LOWER SAVANNAH TAA INSTRUCTION NUMBER: 08-06

TO: See Distribution Below
ORIGINAL DATE: February 17, 2009
REVISION DATE:
EFFECTIVE DATE: FEBRUARY 17, 2009
SUBJECT: TRADE ADJUSTMENT ASSISTANCE (TAA) PROGRAM PARTICIPANT TRAINING AGREEMENT

PURPOSE:
The purpose of this Instruction is to issue the Participant Training Agreement for the Trade Adjustment Assistance (TAA) Program.

BACKGROUND:
This training agreement was developed by the Department of Commerce to be used for Trade participants as they enter training. This Agreement has been developed for Trade participants, in order to avoid many of the common pitfalls that affect their training programs. Completion of this agreement will not only remind participants of their responsibilities when entering training, but also give Case Managers and TAA Coordinators something to reference when a participant’s training program must be discontinued.

POLICY:
Effective FEBRUARY 17, 2009, the Trade Adjustment Assistance (TAA) Program Participant Training Agreement must be completed for all TAA participants, currently enrolled in training, as well as new participants entering the program.

Case Managers or TAA Coordinators must ensure that:

1. The Original Copy of the signed TAA Participant Training Agreement is placed in the official WIA/TAA File Folder;
2. The TAA participant receives a signed copy of the TAA Participant Training Agreement; and,
3. The Training Provider receives a signed copy of the TAA Participant Training Agreement.

ACTION:
All applicable Lower Savannah Workforce Investment Area (LSWIA) sub-recipient organizations will implement and comply with these instructions, as well as any related instructions contained in applicable contractual agreements.
Please copy and distribute this information appropriately within your agency.

INQUIRIES:
Direct all inquiries on this Instruction to the Lower Savannah WIA Workforce Development Staff, Lower Savannah Council of Governments, Post Office Box 850, Aiken, South Carolina 29802-0850, telephone 803-649-7981, fax 803-649-2248, or e-mail Sam Jordan at sjordan@ls cog.org, Sally Sharpe at ssharpe@ls cog.org, or Les Johnson at lj ohnson@ls cog.org.

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Workforce Development Administrator

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South Carolina Trade Adjustment Assistance Program

Participant Training Agreement

Participant Name: ____________________________________________

Training Provider: ___________________________ Training Program: ___________________________

Projected Start Date: ___________________________ Projected End Date: ___________________________

1. I will participate in full-time training during the length of the specified program, as defined by the training provider.

2. I will abide by the training provider’s attendance policy. I will participate in ALL classes scheduled. Any failure to participate may be cause for denial of TRA/UI benefits during the week in which the failure to participate occurred. Excessive failure to participate in classes will be considered cause for termination from training.

3. I will maintain “satisfactory” progress throughout my Remedial and/or Occupational training, as defined below:
   • Showing improvement, as evaluated on an individual basis, at least every six months. (Remedial)
   • Attaining and maintaining a cumulative grade point average of 2.0 (or higher, if required by the training provider). (Occupational)

   Failure to maintain satisfactory progress may be reason for denial of TRA benefits and/or termination from training.

4. I will cooperate with the training provider to ensure the completion and submission of the weekly attendance form (ETA-858-A).

5. I will not change my training program without prior approval from my case manager. I will register only for classes in my approved training program, and I will not drop classes from my training program. Failure to obtain approval from my case manager for changes in my training program may be cause for termination from training. Furthermore, I will be financially responsible for training that was not approved.

6. I will not be paid any Basic or Additional TRA benefits during a break in training that lasts more than (30) days.

7. I am responsible for providing a copy of my training schedule to my case manager at the beginning of the term. At the end of the term, I am responsible for providing a record of my grades.

8. I will not pay for any portion of my training (to include tuition and other required expenses) with personal funds, including personal or student loans. Use of such funds to pay for any training-related expenses will immediately cause my TAA-approved training to be discontinued. Discontinuing training will also result in my TRA benefit being discontinued.

Participant Signature ___________________________ Date ___________________________

Case Manager Signature ___________________________ Date ___________________________

*Original in File
*Copy to Participant
*Copy to Training Provider