Sent Directly to the Customer



*Cannot guarantee the funds will be received by a specific date

HCTC

Health Coverage Tax Credit

A tax credit that pays 72.5% of qualified health insurance premiums for eligible individuals and their families.

The program runs through December 31, 2021

For More Information on HCTC...

Go To:

<https://www.irs.gov/Credits-&-Deductions/Individuals/HCTC>

Or Call:

1-866-628-4282

TAA

Performance Reporting

Performance

- Service Mappings
 - TAA Data Reporting Issues
 - DOL TAA Findings
 - New Reporting Elements for TAPR
 - TAA Performance Old and New
-

TAA Service Mappings

Service Title	MVE Serv	Service Type	TA	ETA5	Training	OS Service	Le
Basic Education, Standard	140	RemedialTraining	Y	Y	7		214
English as a Second Language	145	RemedialTraining	Y	Y	7		222
Adult Literacy Remedial Education	147	RemedialTraining	Y	Y	7		230
Waiver-Recall		Waiver	Y				231
Waiver- Marketable Skills		Waiver	Y				232
Waiver-Retirement		Waiver	Y				233
Waiver Poor Health		Waiver	Y				234
Waiver -Delay for Training		Waiver	Y				235
Waiver- Training Not Available		Waiver	Y				236
TAA-Approved out of Area Job Search Allowance		Support	Y				237
Relocation Assistance		Support	Y				240
ATAA Wage Subsidy		Support	Y				280
RTAA - Wage Subsidy		Support	Y				281
Occupational Skills Training (ITA)	075	ClassroomTrainin	Y	Y	6		300
On-the-Job Training	076	OnTheJobTraining	Y	Y	1		301
On the Job Training, Standard	143	OnTheJobTraining	Y	Y	1		301
Occupational Skills Training (Entrepreneur)	127	ClassroomTrainin	Y	Y	6		302
Entrepreneurial Training	080	CustomizedTrainin	Y	Y	5		302
Occupational Skills Training (Customized)	159	CustomizedTrainin	Y	Y	5		304
Customized Training	083	CustomizedTrainin	Y	Y	5		304
Occupational Skills Unique	133	ClassroomTrainin	Y	Y	6		307
Skills Upgrading and Retraining	079	ClassroomTrainin	Y		6		310
Occupational Skills High Demand	131	ClassroomTrainin	Y	Y	6		316
Occupational Training, Standard	142	ClassroomTrainin	Y	Y	6		328
TAA- Approved Travel in Training		Support	Y				331
TAA- Approved Subsistence in Training		Support	Y				332
TAA-Approved Remedial Training (for those with GED/HS Diploma)		RemedialTraini	Y		7		333
TAA-Approved Occupational Skills Training- Approved by Other State		ClassroomTrai	Y		6		335
TAA-Approved GED Training		RemedialTraini	Y	Y	7		339
TAA-Approved Remedial Training (for those with GED/HS Diploma) Approved By O		RemedialTraini	Y		7		341
Occupational Skills Training (Customized)	126 (EM)	CustomizedTrainin	Y	Y	5		686
102 Initial Assessment			Y				102
103 Provision Of Information On Training Providers, Performance Outcomes			Y				103
107 Provision Of Labor Market Research			Y				107
108 Informal Assessment			Y				108
109 Career Planning Interview			Y				109
115 Resume Preparation Assistance			Y				115
125 Job Search/Placement Asst., Inc. Career Counseling			Y				125
133 Job Order Search With Local Office Contact			Y				133
143 O*Net Assessment/Profiler, Intensive			Y				143
161 Job Search Activity			Y				161
200 Individual Counseling			Y				200
204 Interest and Aptitude Testing			Y				204
239 Case Management			Y				239
314 Enrolled In Apprenticeship Training			Y				314

