



TRAVEL ALLOWANCE WHILE IN TRAINING

TRADE ACT OF 1974, AS AMENDED

Client's Name:	Jobseeker ID:	Petition #:	Received (Box for MDCS Only):
Address:		Name of Training Facility:	
		Training Dates: Start - End	

A. ATTENDANCE IN TRAINING (TO BE COMPLETED BY WORKERS)

1A. Please state the number of days in training. If carpooling, please indicate whether you were the driver or the passenger.

Number of Days

Driver

Passenger

Week #1: Start: End: _____ ☐ ☐

Week #2: Start: End: _____ ☐ ☐

1B. From the start date of training week #1 through the end date of training week #2, did you attend all scheduled classes? Note: If you did not attend class due to a holiday or break, please answer "No".

☐ YES

☐ NO

Please explain all "NO" answers:

Date(s)	Reasons for Non-Attendance	Date(s)	Reasons for Non-Attendance
_____	_____	_____	_____
_____	_____	_____	_____

If you have withdrawn from training, or training has been completed, please indicate last date of attendance: _____

B. CLIENT'S CERTIFICATION

I authorize deduction for advances made to me if appropriate. I give this information to support my request for allowances. The information contained in this request is correct 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, including disqualification from receipt of travel benefits. I also understand that if I am commuting with other student(s), only the driver may receive a Trade Travel Allowance.

Signature of Client: _____

Phone #: _____

Date: _____

C. DCS DETERMINATION (for office use only)

APPROVED: ☐ YES ☐ NO

BY: _____

DATE: _____

REASON FOR DENIAL

DATE: _____

Please return form to: TradePrograms@detma.org