



**Trade Adjustment Assistance Program (TAA) Reemployment Trade Adjustment Assistance (RTAA)  
Individual Application**

Client's Name (Last, First, Middle Initial):		MOSES ID number:	Date of birth:	Petition number:
Mailing address:		Date of Reemployment at new Employer:		
TAA Company's name, address, phone, and contact:		NEW Employer's name, address, phone, and contact name:		
Old wages (Average yearly): \$	New wages (Average yearly): \$		Normal hours worked (Per week)	
New Employer's signature is only required for those clients who do not have a paycheck as of the date of this application.				
I attest as the above named NEW employer's representative that the above named client will not earn more than \$50,000 in the 12-month period beginning with the initial date of employment and that he/she meets the definition of reemployment as defined in #4 and #5 below.				
Signature and Title		Date		

**For the client:** The following conditions must be met at the time of reemployment.

1. At least age 50 (verify with copy of driver's license, birth certificate, or passport, etc.)
2. The clock on the two-year duration of RTAA benefits will begin at the sooner of the exhaustion of Unemployment Insurance (UI) (and any Emergency Unemployment Compensation (EUC)) or reemployment (verify with copy of job offer letter or check stub) Any weeks of TRA collected will also be deducted from this 2-year period.
3. Not earning more than \$50K in wages from the reemployment. (If a paycheck has not been issued at the time of application, then a supporting statement from the employer indicating that annual wages are not exceeding \$50K must be submitted.)
4. Reemployed full-time as defined by state law (verified in the same manner as UI) However, Worker can be approved for RTAA benefits if working less than full time, but at least 20 hours a week AND attending full-time training.
5. Cannot return to work from which was separated (this means the worker cannot return to the same job at the same company/recall. It also may preclude a different job at the same employer)

**STATEMENT**

In accordance with Section 241 the Trade Act of 1974 as amended, I hereby request consideration for certification of individual eligibility under the Reemployment Trade Adjustment Assistance Program (RTAA).

Signature of Client

Date

I hereby attest that the above information is true and complete to the best of my knowledge.

Signature of Career Counselor

Date