

ATTACHMENT B
Request for Relocation Allowances
DIVISION OF CAREER SERVICES

Client's Name:		Petition #:		FOR DCS USE ONLY				
Address (#, street, state, zip)		Career Center:		Date Filed:				
				Date of Application:				
MOSES ID #:		Paying State: Massachusetts						
A. WORKER APPLICATION FOR RELOCATION ALLOWANCES								
1. Were you totally separated from adversely affected employment?				π YES π NO				
2. Are you currently employed? If yes, please complete the information below concerning your current employer.....				π YES π NO				
Name & Address of Employer:		Date employment expected to end:						
3. Is this your first request for relocation allowances under the Trade Act?				π YES π NO				
If no, explain _____								
4. Have you obtained suitable employment or do you have a bona fide offer of employment?				π YES π NO				
Name, Address & Telephone of Firm Offering Employment:		Job Title		Start Date				
		City & State of Relocation		Expected Date to Move				
B. WORKER REQUEST FOR TRAVEL ALLOWANCES								
TRAVEL IDENTIFICATION	NUMBER PERSONS	TRAVEL DATES		TRAVEL BY AUTO		TRAVEL BY COMMERCIAL CARRIER		
		FROM	TO	MILEAGE	COST \$\$	TYPE	# OF PASSENGERS	ACTUAL COST \$\$
WORKER								
SPOUSE								
CHILDREN								
OTHER FAMILY MEMBERS								
ABSENT CHILDREN OR FAMILY MEMBERS								
NAMES OF TRAVELERS	AGE	RELATIONSHIP		JUSTIFICATION (Other family members and late departure)				

PLEASE SEE REVERSE SIDE FOR TRANSPORTATION OF HOUSEHOLD GOODS, LUMP SUM PAYMENT INFORMATION, CLIENT CERTIFICATION & DCS'S DETERMINATION. ←

C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS

COMMERCIAL CARRIER			TRAILER HAULED BY AUTO			COMMERCIAL CARRIER AND/OR TRUCK RENTAL		
Type of Service	# of Miles	Estimated Charges	Type of Service	# of Miles	Estimated Charges	Type of Service	# of Miles	Estimated Charges
Moving		\$	Trailer Rental		\$	o Trailer hauled by Commercial carrier		\$
Accessorial		\$	Federal Rate		\$	o Truck rental		\$
Insurance		\$						
TOTAL:		\$	TOTAL:		\$	TOTAL:		\$

Name & Address of Commercial Carrier and/or Rental Company: _____

D. WORKER REQUEST FOR LUMP SUM PAYMENT

AVERAGE GROSS WEEKLY WAGE: \$ _____ (multiplied by three): \$ _____

E. WORKER CERTIFICATION

I give this information to support my request for relocation allowances under the Trade Act, as amended. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I further certify that the funds received will be used for the intended purpose and that I will provide proof of such expenditures as required.

Worker's Signature _____

Date _____

F. DCS'S TRADE UNIT DETERMINATION

1. o You ***are NOT ELIGIBLE*** to receive Relocation Allowances the Trade Act, as amended, because:
- a. π You were not totally or partially separated from adversely affected employment.
 - b. π You did not apply for relocation allowances within 425 days of the date you were certified as eligible to apply for Trade Adjustment Allowances or within 425 days of the date of your last total separation from adversely affected employment or within 182 days after the date you completed training to which you were referred.
 - c. π You were not totally separated from employment when your relocation began.
 - d. π You can reasonably be expected to obtain suitable employment in the area in which you reside.
 - e. π You have not obtained suitable employment or a bona fide offer of suitable employment in the area of intended relocation.
 - f. π Your relocation did not occur within 182 days from the date your application was filed or within 182 days after the date you completed training to which you were referred.

2. o Relocation Allowances ***ARE APPROVED*** for the following costs:

- a. o TRAVEL EXPENSE at \$ _____ computed at _____% of the total of:

- 1. o \$ _____ at \$ _____ per mile for _____ privately owned automobiles for _____ miles.

- c. o MOVING ALLOWANCES of \$ _____ computed at _____% of:

- 1. o \$ _____ the cost of commercial carrier or trailer hauled by commercial or rental trailer, or truck.
- 2. o \$ _____ computed by \$ _____ per mile for _____ miles for trailer or house trailer hauled by automobile.

- b. o LODGING & MEALS of \$ _____ computed at _____% of the lesser of:

- 1. o \$ _____ of actual expenses, or
- 2. o \$ _____ 50% of Federal daily living expenses.

- d. o LUMP SUM of \$ _____ computed at

3X \$ _____ (average grossweekly wage) not to exceed \$ _____.

TOTAL AMOUNT PAID: \$ _____

Date of Payment: _____

Signature of DCS's Trade Representative: _____

Title: _____

Date: _____

G. Appeal Rights

If you disagree with this determination, you have the right to reconsideration and appeal. Please see the DCS's Trade Program Hearing Request Form if you choose to do so.