

UTAH DEPARTMENT OF WORKFORCE SERVICES
Unemployment Insurance
Trade Adjustment Assistance Reform Act of 2002
Training Waiver Decision

Claimant Name _____ SS# _____

Company Name _____ Petition Number _____ Date of First Waiver _____

Subsequent Waiver Date(s) Federally Required Not to exceed 6 months

- A. Training Waiver Issued. Training is not Feasible or Appropriate (**Mark the item that applies**)
1. Worker subject to recall within 6 months - Received written notification of a recall
 2. Worker has marketable skills - determined by worker assessment
 3. Worker in poor health - exempt from training but must meet the job search requirement
 4. Worker near retirement - within 2 years of meeting the requirement of Social Security or Private Pension
 5. Delay in available training enrollment date
 6. Training funds are not available - training is not available at a reasonable cost
- B. Training Waiver Revoked (**Mark the item that applies**)
1. Recall cancelled
 2. Worker has gained good health
 3. Training is now available
 4. Funds are available
 5. Other (explain below)
- C. Training Waiver Denied
1. Explain below

Statement of fact: (**Explain the reason for waiver request**)

Waiver Decision:

602-T []

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 _____