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| **1. ELIGIBILITY** | | | |
| **1-a. petition number, certifications** | |  |  |  |  | | --- | --- | --- | --- | | **ITEM** | **DOL** | **UTAB** | **ETO** | | **Petition #** | **00000000** | **00000000** | **00000000** | | **Impact Date** | **00/00/00** | **00/00/00** | **00/00/00** | | **Certification Date** | **00/00/00** | **00/00/00** | **00/00/00** | | **Expiration Date** | **00/00/00** | **00/00/00** | **00/00/00** |   **OBSERVATIONS**  **TRA Data Entry Errors were identified in  ETO  UTAB**  **Could not locate data cross match in  ETO  UTAB**  **TAA/TRA ELIGIBILITY**  **The individual must be an adversely affected worker (includes incumbent workers under 2009, 2011, and 2015 rules) covered under an approved petition; and.**  **The individual’s first qualifying layoff must have occurred on or after the impact date and on or before the expiration date of the petition.**  **In the 52-week period ending with the week of the individual’s first qualifying separation or any subsequent total qualifying separation under the same certification, the individual must have had at least 26 weeks of employment at wages of at least $30.00 or more a week in the adversely affected employment.**  **For each week in which one of the following conditions exist, a week of employment may be added, up to a maximum of seven weeks:**  **The adversely affected employer authorized leave for vacation, sickness, injury, maternity, or inactive duty or active-duty military service or training; or**  **An individual’s employment was interrupted to serve as a full time representative of a labor organization in the affected firm or subdivision.**  **For each week in which one of the following conditions exist, up to a maximum of twenty-six weeks may be added:**  **An individual could not work for the adversely affected employer due to a disability compensable under workers compensation law or plan of a state or the United States; or**  **The individual is on call-up for active duty in reserve status in the Armed Forces of the United States if such week began after August 1, 1990.**  **At the time of the first layoff on or after the impact date, the individual must be monetarily eligible for unemployment. The individual did not have to file a claim but must have had enough hours of work and wages to establish a benefit year.**  **The individual must have exhausted all rights to unemployment insurance or extended benefits for which the individual was entitled.** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |

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| **1-b. NOTIFICATION OF TRADE ADJUSTMENT ASSISTANCE (TAA)** | **Cross match Petition # within Certification Master Spreadsheet to the contents within the Employer Folders Library.**  **WRITTEN** [**NOTIFICATION**](https://storemultisites.blob.core.windows.net/media/WPC/adm/policy/3000-2-2015.pdf) **MAILED TO WORKER(S)**  **Employer Folder (TRA SharePoint Site Landing Page)**  **TAA Certification Master (Status Tracking)**  **US Mail of Notification packets (Mail Ctr Request)**  **Could not locate documentation of written worker**  **notification** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **1-c. REQUEST FOR DETERMINATION** | **Cross match ETO/UTAB with TRA Maintenance Case**   |  |  | | --- | --- | | **INITIAL Determination** | **PET#:**  **26/26  8/16** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  | | **REDETERMINATION** | **N/A** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  | | **AMENDED Determination** | **N/A** | | **Support Doc** | **YES  NO** | | **Date Req. Received** |  | | **Determination Date** |  | | **Impact Date** |  | | **Certification Date** |  | | **Expiration Date** |  | | **Separation Date** |  | | **Date Mailed\*** |  | | **Waiver Deadline** |  | | **Eligibility Period** |  |   **\*Entitlements are to be mailed within 14 days of receipt.** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **1-D. Liable & Agent state** | **WA – LIABLE/AGENT STATE RECORD DOCUMENTATION-TRA**  **Written Determination:**  **Specifies Liable/Agent State**  **Matches support documentation** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **2. TRADE READJUSTMENT ALLOWANCES (TRA)** | | | | |