Data Integrity - DOL Checks

- Training Expenditures
 - TRA Expenditures
 - A/RTAA Expenditures
 - Job Search Relocation Expenditures
 - Tenure
 - Occupational Skills Code
 - ISP
 - NAICS
 - Credential
 - Rapid Response
 - Case Management
 - Training Completed
 - Agent/Liable
 - Employment After exit
 - Wages Prior 1st , 2nd and 3rd
 - Wages Following Exit: 1st , 2nd , 3rd and 4th
-

What Do These Integrity Checks Mean? (Continued)

- NAICS - industry code of employment 2nd quarter after exit quarter. Statutorily required reporting element and subject of frequent data requests.
 - Credential - Reporting recognized credentials are focus of statutory TAA reporting requirements and recent ETA TEGs. Multi-year evaluation of TAA program identified credentials as related to improved outcomes. Under reporting implies lack of case management in establishing training plans designed to secure long term reemployment.
 - Rapid Response - Statutorily required for all TAA petitioning worker groups. Underreporting implies non-compliance and low coordination. (possible duplication of services)
-

What Do These Integrity Checks Mean? (Continued)

- Case Management - Most Recent Date. Case Management, including duration of case management, has been recent focus of GAO audit, and will be part of findings in soon to be published OIG audit. (Current Participants)
 - Training Completion- Reporting training completion is a statutory TAA reporting requirement and a focus of TAA efforts to improve performance outcomes. Training completion below target may imply a lack of case management in establishing training plans designed to secure long term reemployment.
-

What Do These Integrity Checks Mean? (Continued)

- Agent/Liable- Incorrectly reported records may be excluded from these calculations by default. Looking for 75% being Agent/Liable. (Current Participants)
- Employment After exit – Not reporting, results in excluding valid exiter records from performance calculations for EER, and will inaccurately LOWER performance results, or INFLATE them to the point of transparent unreliability.
- Wages Prior 1st, 2nd and 3rd - Reporting 5 or more digits. Inaccurately INFLATES pre-participation wages in relation to post program wages, resulting in LOWER wage replacement numbers (which is a statutory requirement)
- Wages Following Exit: 1st, 2nd, 3rd and 4th - Reporting 5 or more digits. Inaccurately inflates Average Earnings Performance Measure and employed participants will not be reflected as employed in performance counts.

TAA Reporting Issues

- Date Received First A/RTAA Payment must be \geq Date of First TAA Benefit or Service (DE951) and \leq Date of Exit (DE901)
 - Complete training must be 0,1 when Date of Exit (DE901) is provided AND Date Entered Training2 (DE1213) is provided
 - Date of First TAA Benefit or Service \geq than Date of Participation (DE900) and \leq Date of Exit (DE901)
-

