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Workforce Development Agency, State of Michigan (WDASOM)
Policy Issuance (PI) No. 10-31

Date: June 27, 2011

To: Michigan Works! Agency (MWA) Directors

From: Liza Estlund Olson, Director, Workforce Development Agency
SIGNED

Subject: Trade Adjustment Assistance (TAA) Participant Management Information Guide (PMIG)

Programs Affected: TAA

References: Trade Act of 1974, Public Law (PL) 93-618, as amended
Trade Act of 2002, PL 107-210
20 CFR Part 617
The Trade and Globalization Adjustment Assistance Act of 2009 (Division B, Title I, Subtitle I of the American Recovery and Reinvestment Act of 2009, Public Law No. 111-5)
BWT PI 07-18 Change 2, issued December 22, 2008, TAA Manual
BWT PI 09-21, issued November 23 2009, TAA Manual

Rescissions: BWT PI 06-17, and subsequent changes

Background: The Michigan Economic Development Corporation (MEDC)/ Workforce Development Agency (WDA) requires that all TAA applicant and participant information is reported in the One-Stop Management Information System (OSMIS) and that participant program eligibility is documented. The TAA PMIG has been updated to reflect changes in the TAA section of the OSMIS.

Policy: The Trade and Globalization Adjustment Assistance Act (TGAAA) of 2009 made significant changes to the current TAA program. These changes require a series of modifications to the One-Stop MIS. In addition, the reversion to the Trade Act of 2002 required further modifications to align with federal policy.



Workforce Development Agency, State of Michigan

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The Trade Act of 2002 covers petition numbers between 50,000 and 69,999, in addition to petition numbers of 80,000 and above. The Trade and Globalization Adjustment Assistance Act of 2009 covers petition numbers between 70,000 and 79,999. For the remainder of this policy issuance, these groups will be referred to by the provisions they are held to: Trade Act of 2002 and TGAAA of 2009. “TAA” will refer to all Trade Act programs.

- 1) New elements on the TAA Registration Screen (applies to all TAA programs):
 - Category of Disability
 - Campaign Veteran
 - Disabled Veteran
 - Date of Actual Military Separation
 - Transitioning Service Member
 - TANF Recipient
 - SSI/SSDI Recipient
 - Other Public Assistance
 - Vocational Education
 - Vocational Rehabilitation
 - Offender
- 2) For TGAAA of 2009 customers, qualifying separation dates may be entered that are greater than the application date, registration date and/or the current date to allow for the entry of Pre-Separation Training applicants.
- 3) Three new exit reasons have been added to the TAA Status screen (applies to all TAA programs):
 - Relocated to Mandated Residential Program – The participant is a Youth and was relocated to a Mandated Residential Program.
 - Did Not Receive Services for 90 Days after Eligible Quarter – The participant did not receive TAA benefits or services for 90 days following report quarter of eligibility determination.
 - Began Receiving Benefits under a New Petition Certification – The participant began receiving TAA benefits or services under a new petition certification.
- 4) For TGAAA of 2009 customers, an additional quarter (fourth) is required for collecting outcome information on the Outcome Reporting screen.
- 5) A new chapter was created to provide guidance on entering TAA Quarterly Training Expenditures (applies to all TAA programs).
- 6) All forms (exhibits) have been updated.
- 7) OSMIS screen shots have been added to all chapters.
- 8) Other updates/corrections including inclusion of definitions and expanded element descriptions as appropriate.

In addition, changes from PI 06-17 Change 1 (originally named Change 2 incorrectly, later changed to Change 1) have been incorporated into the TAA PMIG:

- Case Management Services has been added as an Activity (TGAAA of 2009)
- Apprenticeship Training has been added as a Training Type under Employer Based Training (TGAAA of 2009)
- Prerequisite Training has been added as an Activity (TGAAA of 2009)
- A new field “Was any of this training Part-Time?” has been added to Training (Prerequisite), Training (Classroom) and Training (Remedial) (TGAAA of 2009)
- The maximum amount that may be entered for a Job Search Allowance is \$1,500 and the maximum lump sum payment that may be entered for a Relocation Allowance is \$1,500 (TGAAA of 2009)

The Fiscal Year 2011 Performance Goals for the TAA programs are:

Entered Employment Rate: 62.7%

Employment Retention Rate: 83.9%

Average Earnings: \$13,391

Action: MWAs shall report TAA applicant and participant information consistent with the TAA PMIG.

Inquiries: Questions regarding this policy issuance should be directed to Mr. Joe Billig, Manager, Management Information Systems, at (517) 241-8614 or via email at billigj@michigan.gov.

This policy issuance is available from the Internet system at http://web.michworks.org/OWD/index_owd.htm. The information contained in this policy issuance will be made available in alternative format (large type, audio tape, etc.) upon special request to this office.

Expiration

Date: Continuing

LEO:TF:PE:gw
Attachment

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Exhibits:

- Exhibit 1A, Registration Form
- Exhibit 2A, Reemployment Form
- Exhibit 2B, Case Management Form
- Exhibit 2C, Out of Area Job Search Form
- Exhibit 2D, Relocation Form
- Exhibit 2E, Employer Based Training Form
- Exhibit 2F, Prerequisite Training Form
- Exhibit 2G, Classroom Training Form
- Exhibit 2H, Remedial Training Form
- Exhibit 2I, Waiver Form
- Exhibit 3A, Supportive Services Form
- Exhibit 4A, Status Reporting Form
- Exhibit 5A, Outcome Reporting Form

TAA Participant Management Information Guide

Chapter 1: Trade Adjustment Assistance (TAA) Registration

Section 1-1: Purpose

The Trade Adjustment Assistance (TAA) Participant Management Information Guide (PMIG) includes all participant reporting requirements for entering information in the One-Stop Management Information System (OSMIS) including definitions of terms and eligibility criteria. The guide is to be used by Michigan Works! Agency (MWA) program staff and staff of the WDA.

Information identified as required on the OSMIS is necessary for federal reports and program management. The OSMIS will print a completed registration if requested by local staff. MWA officials may design forms that capture the information for the required items in the OSMIS or use the forms provided in this policy issuance. Revised and/or additional PMIG chapters and pages will be issued as necessary. The guide should be kept at hand in a loose-leaf notebook or binder so that changes, additions, and deletions can easily be made.

TAA applicant and participant information must be entered in the OSMIS. An applicant is defined as an individual who applies for TAA but has not received a service funded by the TAA program. A TAA participant is an individual who applies for TAA and receives a Case Management service (funded by TGAAA of 2009), a TAA Waiver, Job Search Allowance, Relocation Allowance and/or any type of TAA Training (including travel and/or subsistence allowance).

The TAA Registration form (Exhibit 1A) is used to collect applicant information required by federal regulations. The registration form must be completed for all applicants for TAA services. The applicant must sign and date the registration form at the time the individual meets the definition of an applicant. A signed and dated registration form attests that the information is true to the best of the applicant's knowledge and there is no intent to commit fraud. The signature acknowledges that the information on the registration form will be used to determine eligibility, that the applicant may be required to document the accuracy of the information, and that the information is subject to external verification and may be released for such purposes. The signature also acknowledges that if found ineligible subsequent to enrollment, the applicant will be terminated as a result of falsifying information on the registration form and s/he may be prosecuted for fraud. The Intake Worker must sign and date the registration form after the applicant signs the form. The registration date must be the date on the registration form.

Documentation supporting the TAA eligibility determination must be maintained in the participant's file. The documentation must include the petition (certification) number and one of the following items identifying the individual and showing that the qualifying separation (or company scheduled qualifying separation for TGAAA of 2009 participants) date is on or after the impact date and the expiration date shown on the certification from the United States Department of Labor (USDOL):

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- Company lay-off/rapid response list (with reason for separation and last day worked/last day scheduled to work),
- Lay-off letter provided by the company or union (with reason for separation and last day worked/last day scheduled to work),
OR
- TRA Determination of Eligibility

The signed registration form is an acceptable document for some reporting items required for federal data validation.

Corrections or clarifications to information completed by the applicant should show clearly that the intake worker made the notations. The intake worker should initial any changes made to this form. The intake worker should note any additions or corrections to the applicant's information in the Comment Section of the registration form.

The intake worker may complete all of the items on the form in a personal interview with the applicant. A personal interview with the applicant by the intake worker is encouraged for accurate reporting, since the applicant will not be familiar with the definitions used for many of the reporting items. All applicants must complete the items on the form identified as required information.

The TAA registration process begins with a registration screen. The Registration screen collects the information necessary to meet Equal Opportunity requirements. The registration screen also includes other common information, such as address and telephone numbers, which may be useful to the MWA.

The items discussed for this form are in the following format.

Reference: Cross-references each data element to the sample form.

Field Name: Identifies the field and denotes required items.

⇒ Denotes required field.

Description: The definition of the field and relevant information.

EXAMPLE:

Reference. FIELD NAME:

Description

1. LAST NAME: (This field is required)
Enter the last name of the applicant.

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Section 1-2: Completing the TAA Registration Screen

CONTACT INFORMATION

1. LAST NAME: (This field is required)

Enter the last name of the applicant.

2. FIRST NAME: (This field is required)

Enter the first name of the applicant.

3. MIDDLE INITIAL: (This field is not required)

Enter the middle initial of the applicant.

4. ADDRESS: (This field is required)

Enter the home address of the applicant.

5. CITY: (This field is required)

Enter the city of residence for the applicant.

6. STATE: (This field is required)

Enter the state of residence of the applicant.

7. ZIP CODE: (This field is required)

Enter the zip code of the applicant.

8. PHONE NUMBER: (This field is not required)

Enter the telephone number, including area code, of the applicant. If the applicant has no telephone number where he/she can be reached, leave blank.

9. COUNTY: (This field is not required)

Enter the county of residence of the applicant.

Note: The system will display the county name using the city name and zip code. If more than one county name matches the city name and zip code, the system will display the name of each county and require the selection of a county.

10. ALTERNATE CONTACT NAME: (This field is not required)

Enter the full name of someone who can be contacted to help locate the applicant.

11. ALTERNATE PHONE NUMBER: (This field is not required)

Enter the telephone number of the alternate contact where he/she could be reached or a message left. If the alternate contact has no telephone number, leave blank.