| **2-A. basic tra** | **Crossmatch in UTAB/ETO**   |  |  | | --- | --- | | **BASIC TRA  N/A** | **YEAR RULES: 20XX** | | **Basic TRA Application** | **YES  NO** | | **Date App. Received** |  | | **Support Documentation** | **YES  NO** | | **Determination (57)** | **YES  NO** | | **Certification Date** |  | | **Separation Date** |  | | **Expiration Date** |  | | **Waiver Deadline** |  | | **TRA Basic Eligibility Period** |  | | **Work Search Directive** | **YES  NO  N/A** | | **UI/EB- BX Date** |  | | **TRA Basic Start Date** |  | | **WBA** |  | | **MBA** |  | | **Weeks Allowed** |  | | **Weeks Paid** |  | | **Date of 1st TRA Payment** |  | | **TAA Enrollment Date** |  | | **Delay in TRA Payments** | **YES  NO  N/A** | | **EB Eligible** | **YES  NO  N/A** | | **TB Eligible** | **Applied  YES  NO  N/A**  **Allow  YES  NO  N/A**  **Denied  YES  NO  N/A**  **Appeal  YES  NO  N/A** | | **Order of Entitlement** | **YES  NO  N/A** | | **Training (TRG) Start Date** | **00/00/00 or  N/A** | | **Any 30-Day breaks in TRG** | **YES  NO  N/A** | | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **2-B. ADDITIONAL (ADD) TRA** | **Crossmatch in UTAB/ETO:**   |  |  | | --- | --- | | **ADD TRA  N/A** | **YEAR RULES: 20XX** | | **Support Documentation** | **YES  NO** | | **TRA ADD Eligibility Period** |  | | **BASIC BX Date** |  | | **Notice sent to worker** | **YES  NO** | | **TRA ADD Start Date** |  | | **Weeks Allowed** |  | | **Weeks Paid** |  | | **Date of 1st ADD Payment** |  | | **Delay in TRA Payments** | **YES  NO  N/A** | | **Order of Entitlement** | **YES  NO  N/A** | | **Training (TRG) Start Date** | **00/00/00 or  N/A** | | **Any 30-Day breaks in TRG** | **YES  NO  N/A** | | **Eligible for unpaid Basic** | **YES  NO  N/A** | | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **2-C. COMPLETION (COMP) TRA** | **Crossmatch in UTAB/ETO:**   |  |  | | --- | --- | | **COMP TRA  N/A** | **YEAR RULES: 20XX** | | **Completion TRA Application** | **YES  NO** | | **Support Documentation** | **YES  NO** | | **Date App. Received** |  | | **TRA COMP Eligibility Period** |  | | **ADD BX Date** |  | | **Notice sent to worker** | **YES  NO** | | **Weeks Allowed** |  | | **Weeks Paid** |  | | **Date of 1st COMP Payment** |  | | **Delay in TRA Payments** | **YES  NO  N/A** | | **Order of Entitlement** | **YES  NO  N/A** | | **Training (TRG) Start Date** | **00/00/00 or  N/A** | | **Any 30-Day breaks in TRG** | **YES  NO  N/A** | | **Date of Last COMP Payment** |  | | **Eligible for unpaid Basic** | **YES  NO  N/A** |   . | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **3. REEMPLOYMENT AND ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (RTAA/ataa)** | | | | |
| **3-A. REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE (RTAA)** | | **Crossmatch in UTAB/ETO:**   |  |  | | --- | --- | | **RTAA N/A** | **YEAR RULES: 20XX** | | **Petition #** |  | | **TAA Enrollment Date** |  | | **RTAA Application** | **YES  NO** | | **Date App. Received** |  | | **Support Documentation** | **YES  NO** | | **At least 50 years of age** | **YES  NO** | | **Reemployed by last day of 26th week after qualifying separation...or cert date-whichever is later (ATAA)** | **YES  NO** | | **Reemployed with wages not to exceed $50,000 annually, excluding overtime and bonuses** | **YES  NO** | | **Reemployed Full Time, as defined by State law** | **YES  NO** | | **Determination Written** | **YES  NO** | | **Notice sent to worker** | **YES  NO** | | **RTAA Eligibility Period (104 weeks)** |  | | **Date of 1st A/RTAA Payment** |  | | **MBA $10,000 paid to date** |  | | **Delay in A/RTAA Payments** | **YES  NO  N/A** | | **Did the participant receive TRA, Training or job search?** | **YES-not eligible for ATAA**  **NO** | | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **3-B. ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (ATAA)** | | **Crossmatch in UTAB/ETO:**   |  |  | | --- | --- | | **ATAA N/A** | **YEAR RULES: 20XX** | | **Petition #** |  | | **TAA Enrollment Date** |  | | **ATAA Application** | **YES  NO** | | **Date App. Received** |  | | **Support Documentation** | **YES  NO** | | **At least 50 years of age** | **YES  NO** | | **Reemployed by last day of 26th week after qualifying separation...or cert date-whichever is later (ATAA)** | **YES  NO** | | **Reemployed with wages not to exceed $50,000 annually, excluding overtime and bonuses** | **YES  NO** | | **Reemployed Full Time, as defined by State law** | **YES  NO** | | **Written Determination** | **YES  NO** | | **Notice sent to worker** | **YES  NO** | | **ATAA Eligibility Period (104 weeks)** |  | | **Date of 1st A/RTAA Payment** |  | | **MBA $10,000 paid to date** |  | | **Delay in A/RTAA Payments** | **YES  NO  N/A** | | **Did the participant receive TRA, Training or job search?** | **YES-not eligible for ATAA**  **NO** | | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **4. TRA/RTAA/ATAA - DENIAL & APPEALS** | | | | |