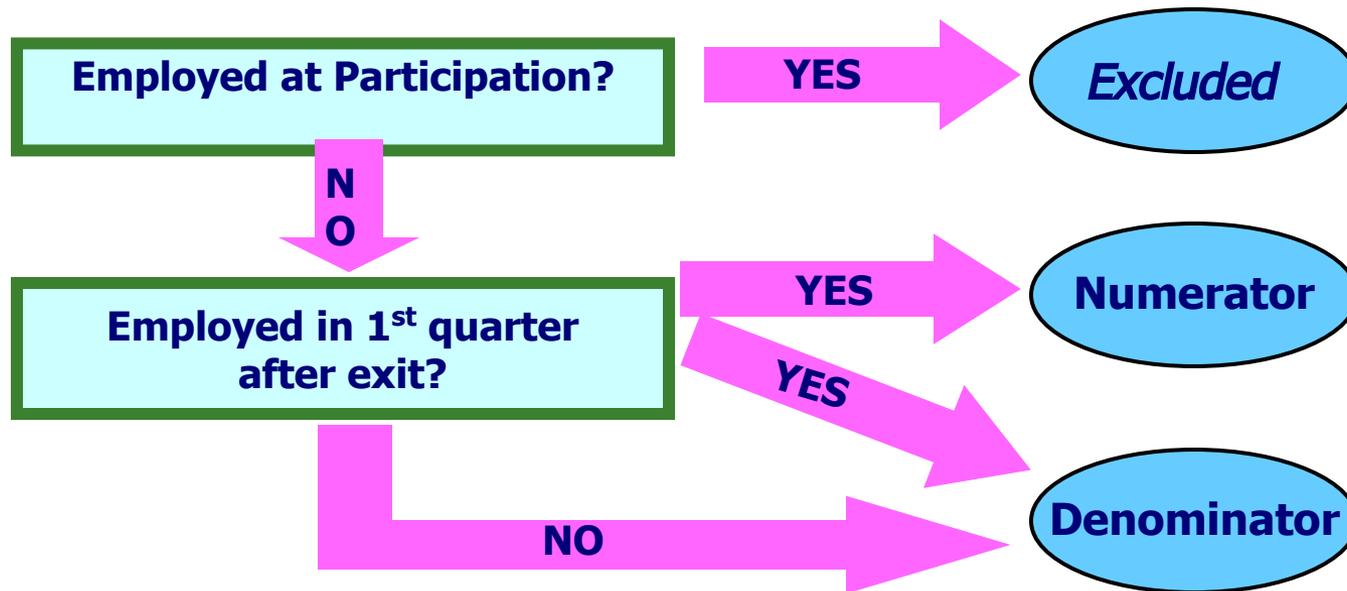
DOL Findings

- Credentials, MD did not meet targets
 - Training ONET Codes
 - Training Completion
-

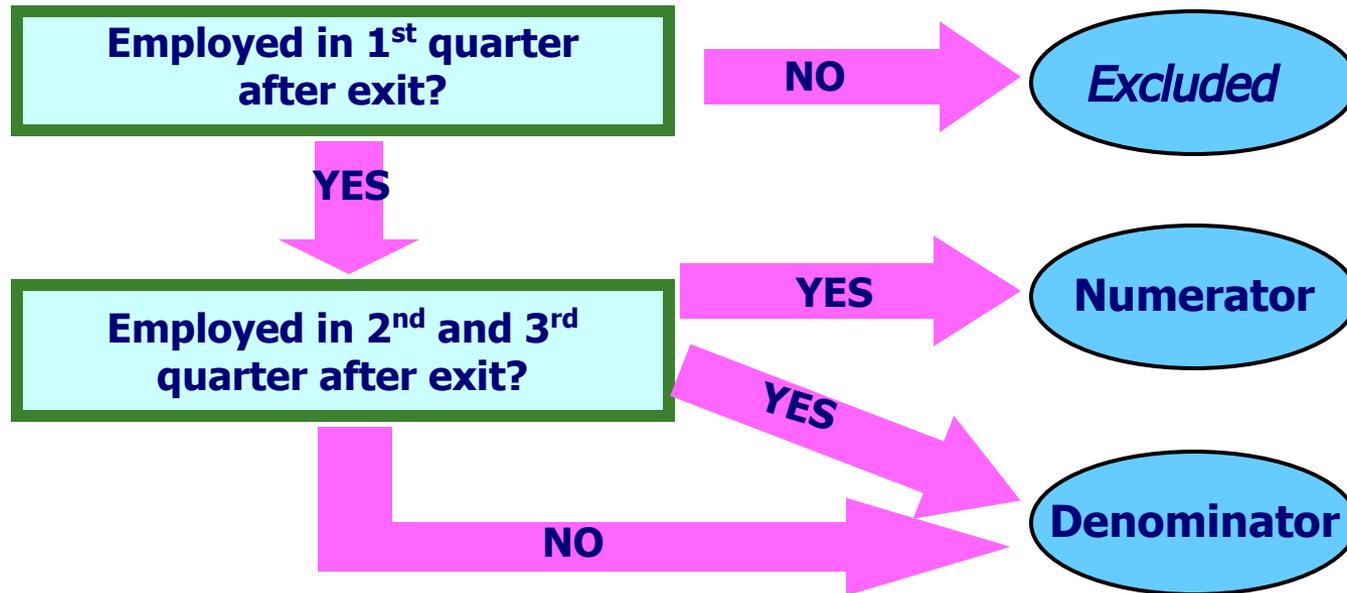
TAA Performance Measures

- TAA Performance
 - Entered Employment Rate
 - Employment Retention Rate
 - Average Earnings
 - All measures are exit based measures
-