12. EMAIL: (This field is not required)

Enter the email address of the applicant.

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[Applicant Search](#)[Case Management](#)[Help/Info](#)[Special Functions](#)[OSMIS](#)

TAA Registration

Contact Information

⇒ Last Name:	<input type="text"/>	⇒ First Name:	<input type="text"/>	MI:	<input type="text"/>		
⇒ Address:	<input type="text"/>	⇒ City:	<input type="text"/>	⇒ State:	<input type="text"/>	⇒ Zip:	<input type="text"/>
Phone:	<input type="text"/>	County:	<input type="text"/>				
Alt. Name:	<input type="text"/>	Alt. Phone:	<input type="text"/>	Email:	<input type="text"/>		

PERSONAL CHARACTERISTICS

13. DATE OF BIRTH: (This field is required)

Enter the month, day, and year of birth of the applicant.

14. SOCIAL SECURITY NUMBER: (This field is required)

Enter the nine-digit identification number assigned by the Social Security Administration under the Social Security Act. If the applicant does not have a Social Security Number (SSN), the MWA, grant recipient, subrecipient, or contractor should assist him/her in obtaining one from the Social Security Administration.

Note: In accordance with the Privacy Act of 1974, the MWA may not deny to any individual any right, benefit, or privilege provided by law because of the individual's refusal to disclose his/her SSN. However, the MWA can properly require disclosure of an individual's Social Security account number pursuant to the Internal Revenue Code where it is used as the identifying number for such individual for the purposes of a return, statement, or other document required under the code (i.e., for payment of wages for On-the-Job Training, Work Experience, etc.). MWAs, therefore, should advise applicants at time of application of the uses made of the SSN. If an applicant refuses to provide a SSN, the MWA should create a number with the first two digits being the MWA number such as 260000001. The MWA must maintain a record of the numbers assigned.

15. SEX: (This field is required)

Enter “Male” or “Female”.

16. HISPANIC/LATINO ETHNICITY: (This field is not required)

Enter “Yes” if the applicant is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

Enter “No” if this does not apply.

17. RACE: (This field is required)

Enter all that apply but at least one must be chosen:

- African American
- American Indian
- Asian

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- Native Hawaiian or Other Pacific Islander
- White

Note: Many of the following reporting items have specific definitions the applicant will not know. The intake worker is encouraged to work with the applicant to obtain correct responses.

18. DISABILITY: (This field is not required)

Enter “Has a Disability” if the individual indicates that he/she has any "disability," as defined in Section (2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.

Enter “Does not have a Disability” if the individual indicates that he/she does not have a disability that meets the definition.

19. CATEGORY OF DISABILITY: (This field is required if #17 “Disability” is “Has a Disability”)

Enter “Physical Impairment” if the impairment is primarily physical, including mobility and sensory impairments.

Enter “Mental Impairment” if the impairment is primarily mental, including cognitive and learning impairments.

Enter “Both Physical & Mental Impairments” if the impairment includes both physical and mental impairments.

Enter “Participant did not disclose” if the participant does not wish to disclose his/her type of disability.

Note: Additional Reporting Instructions: For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.

20. VETERAN STATUS: (This field is required)

Enter “Yes, Equal to, Less than 180 Days” if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

Enter “Yes, Eligible Veteran” if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

Enter “Yes, Other Eligible Person” if the individual is (a) the spouse of any person who died on active duty or of a service-connected disability; (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for

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assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

Enter “No” if the individual does not meet any of the conditions above.

21. CAMPAIGN VETERAN: (This field is required if “Veteran Status” is “Yes, Equal to, Less than 180 days” or “Yes, Eligible Veteran”)

Enter “Yes” if the individual is an eligible veteran who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM).

Enter “No” if the individual does not meet the condition described above.

*Note: A current listing of the campaigns can be found at OPM's website:
<http://www.opm.gov/veterans/html/vgmedal2.asp>*

22. DISABLED VETERAN: (This field is required if “Veteran Status” is “Yes, Equal to, Less than 180 days” or “Yes, Eligible Veteran”)

Enter “Yes” if the individual is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA) if not for the receipt of military retirement pay; or was discharged or released from active duty because of a service-connected disability.

Enter “Yes, Special Disabled” if the individual is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military

retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap.

Enter “No” if the individual does not meet any one of the conditions described above.

23. DATE OF ACTUAL MILITARY SEPARATION: (This field is required if “Veteran Status” is “Yes, Equal to, Less than 180 days” or “Yes, Eligible Veteran”)

Record the date on which the individual separated from active duty with the U.S. armed forces.

Leave “blank” if the data element does not apply to the individual.

24. TRANSITIONING SERVICE MEMBER: (This field is required if “Veteran Status” is “Yes, Equal to, Less than 180 days” or “Yes, Eligible Veteran”)

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Enter “Yes” if the individual is in active military duty status (including separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces.

Enter “No” if the individual does not meet the condition described above.



TAA Registration

Personal Characteristics

⇒ Date of Birth: -- (mm/dd/yyyy)

⇒ SSN:

⇒ Sex:

Hispanic/Latino:

⇒ Race:

African American

American Indian

Asian

Nat Hi Or Pacific Islands

White

Disability:

Category of Disability:

⇒ Veteran Status:

Campaign Veteran:

Disabled Veteran:

Date of Actual Military Separation: --

Transitioning Service Member:

25. TANF RECIPIENT: (This field is required)

Enter “Yes” if the individual is listed on the welfare grant or has received cash assistance or other support services from the Temporary Assistance for Needy Families (TANF) agency in the last six months prior to date of participation.

Enter “No” if the individual does not meet the condition described above.

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26. SSI/SSDI RECIPIENT: (This field is required)

Enter “Supplemental Security Income (SSI) Only” if the individual is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to date of participation.

Enter “Supplemental Security Disability Insurance (SSDI) Only” if the individual is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program.

Enter “Yes, both SSI and SSDI” if the individual is receiving or has received both SSI and SSDI in the last six months prior to participation in the program.

Enter “Neither SSI nor SSDI” if the individual does not meet any of the conditions above.

27. OTHER PUBLIC ASSISTANCE: (This field is required)

Enter “Yes” if the individual is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to date of participation: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), or Supplemental Nutrition Assistance Program. Do not include foster child payments.

Enter “No” if the individual does not meet the above criteria.

28. EMPLOYED AT REGISTRATION: (This field is required)

Enter “Employed” if the individual either (a) works as a paid employee, (b) works in his or her own business, profession, or farm, (c) works as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job.

Enter “Employed but Received Notice of Term or Military Separation,” if the individual, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member.

Enter “Not Employed” if the individual does not meet any one of the conditions above.

29. WAGES PER HOUR (FOR THE) PRIOR SIX MONTHS: (This field is not required)

Enter the hourly wage the individual most recently received at the TAA-certified company.

30. UNEMPLOYMENT COMPENSATION PROGRAMS: (This field is required)

Enter “Eligible Claimant Referred by WPRS” if, at the time of registration in the program, the individual (a) filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, AND (b) was

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referred to service through the state’s Worker Profiling Reemployment Services (WPRS) system.

Enter “Eligible Claimant Not Referred by WPRS” if the individual meets condition (a) described above, but was not referred to service through the state’s WPRS system.

Enter “Exhaustee” if, at the time of registration in the program, the individual has exhausted all Unemployment Compensation benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights.

Enter “Neither Claimant nor Exhaustee” if the individual was neither an UC Claimant nor an Exhaustee at the time of registration in the program.

31. PELL GRANT: (This field is not required)

Enter "Yes" if the individual is or has been notified that he/she will be receiving a Pell Grant.

Enter "No" if this does not apply.

Note: This item may be updated at any time while the individual is receiving TAA services. Record “Yes” if the individual receives a Pell grant at any time during TAA participation.

32. LIMITED ENGLISH: (This field is required)

Enter "Yes” if the individual has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or community environment where a language other than English is the dominant language.

Enter “No” if this does not apply.

33. EDUCATION LEVEL: (This field is required)

Enter the highest grade the individual completed from the menu.

No Formal Education	No education grades completed.
First Grade – Eleventh Grade	Number of elementary or secondary grades completed.
Twelfth Grade	Individuals who have attained their final year of high school, but who have not graduated and received their high school diploma.
High School Graduate	High school graduate or equivalent includes completion of an Individual Education Program.
Certificate of Equivalency (GED)	Completion of a GED.
One year Post H.S. Two years Post H.S. Three years Post H.S.	Include college, or full-time technical or vocational school. Do not include individuals who are not high school graduates unless they attain a college degree.
Bachelors Degree	Bachelors Degree or equivalent.

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Education Beyond Bachelors Degree	Education achievement beyond a bachelor's degree.
Attained Certificate of Attnd/Comp	Individuals who receive certificates of attendance/completion.
Attained Other Post-Sec Deg/Cert	This refers to other post-secondary degrees or certified professional or educational achievements.
Attained Associates Diploma or Degree	This refers to the completion of an Associates degree or diploma.

34. EDUCATION STATUS: (This field is required)

Enter the current education status of the individual from the menu.

Enter “Student H.S. or less” if the individual is currently attending High School level or less.

Enter “Student Alternative School” if the individual is currently attending an Alternative School.

Enter “Student Attending Post H.S.” if the individual is currently attending school beyond High School.

Enter “Not Attending School; H.S. Dropout” if the individual is not currently attending school and discontinued school during their high school years.

Enter “Not Attending School; H.S. Graduate” if the individual is not currently attending school but graduated High School.

35. VOCATIONAL EDUCATION: (This field is required)

Enter “Yes” if the individual has received services financially assisted under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2471) (WIA section 121(b)(1)(B)(vii)).

Enter “No” if the individual has not received services under the condition described above.

36. VOCATIONAL REHABILITATION: (This field is required)

Enter “Yes” if the individual received services financially assisted under parts A and B of Title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIA Title IV, and Section 121(b)(1)(B)(vii) during the TAA participation.

Enter “VR & E” if the individual received services financially assisted by the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 USC Chapter 31.

Enter “Both VR and VR & E” if the individual received services from both vocational rehabilitation programs.

