Lower Savannah
Lower Savannah Council of Governments
Workforce Investment Area
Workforce Development Board
Workforce Development Department
Lower Savannah onestop Workforce System
2748 Wagener Road / Post Office Box 850, Aiken, SC 29802-0850 Ph:803/649-7981 Relay Service dial 711 (TTY) Fax:803/649-2248 Website: www.lswia.org

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.

An Equal Opportunity Employer/Program.
Auxiliary aids and services are available to individuals with disabilities upon request.

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@lscog.org, Sally Sharpe at ssharpe@lscog.org, or Les Johnson at ljohnson@lscog.org.

Samuel "Sam" R. Jordan
Workforce Development Administrator

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Distribution:
ABCAC, Inc. – Trade
CDIC, Inc. - Trade
One-Stop Workforce/Career Centers
WD Staff Members
SCESC Instructions Liaison (dthill@sces.org)
SC Department of Commerce Representative (sduncan@sccommerce.com)

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*