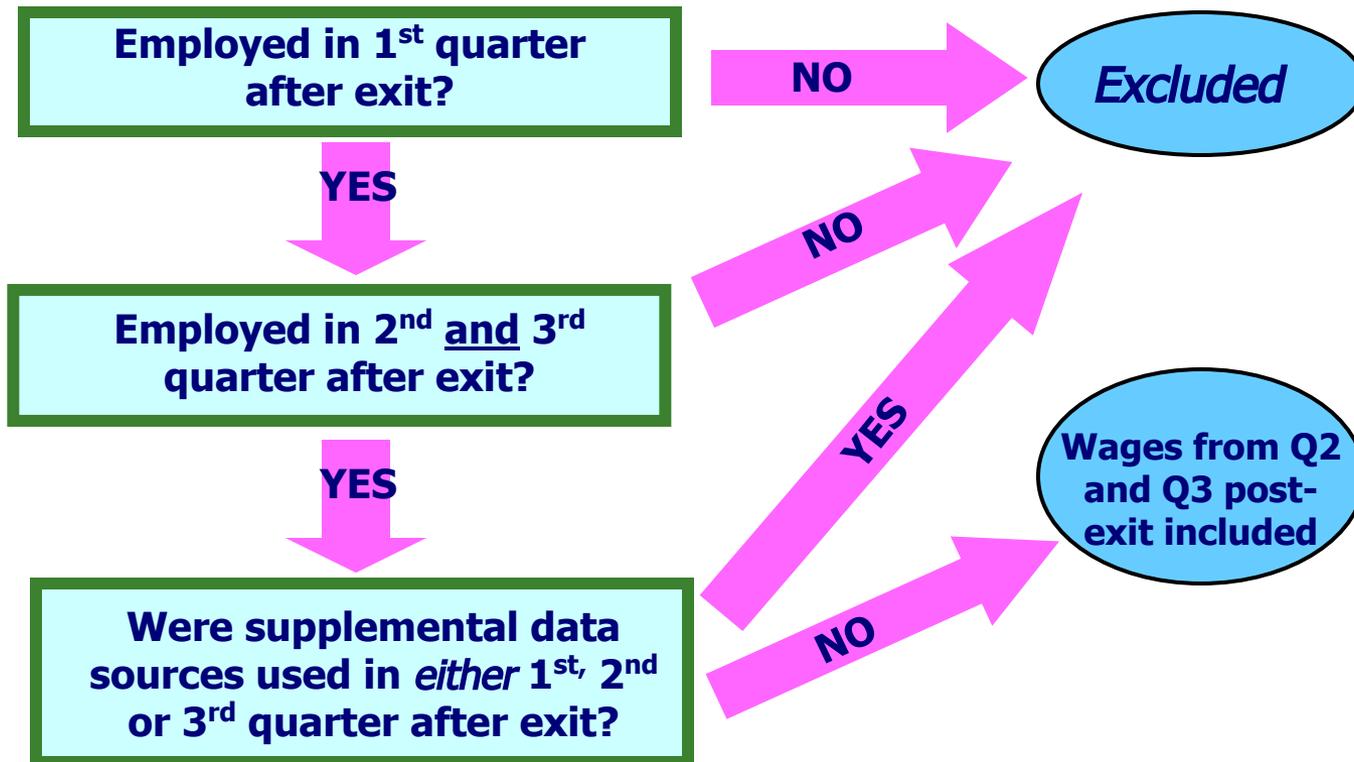
Entered Employment Rate



Employment Retention Rate



Average Earnings



TAA Performance Measures -WIOA

- Effective for exiters, 10/01/2016 and beyond, will be reported to DOL under the PIRL reporting template.
 - Any person active or exited 10/01/2016 will be reported under PIRL and held to WIOA measures
-

WIOA Performance Measures

- Core programs and other authorized programs are required to report on common performance indicators:
 - Percentage of workers that entered employment
 - Percentage of workers that retained employment
 - Median wages of these workers
 - Credential attainment of these workers
 - Measurable skill gains of these workers.
 - Effectiveness of services to employers.
-

WIOA vs WIA

WIOA's new primary indicators focus on outcomes and progress of programs.