Enter “Neither VR nor VR & E” if the individual has not received any of the above services.

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37. OFFENDER: (This field is required)

Enter “Yes” if the individual has been subject to any stage of the criminal justice process resulting from an arrest or conviction.

Enter “No” if this does not apply.



TAA Registration

⇨ TANF Recipient:

⇨ SSI/SSDI Recipient:

⇨ Other Public Assistance:

⇨ Employed at Registration:

Wages Per Hour Prior Six Months:

⇨ Unemployment Compensation Programs:

Pell Grant:

⇨ Limited English:

⇨ Education Level:

⇨ Education Status:

⇨ Vocational Education:

⇨ Vocational Rehabilitation:

⇨ Offender:

TAA AND NAFTA/TAA ELIGIBILITY

38. CERTIFICATION (PETITION) NUMBER: (This field is required)

Record the petition number only (do not include any alphabetic characters) of the certification that applies to the applicant’s worker group. The certification number may be updated provided the participation is pending. Once the applicant becomes a participant and the information is submitted, the number becomes display only.

Workers covered by petitions identified by petition numbers 50,000 to 69,999 AND 80,000 and above will be eligible for benefits and services under the Trade Act of 2002. Workers covered by petitions identified by petition numbers 70,000 to 79,999 will be eligible for benefits and services under the TGAAA of 2009.

Valid certification numbers are maintained in the system by WDA staff. If an invalid, denied, or pending certification number is entered, the system will display an error message upon submittal of the registration.

39. CERTIFICATION TYPE: (A display-only system updated field)

The system determines the certification type using the Certification Number.

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40. QUALIFYING SEPARATION DATE: (This field is required)

Enter the most recent date of separation from trade-impacted employment that qualifies the individual to receive benefits and/or services.

Note: The date must be on or after the impact date and before the expiration date of the certification.

Note: For TGAAA of 2009 applicants, qualifying separation dates may be entered that are greater than the application date, registration date and/or the current date to allow for the entry of Pre-Separation Training applicants.

41. TENURE: (This field is required)

Enter the total number of months that the applicant was employed with the TAA-certified employer as of the applicant's most recent qualifying separation.

42. APPLICATION DATE: (This field is required)

Enter the date the applicant first applied for TAA services/benefits under the applicable certification. Application Date for TAA services/benefits is defined by the first date the applicant completes the local intake process for the TAA program.

43. PARTICIPATION DATE: (A display-only system updated field)

Note: The participation date is the earliest occurrence of one the following:

- *The date of the first TRA payment*
- *The start date of the earliest TAA-funded activity*
- *The start date of the earliest support service*

44. OTHER FEDERAL CO-ENROLLMENT: (A display-only system updated field. The system determines any applicable co-enrollment)

45. WORKFORCE INVESTMENT ACT (WIA) TITLE I REGISTRATION DATE: (A display-only system updated field) *The system will check to determine if there are any active WIA registration records where the registration date of the WIA record is less than or equal to the registration date of the TAA registration. If more than one record is present, the system will use the earliest registration date.*

46. A/RTAA PARTICIPANT: (This field is not required)

Enter "No" if the individual has not received an Alternative Trade Adjustment Assistance (ATAA) for Trade Act of 2002 participants or Reemployment Trade Adjustment Assistance (RTAA) for TGAAA of 2009 participants.

Enter "Yes" if the individual has received at least one ATAA or RTAA payment. This field should be updated when information is available.

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Applicant Search

Case Management

Help/Info

Special Functions

OS-MIS



TAA Registration

NAFTA/TAA Eligibility

⇨ Certification Number:

⇨ Certification Type: None

⇨ Qualifying Separation Date: --

⇨ Tenure(Months):

⇨ Application Date: --

Participation Date:

⇨ Other Federal enrollment: None

WIA Title I Registration Date:

ATAA Participant:

TRADE READJUSTMENT ALLOWANCES (TRA)

47. TRA PAYMENT: (This field is not required)

Enter one of the following based on the receipt of Trade Readjustment Allowance payments:

- No
- Basic TRA
- Additional TRA
- Both Basic and Additional TRA

This field may be updated as information is available.

48. TRAINING WAIVER: (A display-only system updated field)

The system will check to determine the current status of any waiver activity for the applicant/participant.

49. DATE OF FIRST AND LAST TRA PAYMENTS: (This field is not required)

The MWA may use the Unemployment Insurance Agency (UIA) Determination letter, discussions with the applicant and contact with the UIA to determine the dates during which TRA was received. Record the dates of the first and last TRA Payments. This field may be updated as information is available.

Note: *The Date of First Payment for TRA is required if Basic TRA, Additional TRA or Both Basic and Additional TRA is selected in Item #46, TRA Payment.*

TAA Participant Management Information Guide



TAA Registration

Trade Readjustment Allowances(TRA)

TRA Payment:

Training Waiver: N

Date of First TRA Payment:

Date of Last TRA Payment:

SPECIAL INITIATIVE INDICATORS

50. 09 GF/GP PARTICIPANT: (This field is not required)

Enter “Yes” if the individual is a 2009 General Fund/General Purpose (GF/GP) Participant.

Enter “No” if the individual is not a 2009 GF/GP Participant.

51. CHRYSLER/NWL B PARTNERSHIP PARTICIPANT: (This field is not required)

Enter “Yes” if the individual is a Chrysler/NWL B Partnership Participant.

Enter “No” if the individual is not a Chrysler/NWL B Partnership Participant.



TAA Registration

Special Initiative Indicators

FY 09 GF/GP Participant:

Chrysler/NWL B Partnership Participant:

NO WORKER LEFT BEHIND INFORMATION

52. NO WORKER LEFT BEHIND PARTICIPANT: (A display-only system updated field)
The NWLB Indicator will show “Yes”, “No” or “Unknown” based on Training received and the date of the training. The NWLB Indicator values are entered/set from the Enter Activities or Update Activities screens when participants are placed into training.

53. REGION CODE: (This field is not required)

Enter the MWA code, if applicable.-

54. OPTIONAL DATA A: (This field is not required)

Enter the optional data code, if applicable.-

55. OPTIONAL DATA B: (This field is not required)

Enter the optional data code, if applicable.

TAA Participant Management Information Guide

56. CASE MANAGER: (This field is not required)

Enter the Case Manager.

57. REGISTERED BY: (A display-only system updated field)

58. REGISTRATION MWA: (A display-only system updated field)

59. REGISTRATION LOCATION: (This field is required)

Select the Registration Location.

60. REGISTRATION DATE: (This field is required)

Enter the date of the registration.

61. STATUS: (This field is not required)

A display-only system updated field.



Applicant Search

Case Management

Help/Info

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TAA Registration

No Worker Left Behind Information

No Worker Left behind Participant? Unknown

Region Code: Optional Data A: Optional Data B:

Case Manager:

Registered By: CENTRAL STAFF DCD - MWA_ADM

Registration MWA: 33

Registration Location: ACSET Admin-Grand Rapids

Registration Date: 10 / 27 / 2010

Status: None

Chapter 2: Trade Adjustment Assistance (TAA) Activity Reporting

Section 2-1: Purpose

The following activities are available to individuals certified under the *Trade Act of 2002*:

- Reemployment Services
- Job Search Allowances
- Relocation Allowances
- Employer-Based Training (On-the-Job Training and Customized Training)
- Classroom Training
- Remedial Training
- Training Waiver

The following activities are available to individuals certified under the *TGAAA of 2009*:

- Job Search Allowances
- Relocation Allowances
- Employer-Based Training (including On-the-Job Training, Customized Training and Apprenticeship Training)
- Classroom Training (including Remedial and/or Prerequisite Training)
- Training Waiver
- Case Management Services

For individuals covered by TGAAA of 2009 certifications Training (Prerequisite), Training (Classroom), Training (Remedial) and Training Waivers may not be entered until an Individual Service Strategy is entered for the individual.

In order for an individual to receive training, the individual must meet the following six criteria for training and the Michigan Works! Agency (MWA) must document that the criteria have been met:

- 1) There is no suitable employment available
- 2) The applicant will benefit from training
- 3) There is a reasonable expectation of employment following the training
- 4) The training is reasonably available
- 5) The applicant is qualified to undertake training
- 6) The training is suitable for the applicant and available at a reasonable cost

Instructions for completing the following TAA screens are included in this chapter:

- Reemployment Services
- Case Management
- Out-of-Area Job Search Allowance
- Relocation Allowance
- Employer-Based Training

TAA Participant Management Information Guide

- Classroom Training
- Remedial Training
- Prerequisite Training
- Training Waiver

Forms associated with the activities are included at the end of the chapter, as Exhibits A through I. Reporting items that are common for all of the forms are described in the first half of the chapter. Reporting items that are unique to individual forms are described later in the chapter, under the description of those forms and their uses.

Activities for individuals certified by Trade Act of 2002:

The screenshot shows the 'Enter Activities' page in the Michigan Works! One Stop MIS TAA system. At the top, there is a navigation bar with 'Applicant Search', 'Case Management', 'Help/Info', 'Special Functions', and 'OSMIS' buttons, along with the 'TAA' logo. Below the navigation bar, a summary bar displays registration statistics: 'Nbr WP Reg.: 1', 'Latest Activity: -', 'Anticipated Exit: 01/17/2011', 'Nbr WIA Reg.: 1', 'Latest Registration: 10/18/2010', 'Nbr TAA Reg.: 1', 'Latest Future Srvc: -', 'Nbr Open Activities: 0', and 'Latest Planned Gap: -'. A link for 'Common Measures Participation' is also present. The main form area contains fields for 'NAME:', 'Customer ID:', 'Certification Type:', 'Current Staff:', 'Current Staff Location:', and 'Status: Pending'. Below these fields, a message instructs the user to select activities and click the 'Continue' button. The activity selection area is divided into two sections: 'NWL Training Wait List' and 'Trade Act Services'. The 'NWL Training Wait List' section includes 'NWLB Waiting for Training'. The 'Trade Act Services' section includes 'Reemployment Services', 'Out-of-Area Job Search', 'Relocation Assistance', 'Employer Based Training', 'Training (Classroom)', 'Training (Remedial)', and 'Training Waiver'. At the bottom, there are dropdown menus for 'Service Date', 'Served By: CENTRAL STAFF DCD - MWA_ADM', and 'Location', followed by a 'Continue' button.

