

<b>LOUISIANA WORKFORCE COMMISSION</b>  <b>WEEKLY REQUEST FOR ALLOWANCES BY JOB SEEKER NOT IN TRAINING</b>  TRADE ACT, AS AMENDED	<b>WEEK CLAIMED</b>	
	<b>Sunday Beginning Date</b>	<b>Saturday Ending Date</b>
JOB SEEKER'S NAME (Last, First Middle)	SOCIAL SECURITY NO.	PETITION NO.
MAILING ADDRESS ( Street Address, City, State, ZIP Code)		
<b>FOR USE ONLY WHEN TRAINING COURSE HAS BEEN COMPLETED OR UNDER CERTIFIED WAIVER.</b>		

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

<b>Name and Address of Employer</b>	<b>Gross Earnings</b>
	\$ _____

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 \$ \_\_\_\_\_

<b>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.</b>	
Signature of Job Seeker	Date

RETURN COMPLETED FORM TO:

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