UNDER WIA (Common Measures only)

1. Entered Employment 1st Qtr. after exit (Adult programs)
2. Employment Retention 2nd and 3rd Qtr. after exit (Adult programs)
3. Six Months Average Earnings 2nd and 3rd Qtr. after exit (Adult programs)
4. Placement in Employment/Education 1st Qtr. after exit (Youth programs)
5. Attainment of a Degree or Certificate by 3rd Qtr. after exit (Youth programs)
6. Literacy Numeracy Gains (Youth programs)

UNDER WIOA (Primary Indicators only)

1. Percent Employed 2nd Qtr. after exit (Adult programs)
2. Placement in Employment/Education 2nd Qtr. after exit (Youth programs)
3. Percent Employed 4th Qtr. after exit (Adult programs)
4. Placement in Employment/Education 4th Qtr. after exit (Youth programs)
5. Median Earnings 2nd Qtr. after exit (All programs)
6. Credential Attainment (up to 1 year after exit) (All programs except Wagner-Peyser)
7. Measurable Skill Gains (All programs except Wagner-Peyser)
8. Effectiveness in Serving Employers (All programs)

Measure 1-Employed 2nd QTR after exit

- Percentage of participants in unsubsidized employment in the second quarter after exit from the program.
 - The number of participants who exited during the reporting period who are employed quarter 2 after **divided** by the number of participants who exited during the reporting period
-

2nd Quarter Employment Rate

- Different from WIA's "entered employment rate" indicator in two ways: (1) the time period for measurement in WIOA is the second quarter after exit instead of the first quarter; and (2) the statutory language under WIOA does not specify that the indicator is to measure entry into employment.
 - The Departments plan to calculate both an "employment rate" for all participants in the program regardless of employment status at program entry and an "entered employment rate" for participants who were unemployed at the time of program entry.
-

2. Employed Qtr 4 After Exit

- The number of participants who exited during the reporting period who are employed quarter 4 after **divided** by the number of participants who exited during the reporting period
 - The employment rate of participants in the fourth quarter after exit from the program without regard to whether those participants were employed in the second quarter after exit from the program.
-

2. Employed Qtr 4 After Exit

- Under WIOA, this indicator is a retention measure that analyzes whether individuals who were employed in the first quarter after exiting from WIOA services were still employed in the second and third quarters.
-

3. Median Earnings

- Measures participants' median earnings in the second quarter after exit.
 - This indicator measures median earnings at the same time frame as the first indicator measures the employment rate of participants.
 - The use of a median is a shift from the use of an average under WIA and is based on the language provided in WIOA.
-

4. Credential Attainment

- measures post-secondary credential attainment and high school completion of program participants during participation in the program or within 1 year after exit
 - includes the statutory language limiting participants who obtain a secondary school diploma or its equivalent to be included in the percentage counted as meeting the criterion only if the participant is employed or is enrolled in an education or training program leading to a recognized post-secondary credential within 1 year after exit from the program.
-

■ Credential Attainment is Listed as:

of participants who exited that were enrolled in a post secondary education or training program and who obtained a recognized post secondary credential during the program or within one year after exit; Plus (+) the number of participants who exited that were in a secondary education program and obtained a secondary education diploma or its equivalent during the program or within one year after exit AND who were also employed or enrolled in an education or training program leading to a recognized post secondary credential within one year after exit

of participants who exited and were in a post secondary education or training program during program participation; plus (+) the number of participants who exited and were in a secondary education program (at or above 9 grade level) without a secondary diploma or equivalent