TAA Participant Management Information Guide

Activities for individuals certified by TGAAA of 2009:




[Applicant Search](#)
[Case Management](#)
[Help/Info](#)
[Special Functions](#)
[OSMIS](#)

Nbr WP Reg.: 1 Latest Activity: 02/02/2011 Anticipated Exit: -	Nbr WIA Reg.: 2 Latest Registration: 01/18/2011	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 5 Latest Planned Gap: 12/28/2011 Common Measures Participation
---	---	--	--

NAME: _____ **Current Staff:** _____
Customer ID: _____ **Current Staff Location:** _____
Certification Type: TAA-ATAA **Status:** Active

Select the Activities in which you are enrolling the participant and click on the 'Continue' button at the bottom of the screen.

NWLB Training Wait List	<input type="checkbox"/> NWLB Waiting for Training
Trade Act Services	<input type="checkbox"/> Out-of-Area Job Search
	<input type="checkbox"/> Relocation Assistance
	<input type="checkbox"/> Employer Based Training
	<input type="checkbox"/> Training (Prerequisite)
	<input type="checkbox"/> Training (Classroom)
	<input type="checkbox"/> Training (Remedial)
Case Management	<input type="checkbox"/> Training Waiver
	<input type="checkbox"/> Comprehensive Assessment
	<input type="checkbox"/> Information on Training
	<input type="checkbox"/> Information on Applying for Financial Aid
	<input type="checkbox"/> Pre-Vocational Services
	<input type="checkbox"/> Individual Career Guidance
	<input type="checkbox"/> Provision of Labor Market Information
	<input type="checkbox"/> Information on Supportive Services

Service Date: / /

Serviced By: _____

TAA Participant Management Information Guide

Section 2-2: Reporting Items Included on All TAA Screens

1. PARTICIPANT IDENTIFYING INFORMATION (ID)

A participant's record may be entered or retrieved by using either the Customer ID or participant name.

Customer ID:

Enter the participant's Customer ID. The Customer ID consists of the first three letters of the last name, the first two letters of the first name, and the month and day of birth.

Last Name, First Name, Date of Birth

Enter the participant's Last Name (include First Name and Date of Birth, if known) in the space provided.

Note: Either the Customer ID or Participant Name is required.

2. COMMENTS: (This field is not required)

Enter any comments.

3. SUB CODE: (This field is not required)

Enter the MWA code, if any.

4. OPTIONAL DATA A: (This field is not required)

Enter the optional data code, if any.

5. OPTIONAL DATA B: (This field is not required)

Enter the optional data code, if any.

6. SERVICE DATE: (This field is required)

Record the date the service was provided.

Note: This date must be equal to or greater than the Registration Date. The System Default Date is the current date.

7. LOCATION: (This field is required)

The location of the individual entering the data is shown. If necessary, the location can be changed.

TAA Participant Management Information Guide

Section 2-3: Completing the TAA Reemployment Services Screen (Exhibit 2A)

Note: Reemployment Services are only available to individuals certified under Trade Act of 2002.

1. ACTIVITY TYPE: (This field is required)

Select one of the following. Complete a separate screen for each activity:

- Career Counseling
- Job Placement Assistance Services
- Supportive Services
- Skills Assessment
- Job Development
- Job Search Assistance
- Referrals

2. DESCRIPTION OF SERVICE: (This field is not required)

Enter a short, more specific description of the service provided.

3. FUNDING SOURCE: (This field is required)

Select the funding source:

- Work First
- Food Stamps (ABAWD)
- State Funding
- Reed Act
- Employment Related
- Youth (Statewide (15%)) WIA
- Displaced Homemaker (Statewide (15%)) WIA
- Incumbent Worker (Statewide (15%)) WIA
- Other (Statewide (15%)) WIA
- Rapid Response Assistance
- Rapid Response Additional Assistance
- National Emergency Grant
- Adult Education
- Job Corps
- Migrant/Seasonal Farmworker Programs

TAA Participant Management Information Guide

- Native American Programs
- Veterans Programs
- Trade Adjustment Act (TAA)
- NAFTA-TAA
- Vocational Education
- Vocational Rehabilitation
- Wagner-Peyser
- Welfare-to-Work Participant
- Employment and Training (Community Services Block Grant Act)
- Employment and Training (Dept Housing Urban Dev)
- Other non-WIA Programs
- Title V Activities
- Food Stamps
- Incumbent Worker (Formula Funds Waiver) WIA
- Incumbent Worker (Rapid Response Waiver) WIA
- WIA Dislocated Worker
- Youth (Local) WIA
- WIA Older Youth
- WIA Younger Youth
- WIA Adult
- Wagner-Peyser
- TANF Work Participation Award
- JET PLUS Com Outreach
- WIA Foster Youth Summer
- Statewide RCAR Program
- JET PLUS Campus Center

4. START DATE: (This field is required)
Enter the start date of the activity.

5. ESTIMATED END DATE: (This field is not required)
Enter the date the participant is estimated to end the activity.

6. END DATE: (This field is not required)

TAA Participant Management Information Guide

Enter the date the participant last attended the activity.

7. **COMPLETED ACTIVITY:** (This field is required when Item #6, End Date, is completed)

Enter “Yes” if the activity was completed.

Enter “No” if the activity was not completed.

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Reemployment Services

Nbr WP Reg.: 1	Nbr WIA Reg.: 1	Nbr TAA Reg.: 1	Nbr Open Activities: 0
Latest Activity: -	Latest Registration: 10/18/2010	Latest Future Svc: -	Latest Planned Gap: -
Anticipated Exit: 01/17/2011			Common Measures Participation

NAME: _____ **Current Staff:** _____
Customer ID: _____ **Current Staff Location:** _____
Certification Type: TAA-ATAA **Status:** Pending

Activity Type: [Dropdown]
Description of Services: [Text Field]
Funding Source: [Dropdown]
Start Date: [Date Picker]
Estimated End Date: [Date Picker]
End Date: [Date Picker]
Completed Activity: [Dropdown]

Comments: [Text Area]

Sub Code: [Text Field] Optional Data A: [Text Field] Optional Data B: [Text Field]

Service Date: [Date Picker]
Serviced By: CENTRAL STAFF DCD - MWA_ADM
MWA: 33
Location: [Dropdown] [Insert] [Ignore]

TAA Participant Management Information Guide

Section 2-4: Completing the TAA Case Management Services Screen (Exhibit 2B)

Note: Case Management Services are only available to TGAAA of 2009.

The Trade and Globalization Adjustment Assistance Act of 2009 requires that the following eight case management services be offered to all TGAAA-eligible applicants:

(1) Comprehensive and specialized assessment of skill levels and service needs, including through diagnostic testing and use of other assessment tools and in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.

(2) Development of an individual employment plan to identify employment goals and objectives, and appropriate training to achieve those goals and objectives.

(3) Information on training available in local and regional areas, information on individual counseling to determine which training is suitable training, and information on how to apply for such training.

(4) Information on how to apply for financial aid, including referring workers to educational opportunity centers (described in section 402F of the Higher Education Act of 1965), where applicable, and notifying workers that the workers may request financial aid administrators at institutions of higher education.

(5) Short-term prevocational services, including development of learning skills, communications skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for employment or training.

(6) Individual career counseling, including job search and placement counseling, during the period in which the individual is receiving a trade adjustment allowance or training under this chapter, and after receiving such training for purposes of job placement.

(7) Provision of employment statistics information, including the provision of accurate information relating to local, regional, and national labor market areas, including job vacancy listings in such labor market areas; information on jobs skills necessary to obtain jobs identified in job vacancy listings described in subparagraph, information relating to local occupations that are in demand and earnings potential of such occupations; and skills requirements for local occupations.

(8) Information relating to the availability of supportive services, including services relating to child care, transportation, dependent care, housing assistance, and need-related payments that are necessary to enable an individual to participate in training.

All Case Management services are located in the TAA Activities > Case Management Section with the exception of the Individual Service Strategy (ISS). The ISS is the required mechanism for the individual employment plan (requirement #2) and is located in a separate OSMIS tab entitled, "ISS".

1. **ACTIVITY TYPE:** (This field is required)

Select one of the following. Complete a separate screen for each activity.

- Comprehensive Assessment
- Information on Training

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- Information on Applying for Financial Aid
- Pre-Vocational Services
- Individual Career Guidance
- Provision of Labor Market Information
- Information on Supportive Services

2. DESCRIPTION OF SERVICE: (This field is not required)

Enter a short, more specific description of the service provided.

3. FUNDING SOURCE: (This field is required)

Select the funding source:

- Work First
- Food Stamps (ABAWD)
- State Funding
- Reed Act
- Employment Related
- Youth (Statewide 15%) WIA
- Displaced Homemaker (Statewide (15%)) WIA
- Incumbent Worker (Statewide (15%)) WIA
- Other (Statewide (15%)) WIA
- Rapid Response Assistance
- Rapid Response Additional Assistance
- National Emergency Grant
- Adult Education
- Job Corps
- Migrant/Seasonal Farmworker Programs
- Native American Programs
- Veterans Programs
- Trade Adjustment Act (TAA)
- NAFTA-TAA
- Vocational Education
- Vocational Rehabilitation
- Wagner-Peyser

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- Welfare-to-Work Participant
- Employment and Training (Community Services Block Grant Act)
- Employment and Training (Dept Housing Urban Dev)
- Other non-WIA Programs
- Title V Activities
- Food Stamps
- Incumbent Worker (Formula Funds Waiver) WIA
- Incumbent Worker (Rapid Response Waiver) WIA
- WIA Dislocated Worker
- Youth (Local) WIA
- WIA Older Youth
- WIA Younger Youth
- WIA Adult
- Wagner-Peyser
- TANF Work Participation Award
- JET PLUS Com Outreach
- WIA Foster Youth Summer
- Statewide RCAR Program
- JET PLUS Campus Center

Note: Selecting a program included in this list does not register that service in that program. For example, if the service “Comprehensive Assessment” was funded by Wagner-Peyser, that service (if applicable) should also be entered in Wagner-Peyser under, “Proficiency Testing”.

