

ATTACHMENT A

YOU MAY REQUEST A HEARING ON THIS DETERMINATION

This determination will become final unless:

- (1) you request a hearing within 10 calendar days after the date of mailing or delivery in hand, or
- (2) you request a hearing within 11 to 30 calendar days after the date of mailing or delivery in hand and it is established that the delay was for good cause.

Copies of all rules shall be available upon request to any person from the Office of the Secretary of the Commonwealth and the agency. Fees for copies shall be at the cost of the public records as determined by the Executive Office for Administration & Finance. If you request a hearing on this determination, you should continue to report to your local Career Center each week that you are unemployed, in order to protect your rights and benefits.

A request for a hearing may be filed by mail, using a signed letter or by completing the bottom of this form. The Hearing will be conducted in accordance with the Standard Rules of Practice and Procedure, 801 CMR 1.02 and 1.03 (Informal/Fair Hearing Rules).

This form has information about your continuing eligibility to receive benefits and services under the Trade Adjustment Assistance program. Its important to have this form translated immediately.	Fòm sila genyen enfòmasyon ki distenge si ou toujou kalifye pou ou resevwa benefis avèk sèvis dapre pwogram Èd pou Ajisteman pou Metye a. Li enpòtan pou ou fè ou moun tradwi fòm sila pou ou imedyatman.	Mẫu này có thông tin về tiêu chuẩn tiếp tục được các quyền lợi và dịch vụ theo chương trình Trợ Cấp Điều chỉnh Trao Đổi (Trade Adjustment Assistance -- TAA). Điều quan trọng là phải dịch mẫu này sang ngôn ngữ của quý vị ngay.
В данной анкете содержится информация о Вашем праве на продолжение получения бенифитов и услуг по программе, называемой Trade Adjustment Assistance. Очень важно, чтобы данная анкета была немедленно переведена для Вас.	Questo modulo fornisce informazioni sulla Sua idoneità continuativa a ricevere vantaggi e servizi previsti dal programma di assistenza alla qualificazione professionale. Questo modulo va tradotto immediatamente.	ເລາຍລາມກ່າວຫລາຍກ່ຽວກັບ ຜູ້ຊຸມນັບໝາຍ ກຽມກັບໄຮງຕາຍຫຼາຍກ່ຽວກັບ ພາກຫລັກທີ່ໄດ້ໃຫ້ ໃບບອກຫຼັກກຳລັງຖືກສູດຕາມ ຫຼາຍໝາຍ ຫຼາຍໝາຍ ມີ ສິນຄ້າກຳລັງຖືກສູດ ໂດຍຖືກສູດກຳລັງຖືກສູດຕາມ ຕາມ ຕາມ (ສລາ) ກໍ່ ກໍ່ ເລາຍລາມກ່າວຫລາຍກ່ຽວກັບ ຜູ້ຊຸມນັບໝາຍ ກຽມກັບໄຮງຕາຍຫຼາຍກ່ຽວກັບ

Tear off and mail to:

Division of Career Services ▪ Attn: Trade Unit ▪ 19 Staniford Street ▪ P.O. Box 3870 ▪ Boston, MA 02114

REQUEST FOR A HEARING

Career Center Name & Contact:	
Claimant's Name:	Social Security Account #:
Address:	
I request a hearing on DCS's Trade Unit's determination of the above claim issued: _____ (date)	
_____ Claimant's Signature	_____ Date

Remember to make a copy for your records.