

LOUISIANA WORKFORCE COMMISSION WEEKLY REQUEST FOR ALLOWANCES BY JOB SEEKER NOT 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)		
FOR USE ONLY WHEN TRAINING COURSE HAS BEEN COMPLETED OR UNDER CERTIFIED WAIVER.		

1. Did you refuse work during this week? YES NO
2. Were you able and available and looking for work during this week? YES NO
3. Work Search: You are required to make and report at least three work search contacts per week.

DATE OF CONTACT	EMPLOYMENT NAME & ADDRESS	PERSON CONTACTED	TYPE OF WORK	OUTCOME OF INQUIRY
1.				
2.				
3.				

4. 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
 Fired or Discharged
 Laid Off due to a Lack of Work or Reduction in Force
 Still Employed/Part-Time
 On-the-Job Training

Name and Address of Employer	Gross Earnings
	\$ _____

5. 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 \$ _____

6. 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 HAVE SUCCESSFULLY COMPELETED TRAINING OR HAVE BEEN CERTIFIED UNDER WAIVER OF TRAINING. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS.

Signature of Job Seeker	Date
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RETURN COMPLETED FORM TO:

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