4. START DATE: (This field is required)

Enter the start date of the activity.

5. ESTIMATED END DATE: (This field is not required)

Enter the day the participant is anticipated to end the activity.

6. END DATE: (This field is not required)

Enter the day the participant actually last attended the activity.

7. COMPLETED ACTIVITY: (This field is required when Item #6, End Date, is completed)

Enter “Yes” if the activity was completed.

Enter “No” if the activity was not completed.

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- Applicant Search
- Case Management
- Help/Info
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- OSMIS



Case Management

Nbr W/P Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr W/A Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
--	--	---	--

NAME: _____ Current Staff: _____
Customer ID: _____ Current Staff Location: _____
Certification Type: TAA-ATAA Status: Active

Activity Type:

Description of Services:

Funding Source:

Start Date: --

Estimated End Date: --

End Date: --

Completed Activity:

Comments:

Sub Code: Optional Data A: Optional Data B:

Service Date: --

Served By: CENTRAL STAFF DCD - MWVA_ADM
MWVA: _____

Location:

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Section 2-5: Completing the TAA Out-of Area Job Search Allowance Screen (Exhibit 2C)

1. DISTANCE FROM HOME: (This field is required)

Enter the distance in miles (must be 50 miles or more) from the home of the participant to the location of the potential employer.

2. JOB SEARCH REQUEST DATE: (This field is required)

Enter the date of the job search request.

Note: The Job Search Request Date must be within 365 days of the certification date or 365 days of the last qualifying separation or 182 days from the end of training date. If these requirements are not met, the system will display an error message.

3. START DATE OF SEARCH: (This field is required)

Enter the actual date the job search begins.

Note: Upon submission/update, the system checks for a Participation Date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

4. END DATE OF SEARCH: (This field is required at time of exit from the program)

Enter the actual date the job search ends.

Note: The End Date of Search must be less than or equal to 30 days from the Start Date of Search.

Note: The End Date of Search is required if Item #15 “Outcome of Lead Referral” is not blank or pending.

5. JOB LEAD/REFERRAL: (This field is not required)

Enter “Yes” if the Job Search activity is a result of a Michigan Works! job lead or referral.

Enter “No” if this does not apply.

6. JOB TITLE (INTERVIEWING FOR): (This field is not required)

Enter the job title for which the participant is interviewing.

7. EMPLOYER NAME: (This field is required)

Enter the name of the employer for which a job lead or referral was given.

8. EMPLOYER ADDRESS: (This field is not required)

Enter the street address of the employer for which a job lead or referral was given.

TAA Participant Management Information Guide

9. EMPLOYER CITY: (This field is required)

Enter the city name of the employer for which a job lead or referral was given.

10. EMPLOYER STATE: (This field is not required)

Enter the name of the state in which the employer for which a job lead or referral was given is located.

11. EMPLOYER ZIP CODE: (This field is not required)

Enter the zip code for the employer for which a job lead or referral was given.

12. EMPLOYER CONTACT NAME: (This field is not required)

This refers to the employer representative who actually placed the job order with the MWA or another employer representative who has first hand knowledge of the job order or of the individual referred to the job by the MWA.

13. EMPLOYER PHONE (CONTACT): (This field is not required)

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

14. CONTRACTOR NAME: (This field is not required)

The MWA or a MWA contractor may enter the name of an employer representative or other individual for use by the MWA. The MWA contractor name may also be entered.

15. OUTCOME OF LEAD REFERRAL: (This field is required if an amount, including \$0.00, is entered in Item #16)

Select one of the outcomes shown:

- Hired
- Not Hired
- Pending
- Applicant Did Not Follow-up

Edit: If the End Date of Search is entered, this field cannot be blank.

16. AMOUNT PAID: (This field is required if Item #17 is completed)

Enter the amount of funds, if any, paid to the participant for an out-of-area job search.

Edit: Upon submission, the system will check for any other Out-of-Area Job Search activities for the certification (petition) number. If a match is found, the Paid Amounts will be summed. If the Paid Amount (for this activity) plus the sum for prior paid amounts for a Trade Act of 2002 participant exceeds \$1,250, the system will display an error message. If the Paid Amount (for this activity) plus the sum for prior paid amounts for a TGAAA of 2009 participant exceeds \$1,500, the system will display an error message.

TAA Participant Management Information Guide

17. PAID DATE: (This field is required if an amount greater than \$0 is entered in Item #16)

Enter the date funds, if any, were paid to the participant for an Out-of-Area Job Search.

18. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

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Out-of-Area Job Search

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Srvc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	--	--

NAME:

Customer ID:

Certification Type: TAA-ATAA

Current Staff:

Current Staff Location:

Status: Active

↔ Distance From Home (miles):

↔ Job Search Request Date:

↔ Start Date of Search:

End Date of Search:

Job Lead/Referral:

Job Title(interviewing for):

↔ Employer Name:

Employer Address:

↔ Employer City:

Employer State:

Employer Zipcode:

Employer Contact Name:

Employer Phone(Contact):

Contractor Name:

Outcome of lead/Referral:

Amount Paid:

Paid Date:

↔ Funding Source: TAA

Comments:

Sub Code:

Optional Data A:

Optional Data B:

↔ Service Date: 2010

Serviced By: CENTRAL STAFF DCD - MWA_ADM

MWA: 33

↔ Location:

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Section 2-6: Completing the TAA Relocation Allowance Screen (Exhibit 2D)

1. PURPOSE OF ASSISTANCE: (This field is required)

Select all of the following that apply, and complete the necessary information:

Moving Expense	___	Amount Paid \$	_____	Paid Date	___/___/_____
Lump Sum Payment	___	Amount Paid \$	_____	Paid Date	___/___/_____
Travel (Job Seeker)	___	Amount Paid \$	_____	Paid Date	___/___/_____
Travel (Family)	___	Amount Paid \$	_____	Paid Date	___/___/_____

Note: The system will only allow one relocation assistance per participant, per certification (petition) number.

Note: At least one of the Purpose of Assistance fields must be “Yes.”

Note: For any Purpose of Assistance, if the Amount Paid is completed, the Paid Date is required or if the Paid Date is completed, the Amount Paid is required.

Note: If the Purpose of Assistance is Lump Sum Payment, the Amount Paid must be less than or equal to \$1,250 for a Trade Act of 2002 participant. For a TGAAA of 2009 participant, the Amount Paid must be less than or equal to \$1,500.

2. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

3. LOCATION OF RELOCATION: (This field is required)

Enter the address of the new residence to which the participant is moving/traveling.

4. DISTANCE FROM HOME: (This field is required)

Enter the distance in miles (must be 50 miles or more) from the home of the participant to the new residence. The distance from both the home address to the new employer address and from the home address to the new residence must both be a minimum 50 miles one way.

5. RELOCATION REQUEST DATE: (This field is required)

Enter the date of the relocation request.

Note: The Relocation Date must be within 425 days of the certification date or 425 days of the last qualifying separation, or 182 days from the end of training date. The system will display an error message if these requirements are not met.

Note: Upon submission, the system will check for an Out-of-Area Job Search associated with the same participant and the same certification (petition) number. If an Out-of-Area Job Search exists for the participant and does not have an end date, the system will

TAA Participant Management Information Guide

display an error message stating that the Out-of-Area Job Search must end prior to any Relocation Assistance.

Note: Upon insert/submit update, the system checks for a Participation Date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

6. EXPECTED MOVE DATE: (This field is required)
Enter the expected moving date for the participant.

Note: The Expected Move Date must be within 182 days from the application date for relocation allowances, or within 182 days after the conclusion of training. The system will display an error message if these requirements are not met.

7. JOB TITLE: (This field is required)
Enter the new job title for the participant.

8. EMPLOYER NAME: (This field is required)
Enter the name of the new employer.

9. EMPLOYER ADDRESS: (This field is not required)
Enter the street address of the new employer.

10. EMPLOYER CITY: (This field is not required)
Enter the city name of the new employer.

11. EMPLOYER STATE: (This field is not required)
Enter the name of the state in which the new employer is located.

12. EMPLOYER ZIP CODE: (This field is not required)
Enter the zip code for the new employer.

13. EMPLOYER CONTACT NAME: (This field is not required)
Refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

14. EMPLOYER PHONE (CONTACT): (This field is not required)
If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

15. CONTRACTOR NAME: (This field is not required)

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The MWA or a MWA contractor may enter the name of an employer representative or other individual for use by the MWA. The MWA contractor name may also be entered.



- [Applicant Search](#)
- [Case Management](#)
- [Help/Info](#)
- [Special Functions](#)
- [OSMIS](#)



Relocation Assistance

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WVA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	---	--

NAME:
Customer ID:
 Certification Type: TAA-ATAA

Current Staff:
Current Staff Location:
 Status: Active

Purpose of Assistance

Moving Expenses: <input type="text"/>	Amount Paid: <input type="text"/>	Paid Date: <input type="text"/>
Lump Sum Pmt: <input type="text"/>	Amount Paid: <input type="text"/>	Paid Date: <input type="text"/>
Travel JobSeeker: <input type="text"/>	Amount Paid: <input type="text"/>	Paid Date: <input type="text"/>
Travel Family: <input type="text"/>	Amount Paid: <input type="text"/>	Paid Date: <input type="text"/>

⇒ Funding Source: TAA

⇒ Location of Relocation:

⇒ Distance From Home(miles):

⇒ Relocation Request Date:

⇒ Expected Move Date:

⇒ Job Title:

⇒ Employer Name:

Employer Address:

Employer City:

Employer State:

Employer Zipcode:

Employer Contact Name:

Employer Phone(Contact):

Contractor Name:

Comments:

Sub Code:

Optional Data A:

Optional Data B:

⇒ Service Date:

Served By: CENTRAL STAFF DCD - MWA_ADM

MWA: 33

⇒ Location:

TAA Participant Management Information Guide

Section 2-7: Completing the TAA Employer-Based Training Form (Exhibit 2E)

1. TRAINING TYPE: (This field is required)

Select one of the following:

- Employer-Based Training Types available for TGAAA of 2009 participants:
 - On-the-Job Training
 - Apprenticeship Training
 - Customized Training

- Employer-Based Training Types available for Trade Act of 2002 participants:
 - On-the Job Training
 - Customized Training

Note: The system will only allow one training per certification, per person. If there is a Classroom, Remedial or Prerequisite training activity associated with the certification (petition) number, the system will display an error message.