| **4-A. TRA/RTAA/ATAA - DENIAL** | | **Case notes, cross match of MIS – ETO, UTAB, and ILINX:**  **☐ An initial written determination or redetermination was in the record**  **☐ An Appeal with support documentation was filed within 30 days after the date of notification or mailing of a determination or redetermination**  **☐ The Appeal and support documentation was in the programs MIS records.**  **☐ TAA, TRA, or A/RTAA appeals with support documentation were uploaded within 5 days of the participant filing their appeal into the state OAH system**  **☐ Written determinations or redeterminations when allowing or denying TAA, TRA or A/RTAA entitlements were issued by the TRA Unit.**  **\*TAA Activity written decisions allowing or denying or prepared by the Case Manager, confirmed by the TAA Supervisor, and verified by the TAA Program Operator (see Element TAA Denial & Appeals)** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **4-B. TRA/RTAA/ATAA - APPEALS** | | **Case notes, cross match of MIS – ETO, UTAB, and ILINX:**  **☐ An initial written determination or redetermination has located in the record**  **☐ An Appeal with support documentation was filed within 30 days after the date of notification or mailing of a determination or redetermination**  **☐ The Appeal and support documentation was in the programs MIS records.**  **☐ TAA, TRA, or A/RTAA appeals with support documentation were uploaded within 5 days of the participant filing their appeal into the state OAH system**  **☐ Written determinations or redeterminations when allowing or denying TAA, TRA or A/RTAA entitlements were issued by the TRA Unit.**  **\*TAA Activity written decisions allowing or denying or prepared by the Case Manager, confirmed by the TAA Supervisor, and verified by the TAA Program Operator (see Element TAA Denial & Appeals)** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **5. MANAGEMENT INFORMATION SYSTEM – ETO/UTAB - DATA INTEGRITY** | | | | |
| **5-A. UTAB** | | **BENEFIT SERVICES**  **YES, were consistently entered in UTAB and detailed the provision of services for A/RTAA or TRA benefits**  **NO, One or Two Issues Identified for A/RTAA or TRA**  **NO, could not locate services that identified the delivery of any on-going services for A/RTAA or TRA benefits**  **RECORDED BENEFITS**  **Were benefit payments attached to the appropriate programs (A/RTAA, TRA, TB, EB, and UI):**  **YES, No Issues Identified**  **NO, One or Two Issues Identified that A/RTAA or TRA**  **NO, Several or More Issues Identified that A/RTAA or TRA**  **Were benefits recorded correctly as defined by TRA procedures?**  **YES, No Issues Identified**  **NO, One or Two Issues Identified**  **NO, Several or More Issues Identified**  **Were benefits recorded within the allotted timeframes?**  **YES, No Issues Identified**  **NO, One or Two Issues Identified**  **NO, Several or More Issues Identified**  **Were appropriate benefit outcomes recorded in ETO/UTAB?**  **YES, No Issues Identified**  **NO, One or Two Issues Identified**  **NO, Several or More Issues Identified** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |
| **5-b. ETO/UTAB CASE NOTES** | | **COMMUNICATION BETWEEN TAA/TRA DESCRIBING THE PROVISION OF CLAIMANT SERVICES AND BENEFITS**  **YES, very detailed**  **YES, some detail**  **NO, could not locate case notes in ETO/UTAB describing the communication between TAA/TRA staff for the claimant’s provision of services and benefits** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |

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| **6. OVERPAYMENTS AND PENALTIES FOR FRAUD** | | | |
| **4-a. Waiver of Recovery of Overpayment** | **Cross match support documentation in ILINX, UTAB, and ETO. Review MIS for case notes and documents to determine if an overpayment occurred and if so, whether an overpayment waiver was approved or denied.**  **Evidence in the record indicates fraud may have occurred**  **The record contains a timely appeal that is under review at the time of program monitoring.**  **An Overpayment Waiver has been offered**  **A Written request for an overpayment waiver was documented when received from the claimant**  **Documentation in the record supports a review of Trade Act Financial Hardship was completed**  **Documentation in the record supports a Trade Act Necessary Expense Test was conducted, utilizing National and Local Standards**  **N/A**  **When an Overpayment Waiver was Approved:**  **Support documentation is in the record indicates the Claimant and TAA Case Manager were notified of the Waiver approval decision.**  **Could not locate notification documentation for the Claimant**  **Could not locate notification documentation for the Case Manager**  **When an Overpayment Waiver is Denied ESD MUST recover the overpayment.**  **An Overpayment Waiver was denied**  **The Overpayment has been recovered**  **Recovery of the Overpayment is in process**  **N/A**  **When an Overpayment was the result of Fraud, ESD MUST recover the overpayment. ESD must recover the payment(s) for which the person or individual was not entitled. Evidence in the record indicates:**  **The individual is ineligible for any further payments under TAA**  **Evidence in the record indicates a referral of conduct was made to the US Department of Labor Office of the Inspector General.**  **The payment(s) has been recovered**  **Recovery of the payment(s) is in process**  **N/A** | **Met**  **Not Met**  **N/A** | **No Action Required**  **The Following Action is Required:** |