

UTAH DEPARTMENT OF WORKFORCE SERVICES
Unemployment Insurance

Trade Adjustment Assistance
Training Waiver Decision

Claimant Name _____ SS# _____

Company Name _____ Petition Number _____ Date of First Waiver _____

Subsequent Waiver Date(s) Federally Required at 30-Day Intervals: _____

A. Training Waiver Issued

B. Training Waiver Revoked
(mark one)

C. Training Waiver Denied

1. Not Feasible (mark one)
- a. Approved training beyond 30 days
 - b. Training not reasonably available
 - c. Training not available at reasonable costs
 - d. Training Funds not available

- 1. Training now available
- 2. Training funds available
- 3. Recall cancelled
- 4. Other (Explain below)

1. Explain below

2. Not appropriate (mark one)
- a. Worker expected to be recalled
 - b. Duration of training exceeds TRA
 - c. Worker has marketable skills
 - d. Other (explain below)

Statement of Fact: _____

Waiver Decision: _____

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For Privacy Act Notice see the Unemployment Insurance Claimant Guide

I know that the law provides penalties for falsifying statements in order to obtain benefits. I certify that the above statements are true and correct to the best of my knowledge and belief.

Employment Center _____ Claimant Signature _____

Dept. Repr. _____ Employee # _____ Date _____