2. WORK/TRAINING FUNCTION: (This field is not required)

Enter a brief reason for the training.

3. Occupational Skills (O*NET) Training Code: (This field is required)

Enter the 8 digit O*NET code that best describes the occupation and/or employment goal for which the participant received training services. O*Net codes should reflect the career/employment the individual will be qualified for at the conclusion of training as opposed to the training itself.

O*Net codes can be located at <http://www.onetonline.org/>

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

4. JOB TITLE: (This field is required)

Enter the job title for the training position.

5. HOURS ENROLLED PER WEEK: (This field is required)

Enter the hours of training per week.

6. HOURLY WAGE: (This field is required)

Enter the hourly wage the participant receives during training.

Note: Wage must be greater than \$0.00.

7. EMPLOYER NAME: (This field is required)

Enter the name of the employer providing the training.

TAA Participant Management Information Guide

8. EMPLOYER ADDRESS: (This field is not required)

Enter the street address for the employer providing the training.

9. EMPLOYER CITY: (This field is not required)

Enter the city name for the employer providing the training.

10. EMPLOYER STATE: (This field is not required)

Enter the name of the state in which the employer providing the training is located.

11. EMPLOYER ZIP CODE: (This field is not required)

Enter the zip code for the city in which the employer is providing the training.

12. EMPLOYER CONTACT NAME: (This field is not required)

This field refers to the employer representative who actually placed the training request with the MWA, or a contractor of the MWA, or another employer representative who has first hand knowledge of the training request.

13. EMPLOYER PHONE (CONTACT): (This field is not required)

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

14. CONTRACTOR NAME: (This field is not required)

The MWA or an MWA contractor may enter the name of an employer representative or other individual for use by the MWA.

15. START DATE: (This field is required)

Enter the date on which the participant's training service actually began.

Note: Upon submission of the requested data, the system checks for a Training Waiver activity equal to "Yes." If found (Waiver is Issued or Continued), the system creates a new Training Waiver activity for the participant with a waiver status of revoked and the contact date on the new waiver activity equals the start date of the Employer-Based Training. With a successful submission, the system will display a message stating that a training waiver previously issued has been revoked.

Note: Upon submission of the requested data, the system checks for a participation date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

Note: For Trade Act of 2002 participants, only one non-remedial training per certification (petition) number is allowed per participant. For TGAAA of 2009 participants, Classroom, Remedial and/or Prerequisite Training may be combined for one training program, but Employer-based training may not be combined with these

TAA Participant Management Information Guide

types of training. Upon submission, the system will check for any other Employer-Based Training or Classroom/Remedial/Prerequisite Training(s) for the participant on a registration with the same petition number. The system will display an error message if a match is found.

16. ESTIMATED END DATE: (This field is required)

Enter the date the training is estimated to end.

17. CONTRACT NUMBER: (This field is required)

Enter the contract number assigned by the MWA.

18. AMOUNT OBLIGATED: (This field is required)

Enter the amount of funds (can be \$0) obligated in the training contract for the participant.

19. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

20. TRAINING CONTRACT DATE: (This field is not required)

Enter the date the training contract was signed.

NO WORKER LEFT BEHIND

21. NO WORKER LEFT BEHIND PARTICIPANT? (This field is required)

A display-only system updated field

Note: All applicants with a training begin date on or after August 1, 2007, are No Worker Left Behind participants.

22. TRAINING INSTITUTION: (This field is not required)

From the dropdown menu, select the type of Training Institution.

23. 2 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 2 Year Institution. The list of schools is narrowed by the zip code of the participant.

24. 4 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 4 Year Institution.

25. PROPRIETARY INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the Proprietary Institution.

26. FIELD OF STUDY: (This field is not required)

Enter a category that best suits the participant's field of study:

- Management Occupations
- Finance Professionals

TAA Participant Management Information Guide

- Science Occupations
- Engineering Occupations
- Computer Professionals
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations
- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers and Repair Workers
- Production (Manufacturing) Workers
- Transportation Workers
- Laborers and Helpers
- Service Workers, except Protective Service
- Protective Service Occupations

27. CREDENTIAL RECEIVED: (This field is not required)

Enter the credential that the participant received at the end of the training activity.

- High School Diploma
- GED
- Associates Degree
- Bachelor Degree
- Masters Degree
- Recognized Skills Standards Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion
- Non-Credential Skills Upgrade

OUTCOME OF TRAINING

28. TRAINING END DATE: (This field is required if Item #29, Completed Activity is completed)

Enter the date the participant completed training or withdrew permanently from the training.

29. COMPLETED ACTIVITY: (This field is required if Item #28, Training End Date is completed)

Enter “Yes” if the training was completed.

TAA Participant Management Information Guide

Enter “No” if the training was not completed.

30. IF “NO,” REASON NOT COMPLETED: (This field is required if Item #29, Completed Activity is “No”)

Select one of the following:

- Entered Employment
- Other

31. OTHER: (This field is not required)

Enter a brief explanation for the use of other in Item #30.

32. AMOUNT DE-OBLIGATED: (This field is required at activity exit)

Enter the amount, (\$0 is acceptable) if any, de-obligated from the contract.

Note: System requires an amount less than or equal to the amount obligated.

33. TRANSPORTATION ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a travel allowance while in training.

Enter “No” if the participant did not receive a travel allowance while in training.

34. SUBSISTENCE ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a subsistence allowance while in training.

Enter “No” if the participant did not receive subsistence allowance while in training.

35. SERVICE DATE: (This field is required)

The system defaults to the current date. If the support service was provided prior to the current date, change the service date to the date the support service was provided.

36. SERVICED BY:

A display-only system updated field

37. MWA:

A display-only system updated field

38. LOCATION: (This field is required)

The location of the individual entering the data is shown. If necessary, the location can be changed.

TAA Participant Management Information Guide



- Applicant Search
- Case Management
- Help/Info
- Special Functions
- OS-MIS



Employer Based Training

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Ope Latest PI Common Measu
---	--	---	--

NAME: _____
Customer ID: _____
Certification Type: TAA-ATAA

Current Staff: _____
Current Staff Location: _____
Status: Active

Training Type:
 Work/Training Function:
 ONET Code:
 Job Title:
 Hours Enrolled per Week:
 Hourly Wage:
 Employer Name:
 Employer Address:
 Employer City:
 Employer State:
 Employer Zipcode:
 Employer Contact Name:
 Employer Phone(Contact):
 Contractor Name:
 Start Date:
 Estimated End Date:

Contract Number:
 Amount Obligated:
 Funding Source: TAA
 Training Contract Date:

No Worker Left Behind

No Worker Left Behind Participant? Unknown
 Training Institution:
 2 Year Institution Name:
 4 Year Institution Name:
 Proprietary Institution Name:
 Field of Study:
 Credential Received:

Outcome of Training

Training End Date:
 Completed Activity:
 If no, Reason not Completed:
 Other:
 Amount De-Obligated:
 Comments:

Sub Code: Optional Data A: Optional Data B:
 Transportation Allowance: Subsistence Allowance:

TAA Participant Management Information Guide

Section 2-8: Completing the Prerequisite Training Screen (Exhibit 2F)

1. TRAINING PROVIDER: (This field is required)

Enter the name of the training provider.

2. TRAINING PROGRAM: (This field is required)

Enter the name of the training program.

3. TRAINING LOCATION: (This field is not required)

Enter the location of the training provider.

4. OCCUPATIONAL SKILLS (O*NET) TRAINING CODE: (This field is required)

Enter the 8 digit O*NET code that best describes the occupation and/or employment goal for which the participant received training services. O*Net codes should reflect the career/employment the individual will be qualified for at the conclusion of training as opposed to the training itself.

*Note: The system will check for a valid O*net code. If the code entered is not valid, the system will display an error.*

5. HOURS PER WEEK: (This field is not required)

Enter the hours per week of training.

6. WAS ANY OF THIS TRAINING PART-TIME? (This field is required)

Enter “Yes” if the participant received part-time training during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Part-time training is any amount of training equivalent to less than full-time training (as defined by the training institution).

7. WAS ANY OF THIS TRAINING DISTANCE LEARNING? (This field is required)

Enter “Yes” if the participant received training through distance learning during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Distance learning is where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program.

8. START DATE: (This field is required)

Enter the date on which the participant’s training service actually began.

Note: Upon submission of the requested data, the system checks for a Training Waiver activity equal to “Yes.” If found (Waiver is Issued or Continued), the system creates a new Training Waiver activity for the participant with a waiver status of revoked and the contact date on the new waiver activity equals the start date of the Classroom Training.

TAA Participant Management Information Guide

With a successful submission, the system will display a message stating that a training waiver previously issued has been revoked.

Note: Upon submission/update, the system checks for a participation date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

Note: Upon successful submission, the system checks the Registration screen Pell Grant field. If the field is empty or “No,” the system displays a message requesting the Pell Grant field be updated if the training is funded through a Pell Grant.

Note: For Trade Act of 2002 participants, only one non-remedial training per certification (petition) number is allowed per participant. For TGAAA of 2009 participants, Classroom, Remedial and/or Prerequisite Training may be combined for one training program, but Employer-based training may not be combined with these types of training. Upon submission, the system will check for any other Employer-Based Training or Classroom/Remedial/Prerequisite Training(s) for the participant on a registration with the same petition number. The system will display an error message if a match is found.

9. ESTIMATED END DATE: (This field is required)

Enter the estimated end date of the training.

Note: For Trade Act of 2002 participants, if the Estimated End Date is 104 weeks or more from the start date of training, the system will display a warning message. Classroom Training may last up to 104 weeks.

Note: For TGAAA of 2009 participants, if the Estimated End Date is 156 weeks or more from the start date of training, the system will display a warning message. Classroom Training may last up to 156 weeks, including Pre-Requisite and/or Remedial Training.

