

**TEXAS WORKFORCE COMMISSION  
REQUEST FOR RELOCATION ALLOWANCES**

TRADE ACT OF 1974, AS AMENDED

CASE MANAGER	DATE OF APPLICATION
LOCAL WORKFORCE CENTER NUMBER	PETITION NO.
WORKER'S NAME (Last, First, Middle)	SOCIAL SECURITY NO.
	PAYING STATE
ADDRESS (No., Street, City or County, State, ZIP Code)	ADDRESS FOR CHECK MAILING (No., Street, City or County, State, ZIP Code)

**A. WORKER APPLICATION FOR RELOCATION ALLOWANCES**

1. Were you totally separated from adversely affected employment? ..... **YES**  **NO**
2. Are you currently employed? .....    
(If "YES," complete the information concerning your present employment)

Name and Address of Firm	Date of Employment Expected to End

3. Is this your first request for relocation allowances under the Trade Act of 1974? .....    
(If "NO," explain)
4. Have you obtained suitable employment, or do you have a bona fide offer of employment? .....

Name and Address of Firm Offering Employment	Job Title	Starting Date
	City and State of Relocation	Expected Date of Move

**B. WORKER REQUEST FOR TRAVEL ALLOWANCES**

TRAVEL IDENTIFICATION	NUMBER PERSONS	*NAMES OF TRAVELERS	AGE	RELATIONSHIP	JUSTIFICATION (Other family members and late departure)
Worker					
Spouse					
Children*					
Other Family Members*					

**C. WORKER REQUEST FOR TRANSPORTATION OF HOUSEHOLD GOODS**

COMMERCIAL CARRIER       TRAILER HAULED BY AUTO       TRUCK RENTAL

**D. WORKER REQUESTS LUMP SUM PAYMENT**      YES       NO

**E. WORKER CERTIFICATION**

I give this information to support my request for payment of a job relocation allowance under the Trade Act of 1974, 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.

SIGNATURE OF WORKER	DATE SIGNED (Mo., Day, Year)

## F. STATE AGENCY DETERMINATION

1. Worker totally separated within the past 425 days from adversely affected employment? .....  YES  NO  
 If "YES" Date of Last Total Separation \_\_\_\_\_  
 If "NO" Date of Certification \_\_\_\_\_
2. State employment service director's certification of suitable employment completed and on file? .....  YES  NO
3. worker application for relocation allowances made not later than:
- a. 425<sup>th</sup> day after the date of certification or last separation? .....  YES  NO
- b. 182<sup>nd</sup> day after the concluding date of training? .....  YES  NO
4. Applicant accepted referral by job service to employer? .....  YES  NO

## G. RESULTS OF DETERMINATION

- I.  You are NOT ELIGI LE to receive Relocation Allowances under Section 238 of the Trade Act of 1974, Amended in 1981 because:
- (a)  You were not totally or partially separated from adversely affected employment.
- (b)  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 first separation from adversely affected employment or within 182 days after the date you completed training to which you were referred by State Job Service.
- (c)  You were not totally separated from employment when your relocation began.
- (d)  You can reasonably be expected to obtain suitable employment in the area in which you reside.
- (e)  You have not obtained suitable employment or a bona fide offer of suitable employment in the area of intended relocation.
- (f)  Your relocation did not occur within 182 days from date your application was filed or within 182 days after the date you completed training to which you were referred by your State Job Service.
- (g)  See Attached Determination.
- II.  Relocation Allowances are approved for payment of the following cost computed at:
- (a)  TRAVEL EXPENSE OF \$ \_\_\_\_\_, 90% of the lessor of:  
 (1)  \$ \_\_\_\_\_ Actual expense, or  
 (2)  \$ \_\_\_\_\_, at \$ \_\_\_\_\_, per mile for \_\_\_\_\_ Miles.
- (b)  LODGING AND MEALS OF \$ \_\_\_\_\_, 90% of the lessor of:  
 (1)  \$ \_\_\_\_\_ Actual expense, or  
 (2)  \$ \_\_\_\_\_ 50% of federal daily living allowances.
- (c)  MOVING ALLOWANCES OF \*\$ \_\_\_\_\_, 90% OF: \*(Includes \$ \_\_\_\_\_ for insurance  
 (1)  \$ \_\_\_\_\_ for cost of commercial carrier or trailer hauled by commercial carrier or rental trailer, or truck.  
 (2)  \$ \_\_\_\_\_ Computed by \$ \_\_\_\_\_ Per mile for \_\_\_\_\_ Miles for trailer or house trailer hauled by automobile.
- (d)  LUMP SUM of \$ \_\_\_\_\_ Computed at 3 x \$ \_\_\_\_\_ (average weekly wage) not to exceed \$800
- TOTAL AMOUNT PAID \$ \_\_\_\_\_

Signature of State Agency Representative

Title

Date Mailed

## H. APPEAL RIGHTS

If you disagree with the determination indicated above, you have the right to appeal. The appeal must be filed within 14 days after the "DATE MAILED" which is shown above. The appeal may be filed by completing a written appeal form which may be obtained from a Commission representative or by writing to the Appeal Tribunal, Texas Workforce Commission, Austin, Texas 78778. ALWAYS FURNISH THE SOCIAL SECURITY ACCOUNT NUMBER SHOWN ON THE FACE OF THIS FORM WHEN WRITING THE TEXAS WORKFORCE COMMISSION ABOUT THIS DETERMINATION.