

LOUISIANA WORKFORCE COMMISSION WEEKLY REQUEST FOR ALLOWANCES BY JOB SEEKER IN TRAINING TRADE ACT, AS AMENDED	WEEK CLAIMED	
	Sunday Beginning Date	Saturday Ending Date
JOB SEEKER'S NAME (Last, First Middle)	SOCIAL SECURITY NO.	PETITION NO.
MAILING ADDRESS (Street Address, City, State, ZIP Code)		

1. Did you attend all of your scheduled classes for the week being claimed? YES NO*
If no explain:

***Provision for Active Attendance and Justifiable Cause apply.** Please refer to form LDOL TRA5 "IMPORTANT NOTICE TO TAA/NAFTA-TAA TRAINEES" for additional information.

2. Were you employed or in On-the-Job Training during the week being claimed? YES NO
If yes, place a check mark by your "Reason for Leaving":

Quit or Resigned Still Employed/Part-Time Laid Off due to a Lack of Work or Reduction in Force
 Fired or Discharged On-the-Job Training

Name and Address of Employer	Gross Earnings \$
------------------------------	----------------------

3. Did you begin receiving workers compensation, a veteran's administration allowance, or any other pension or allowance during this week? YES NO
If yes, complete the following:

Type _____ Date Received _____ and Gross Monthly Amount \$ _____

4. Did you receive vacation, severance, or holiday pay during this week? YES NO
If yes, complete the following:

Type _____ Date Received _____ and Gross Amount \$ _____

I HEREBY CERTIFY THAT THESE STATEMENTS ARE TRUE AND CORRECT, AND FOR THE ABOVE WEEK, I AM NOT CLAIMING OR RECEIVING FROM ANOTHER STATE ANY BENEFITS RELATED TO MY UNEMPLOYMENT. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS.

Signature of Job Seeker	Date
-------------------------	------

LWC 858A (R 7/08)

RETURN COMPLETED FORM TO:

TRA PAYMENT UNIT – ROOM 370
 POST OFFICE BOX 94094
 BATON ROUGE, LA 70804