10. CONTRACT NUMBER: (This field is not required)

Enter the contract number assigned by the MWA.

11. AMOUNT OBLIGATED: (This field is required)

Enter the amount of funds obligated for completing the contract.

12. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

13. TRAINING CONTRACT DATE: (This field is not required)

Enter the date the training contract was signed.

TAA Participant Management Information Guide

14. TRAINING JUSTIFIED: (This field is required)

Enter “Yes” if the training was justified based on the six training criteria.-

Enter “No” if the training was not justified.

Note: If Training Justified is “No,” the system will display an error message.

NO WORKER LEFT BEHIND

15. NO WORKER LEFT BEHIND PARTICIPANT? (A display-only system updated field)

All applicants with a registration date on or after August 1, 2007 are No Worker Left Behind Participants.

16. TRAINING INSTITUTION: (This field is not required)

From the dropdown menu, select the type of Training Institution.

17. 2 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 2 Year Institution. The list of schools is narrowed by the zip code of the participant.

18. 4 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 4 Year Institution.

19. PROPRIETARY INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the Proprietary Institution.

20. FIELD OF STUDY: (This field is not required)

Enter a category that best suits the participant’s field of study:

- Management Occupations
- Finance Professionals
- Science Occupations
- Engineering Occupations
- Computer Professionals
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations
- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers and Repair Workers
- Production (Manufacturing) Workers

TAA Participant Management Information Guide

- Transportation Workers
- Laborers and Helpers
- Service Workers, except Protective Service
- Protective Service Occupations

21. CREDENTIAL RECEIVED: (This field is not required)

Enter the credential that the participant received at the end of the training activity.

- High School Diploma
- GED
- Associates Degree
- Bachelor Degree
- Masters Degree
- Recognized Skills Standards Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion
- Non-Credential Skills Upgrade

OUTCOME OF TRAINING

22. TRAINING END DATE: (This field is required if Item #23, Completed Activity is completed)

Enter the date the participant completed training or withdrew permanently from the training.

23. COMPLETED ACTIVITY: (This field is required if Item #22, Training End Date is completed)

Enter “Yes” if the training was completed.

Enter “No” if the training was not completed.

24. IF “NO,” REASON NOT COMPLETED: (This field is required if Item #23, Completed Activity is “No.”)

Select one of the following:

- Entered Employment
- Other

25. OTHER: (This field is not required)

Enter a brief explanation for the use of other in Item #24.

26. CONTRACT AMOUNT DE-OBLIGATED: (This field is required at activity exit)

Enter the amount, (\$0 is acceptable) if any, de-obligated from the contract.

TAA Participant Management Information Guide

Note: System requires an amount less than or equal to the amount obligated.

27. TRANSPORTATION ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a travel allowance while in training.

Enter “No” if the participant did not receive a travel allowance while in training.

28. SUBSISTENCE ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a subsistence allowance while in training.

Enter “No” if the participant did not receive a subsistence allowance while in training.

29. SERVICED BY: (A display-only system updated field)

30. MWA: (A display-only system updated field)

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WORKS!
One Stop MIS

Applicant Search
Case Management
Help/Info
Special Functions
OSMIS

TAA

Training (Prerequisite)

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Srvc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	--	---

NAME: Customer ID: Certification Type: TAA-ATAA	Current Staff: Current Staff Location: Status: Active
---	---

⇒ Training Provider:

⇒ Training Program:

Training Location:

⇒ Onet Code:

Hours per Week:

⇒ Was any of this training Part-Time?:

⇒ Was any of this training Distance Learning?:

⇒ Start Date:

⇒ Estimated End Date:

Contract Number:

⇒ Amount Obligated:

⇒ Funding Source: TAA

Training Contract Date:

⇒ Training Justified:

No Worker Left Behind

⇒ No Worker Left Behind Participant? Unknown

TAA Participant Management Information Guide

Training Institution:

2 Year Institution Name:

4 Year Institution Name:

Proprietary Institution Name:

Field of Study:

Credential Received:

Outcome of Training

Training End Date: --

Completed Training:

If no, Reason not completed:

Other:

Contract Amount De-obligated:

Comments:

Sub Code: Optional Data A: Optional Data B:

Transportation Allowance: Subsistence Allowance:

Service Date: --

Serviced By:

MWA:

Location:

TAA Participant Management Information Guide

Section 2-9: Completing the TAA Classroom Screen (Exhibit 2G)

1. TRAINING PROVIDER: (This field is required)

Enter the name of the training provider.

2. TRAINING PROGRAM: (This field is required)

Enter the name of the training program.

3. TRAINING LOCATION: (This field is not required)

Enter the location of the training provider.

4. OCCUPATIONAL SKILLS (O*NET) TRAINING CODE: (This field is required)

Enter the 8 digit O*NET code that best describes the occupation and/or employment goal for which the participant received training services. O*NET codes should reflect the career/employment the individual will be qualified for at the conclusion of training opposed to the training itself.

O*NET codes can be located at <http://www.onetonline.org/>

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

5. HOURS PER WEEK: (This field is not required)

Enter the hours per week of training.

6. WAS ANY OF THIS TRAINING PART-TIME? (This field is required)

Enter “Yes” if the participant received part-time training during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Part-time training is any amount of training equivalent to less than full-time training (as defined by the training institution).

7. WAS ANY OF THIS TRAINING DISTANCE LEARNING? (This field is required)

Enter “Yes” if the participant received training through distance learning during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Distance learning is where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program.

8. START DATE: (This field is required)

Record the date on which the participant’s training service actually began.

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Note: Upon submission of the requested data, the system checks for a Training Waiver activity equal to “Yes.” If found (Waiver is Issued or Continued), the system creates a new Training Waiver activity for the participant with a waiver status of revoked and the contact date on the new waiver activity equals the start date of the Classroom Training. With a successful submission, the system will display a message stating that a training waiver previously issued has been revoked.

Note: Upon submission/update, the system checks for a participation date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

Note: Upon successful submission, the system checks the Registration screen Pell Grant field. If the field is empty or “No,” the system displays a message requesting the Pell Grant field be updated if the training is funded through a Pell Grant.

Note: For Trade Act of 2002 participants, only one non-remedial training per certification (petition) number is allowed per participant. For TGAAA of 2009 participants, Classroom, Remedial and Prerequisite Training may be combined for one training program, but Employer-based training may not be combined with these types of training. Upon submission, the system will check for any other Employer-Based Training or Classroom Training for the participant on a registration with the same petition number. The system will display an error message if a match is found.

9. ESTIMATED END DATE: (This field is required)

Enter the estimated end date of the training.

Note: For Trade Act of 2002 petitions, if the Estimated End Date is 104 weeks or more from the start date of training, the system will display a warning message. Classroom Training may last up to 104 weeks.

Note: For TGAAA of 2009 petitions, if the Estimated End Date is 156 weeks or more from the start date of training, the system will display a warning message. Classroom Training may last up to 156 weeks, including Pre-Requisite and/or Remedial Training.

10. CONTRACT NUMBER: (This field is not required)

Enter the contract number assigned by the MWA.

11. AMOUNT OBLIGATED: (This field is required)

Enter the amount of funds obligated for completing the contract.

12. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

13. TRAINING CONTRACT DATE: (This field is not required)

Enter the date the training contract was signed.

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14. TRAINING JUSTIFIED: (This field is required)

Select “Yes” if the training was justified based on the six training criteria.

Select “No” if the training was not justified.

Note: If Training Justified is “No,” the system will display an error message.

NO WORKER LEFT BEHIND

15. NO WORKER LEFT BEHIND PARTICIPANT? (A display-only system updated field)

All applicants with a training begin date on or after August 1, 2007, are No Worker Left Behind participants.

16. TRAINING INSTITUTION: (This field is not required)

From the dropdown menu, select the type of Training Institution.

17. 2 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 2 Year Institution. The list of schools is narrowed by the zip code of the participant.

18. 4 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 4 Year Institution.

19. PROPRIETARY INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the Proprietary Institution.

20. FIELD OF STUDY: (This field is not required)

Enter a category that best suits the participant’s field of study:

- Management Occupations
- Finance Professionals
- Science Occupations
- Engineering Occupations
- Computer Professionals
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations
- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers and Repair Workers

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- Production (Manufacturing) Workers
- Transportation Workers
- Laborers and Helpers
- Service Workers, except Protective Service
- Protective Service Occupations

21. CREDENTIAL RECEIVED: (This field is not required)

Enter the credential that the participant received at the end of the training activity.

- High School Diploma
- GED
- Associates Degree
- Bachelor Degree
- Masters Degree
- Recognized Skills Standards Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion
- Non-Credential Skills Upgrade

OUTCOME OF TRAINING

22. TRAINING END DATE: (This field is required if Item #23, Completed Training is entered)

Enter the date the participant completed training or withdrew permanently from the training.

23. COMPLETED TRAINING: (This field is required if Item #22, Training End Date is completed)

Enter “Yes” if the training was completed.

Enter “No” if the training was not completed.

24. IF “NO,” REASON NOT COMPLETED: (This field is required if Item #23, Completed Training is “No”)

Select one of the following:

- Entered Employment
- Other

25. OTHER: (This field is not required)

Enter a brief explanation for the use of other in Item #24.

26. CONTRACT AMOUNT DE-OBLIGATED: (This field is required at activity exit)

Enter the amount, (\$0 is acceptable) if any, de-obligated from the contract.

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Note: System requires an amount less than or equal to the amount obligated.

27. TRANSPORTATION ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a travel allowance while in training.

Enter “No” if the participant did not receive a travel allowance while in training.

28. SUBSISTENCE ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a subsistence allowance while in training.

Enter “No” if the participant did not receive a subsistence allowance while in training.