Clarifications in Final Regs

- employment or enrollment in an education or training program only needs to be for some period during the 4 quarters after exit, not for the entire 1-year period after exit.
 - The Departments have excluded participants enrolled in work-based on-the-job training or customized training from this indicator because such training does not typically lead to a credential. This section has been revised to clarify that only those participants in an education or training program are included in the performance calculations for this performance indicator, with the exception of those in on-the-job or customized training
-

5. Measurable Skill

- Measures the percentage of participants who, during a PY, are in education or training programs that lead to a recognized post-secondary credential or employment, and who are achieving measurable skill gains, which the Departments are defining as documented academic, technical, occupational or other forms of progress, toward the credential or employment.
-

Measurable Skill Gain- Possible Ways

- using this indicator to measure interim progress of participants who may be enrolled in education or training services for a specified reporting period.
 - For example, if a participant is enrolled in a 4-year registered apprenticeship program, the indicator would track the skills the participant gains throughout the reporting period, not just at the end of the 4-year training program.
-

In using this indicator as a measure of interim progress of participants, the Departments are considering how States can document progression during participation in an education or training program in a standardized way. Documented progress could include such measures as:

- (1) the achievement of at least one educational functioning level of a participant in an education program that provides instruction below the post-secondary level;
- (2) attainment of a high school diploma or its equivalent;
- (3) a transcript or report card for either secondary or post-secondary education for 1 academic year (or 24 credit hours) that shows a participant is achieving the State unit's policies for academic standards;
- (4) a satisfactory or better progress report, towards established milestones from an employer who is providing training (e.g., completion of on-the-job training (OJT), completion of 1 year of an apprenticeship program);
- (5) the successful completion of an exam that is required for a particular occupation, progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams; and
- (6) measurable observable performance based on industry standards

Effectiveness In Serving Employers

- Employer Penetration Rate- Record the total number of establishments, as defined by the Bureau of Labor Statistics Quarterly Census of Earnings and Wages program, that received a service or, if it is an ongoing activity, are continuing to receive a service or other assistance during the reporting period. DIVIDED By Record the total number of establishments, as defined by the Bureau of Labor Statistics Quarterly Census of Earnings and Wages program, located within the State during the final month or quarter of the reporting period.
 - Repeat Business Customers- Record the total number of establishments, as defined by the Bureau of Labor Statistics Quarterly Census of Earnings and Wages program, that received a service or, if it is an ongoing activity, are continuing to receive a service or other assistance during the reporting period (E1), AND who utilized a service anytime within the previous three years (E4). DIVIDED By Record the number of unique business customers (establishments - as defined by the Bureau of Labor Statistics Quarterly Census of Earnings and Wages program) who have received a service previously in the last three years.
 - Retention with Same Employer in the 2nd and 4th Quarters After Exit, looks at FEIN data to determine if yes
-

TAA Data Monitoring and Data Validation

- Services should not be a parking lot
 - Services should exist for the time it actually existed
 - Services not current and last well over 90 days without case notes. This is bad
 - Case notes should accompany services
 - A paper file should mirror MWE entries, failure to do so will result in validation and monitoring findings. Missing 858, 857s
- Common findings i.e..
 - training dates do not match,
 - missing credentials,
 - missing ONET,
 - missing benchmarks or lack of benchmarks,
 - missing employment information,
 - missing follow up (no follow up being done),
 - missing waivers services,
 - lack of formal assessments
 - Missing IEPs or incomplete and not signed by customer and staff

TRADE Monitoring

- Purpose of Monitoring
 - Monitoring Process
 - Arranging Visit
 - On Site
 - Review of Tool
 - Q&A
-

QUESTIONS...

Dislocation Services Unit

(410)767-2833 / 2143

Reemployment and Trade Unit

(410)767-2630

Maryland Workforce Exchange

(410)767-2100

Performance

(410)767-2902

