



Request for Completion TRA Benefits

Participant's Name _____ SID # _____ Petition # _____

Training Start Date _____ Training End Date _____

I, _____, understand that I may be eligible to receive up to thirteen (13) weeks of Completion TRA benefits if I am on track to complete my training within the twenty (20) weeks and meet all benchmark requirements.

I also understand that if I do not complete my training within the twenty (20) weeks I will be considered over paid and responsible to reimburse all of the Completion TRA benefits I have received.

Signature of Participant: _____ Date: _____

Signature of TAA Representative: _____ Date: _____