

Verification of TAA Training Attendance Instructions

This form must be used to verify training attendance for continued benefits of TAA training, TRA, transportation, and/or subsistence.

1. LWIA #/ETC Enter the LWIA # and ETC where the customer is being served.
2. Customer SSN Enter the SSN of the customer.
3. Date Enter the date this form is being completed.
4. Customer Name Enter the customer's last name, first name and middle initial.
5. Street Address (Residence) Enter the street address where the customer currently resides. Enter the apartment number, if applicable.
6. City Enter the city where the customer currently resides.
7. State Enter the state where the customer currently resides.
8. Zip Enter the 5 digit zip code where the customer currently resides.

Training Provider Information

9. Name of Training Institution Enter the name of the training institution where the customer will attend training.
10. Street Address Enter the street address of the training institution.
11. City Enter the city of the training institution.
12. State Enter the state of the training institution.
13. Zip Enter the 5 or 9 digit zip code of the training institution.
14. Week 1 Ending Date/Week 2 Ending Date Enter the last day of the weeks for which payment is requested.
15. Attendance for this training requires Indicate the hours per day, the days per week, and the length of the training in months and years that the customer is required to attend training.

To Be Completed By Training Provider

16. Course Title(s) Enter the name of the course for which verification of attendance is requested.
17. Attended All Scheduled Training Courses Indicate yes if the customer attended all scheduled training courses; no, if they did not.
18. If "NO" on item #17, dates not in attendance Enter the dates of the scheduled training courses which the customer did not attend.
19. Authorized Training Provider Signature An authorized representative of the training provider should sign and date this form.

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Note: The authorized training provider signature is verification that the customer has attended training as listed above. The course instructor's signature will be sufficient for authorization.

20. Authorized Training Provider Printed Name, Title and Date
The authorized training provider should print name, title and date of signature.
NOTE: The authorized training provider signature is verification that the customer has attended training as listed above. The course instructor's signature will be sufficient for authorization.
21. Customer Signature and Date
The customer must sign and date this form. When the customer signs and dates this form they are certifying that the preceding information is correct to the best of their knowledge and that there is no intent to commit fraud.