29. SERVICED BY: (A display-only system updated field)

30. MWA: (A display-only system updated field)

TAA Participant Management Information Guide



- Applicant Search
- Case Management
- Help/Info
- Special Functions
- OSMIS



Training (Classroom)

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	---	--

NAME: _____ Current Staff: _____
 Customer ID: _____ Current Staff Location: _____
 Certification Type: TAA-ATAA Status: Active

⇨ Training Provider:
 ⇨ Training Program:
 Training Location:
 ⇨ Onet Code:
 Hours per Week:
 ⇨ Was any of this training Part-Time?:
 ⇨ Was any of this training Distance Learning?:
 ⇨ Start Date: --
 ⇨ Estimated End Date: --
 Contract Number:
 ⇨ Amount Obligated:
 ⇨ Funding Source: TAA
 Training Contract Date: --
 ⇨ Training Justified:

No Worker Left Behind

⇨ No Worker Left Behind Participant? Unknown

Training Institution:
 2 Year Institution Name:
 4 Year Institution Name:
 Proprietary Institution Name:
 Field of Study:
 Credential Received:

Outcome of Training

Training End Date: --
 Completed Training:
 If no, Reason not completed:
 Other:
 Contract Amount De-obligated:

Comments:

Sub Code: Optional Data A: Optional Data B:
 Transportation Allowance: Subsistence Allowance:

⇨ Service Date: --
 Served By: _____
 MWA: _____
 ⇨ Location:

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Section 2-10: Completing the Remedial Training Screen (Exhibit 2H)

Any Remedial Training provided to the participant must be entered as a separate activity on the OSMIS, even if the Remedial Training is short in length or is incorporated into the Classroom Training.

1. TRAINING PROVIDER: (This field is required)

Enter the name of the training provider.

2. TRAINING PROGRAM: (This field is required)

Enter the name of the training program.

3. TRAINING LOCATION: (This field is not required)

Enter the location of the training provider.

4. OCCUPATIONAL SKILLS (O*NET) TRAINING CODE: (This field is required)

Enter the 8 digit O*NET code that best describes the occupation and/or employment goal for which the participant received training services. O*NET codes should reflect the career/employment the individual will be qualified for at the conclusion of training as opposed to the training itself.

O*NET codes can be located at <http://www.onetonline.org/>

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

5. HOURS PER WEEK: (This field is not required)

Enter the hours per week of training.

6. WAS ANY OF THIS TRAINING PART-TIME? (This field is required)

Enter “Yes” if the participant received part-time training during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Part-time training is any amount of training hours equivalent to less than full-time training (as defined by the training institution).

7. WAS ANY OF THIS TRAINING DISTANCE LEARNING? (This field is required)

Enter “Yes” if the participant received training through distance learning during any portion of the training.

Enter “No” if the participant did not receive any services under the condition described above.

Distance learning is where a participant completes all or part of an educational or vocational program in a location far away from the institution hosting the training program.

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8. START DATE: (This field is required)

Record the date on which the participant's training service actually began.

Note: Upon submission of the requested data, the system checks for a Training Waiver activity equal to "Yes." If found (Waiver is Issued or Continued), the system creates a new Training Waiver activity for the participant with a waiver status of revoked and the contact date on the new waiver activity equals the start date of the Classroom Training. With a successful submission, the system will display a message stating that a training waiver previously issued has been revoked.

Note: Upon submission, the system checks for a participation date on the registration screen. If no participation date is found, the system will insert the start date for the activity into the participation date and update the record status to active. If a participation date is found, the system compares the two dates and enters the earlier of the two dates in the participation date field.

Note: Upon successful submission, the system checks the Registration screen Pell Grant field. If the field is "No," the system displays a message requesting the Pell Grant field be updated if the training is funded through a Pell Grant.

9. ESTIMATED END DATE: (This field is required)

Enter the estimated end date of the training.

Note: For Trade Act of 2002 petitions, if the Estimated End Date is 26 weeks or more from the start date of training, the system will display a warning message. Remedial Training may last up to 26 weeks.

10. CONTRACT NUMBER: (This field is not required)

Enter the contract number assigned by the MWA.

11. AMOUNT OBLIGATED: (This field is required)

Enter the amount of funds obligated for completing the contract.

12. FUNDING SOURCE: (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

13. TRAINING CONTRACT DATE: (This field is not required)

Enter the date the training contract was signed.

14. TRAINING JUSTIFIED: (This field is required)

Enter "Yes" if the training was justified based on the six training criteria, or
Enter "No" if the training was not justified based on the six training criteria.

Note: If Training Justified is "No," the system will display an error message.

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NO WORKER LEFT BEHIND

15. NO WORKER LEFT BEHIND PARTICIPANT? (A display-only system updated field)

All applicants with a training begin date on or after August 1, 2007, are No Worker Left Behind Participants.

16. TRAINING INSTITUTION: (This field is not required)

From the dropdown menu, select the type of Training Institution.

17. 2 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 2 Year Institution. The list of schools is narrowed by the zip code of the participant.

18. 4 YEAR INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the 4 Year Institution.

19. PROPRIETARY INSTITUTION NAME: (This field is not required)

From the dropdown menu, select the name of the Proprietary Institution.

20. FIELD OF STUDY: (This field is not required)

Enter a category that best suits the participant's field of study:

- Management Occupations
- Finance Professionals
- Science Occupations
- Engineering Occupations
- Computer Professionals
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations
- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers and Repair Workers
- Production (Manufacturing) Workers
- Transportation Workers
- Laborers and Helpers
- Service Workers, except Protective Service
- Protective Service Occupations

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21. CREDENTIAL RECEIVED: (This field is not required)

Enter the credential that the participant received at the end of the training activity.

- High School Diploma
- GED
- Associates Degree
- Bachelor Degree
- Masters Degree
- Recognized Skills Standards Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion
- Non-Credential Skills Upgrade

OUTCOME OF TRAINING

22. TRAINING END DATE: (This field is required to exit from the program or if Item #23, Completed Training is completed)

Enter the date the participant completed training or withdrew permanently from the training.

23. COMPLETED TRAINING: (This field is required if Item #22 is completed)

Enter “Yes” if the training was completed.

Enter “No” if the training was not completed.

24. IF “NO,” REASON NOT COMPLETED: (Leave field blank unless Item #23, Completed Training is “No”) Select one of the following:

- Entered Employment
- Other

25. OTHER: (This field is not required)

Enter a brief explanation for the use of “other” in Item #24.

26. CONTRACT AMOUNT DE-OBLIGATED: (This field is required to complete activity.)

Enter the amount, (\$0 is acceptable) if any, de-obligated from the contract.

Note: The system requires an amount less than or equal to the amount obligated.

27. TRANSPORTATION ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a travel allowance while in training.

Enter “No” if the participant did not receive a travel allowance while in training.

28. SUBSISTENCE ALLOWANCE: (This field is not required)

Enter “Yes” if the participant received a subsistence allowance while in training.

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Enter “No” if the participant did not receive a subsistence allowance while in training.

29. SERVICED BY: (A display-only system updated field)

30. MWA: (A display-only system updated field)

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Training (Remedial)

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Srvc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	--	--

NAME: NEW LAW TAA FLYNN **Current Staff:** CENTRAL STAFF DCD
Customer ID: FLYNE0101 **Current Staff Location:** ACSET Admin-Grand Rapids
Certification Type: TAA-ATAA **Status:** Active

⇨ Training Provider:
 ⇨ Training Program:
 Training Location:
 ⇨ Onet Code:
 Hours per Week:
 ⇨ Was any of this training Part-Time?:
 ⇨ Was any of this training Distance Learning?:
 ⇨ Start Date: --
 ⇨ Estimated End Date: --
 Contract Number:
 ⇨ Amount Obligated:
 ⇨ Funding Source: TAA
 Training Contract Date: --
 ⇨ Training Justified:

No Worker Left Behind

⇨ No Worker Left Behind Participant? Unknown
 Training Institution:
 2 Year Institution Name:
 4 Year Institution Name:
 Proprietary Institution Name:
 Field of Study:
 Credential Received:

Outcome of Training

Training End Date: --
 Completed Training:
 If no, Reason not completed:
 Other:
 Contract Amount De-obligated:

Comments:

Sub Code: Optional Data A: Optional Data B:
 Transportation Allowance: Subsistence Allowance:

⇨ Service Date: --
 Served By: CENTRAL STAFF DCD - MWA_ADM
 MWA: 33
 ⇨ Location:

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Section 2-11: Completing the Training Waiver Screen (Exhibit 2I)

For Trade Act of 2002 applicants: A Training Waiver may be issued to an individual waiving the requirement to be enrolled in training within eight weeks from the certification date or sixteen weeks from the separation date (8/16 deadline) if it is determined that training is not feasible or appropriate. In order for an individual to be eligible for any TRA (Basic or Additional), the worker must be in training or have received a waiver by the 8/16 deadline. Waiver issuance must be the result of intake and assessment results. Once a Training Waiver is issued, the Training Waiver must be reviewed a minimum of every 30 days. Training Waivers must be revoked when the basis for the waiver no longer applies (e.g. the worker has exhausted Basic TRA). Training Waivers are revoked by the system once the participant enters a training activity. A Training Waiver cannot be entered for a participant who is currently enrolled in or has completed a Training Activity.

For TGAAA of 2009 applicants: A Training Waiver may be issued to an individual waiving the requirement to be enrolled in training within twenty six weeks from the certification date or the separation date, whichever is latest (26/26 deadline) if it is determined that training is not feasible or appropriate. In order for an individual to be eligible for any TRA (Basic or Additional), the worker must be in training or have received a waiver by the 26/26 deadline. Waiver issuance must be the result of intake and assessment results, and an Individual Service Strategy (ISS). Once a Training Waiver is issued, the Training Waiver must be reviewed a minimum of every 30 days. Training Waivers must be revoked when the basis for the waiver no longer applies (e.g. the worker has exhausted Basic TRA). Training Waivers are revoked by the system once the participant enters a training activity. A Training Waiver cannot be entered for a participant who is enrolled in or has completed a Training Activity.

1. CONTACT DATE: (This field is required)

Enter the date of contact for the training waiver.

Note: Upon submission, the system checks for a training activity associated with the petition number. If a match is found, the system will display an error message.

2. ESTIMATED END DATE: (This field is not required)

Enter the estimated end date of the waiver action.

3. REASON FOR WAIVER: (This field is required)

Select the reason for a waiver request.

Select one of the following reasons:

- **Expected Recall** – Claimant has been notified in writing that he/she will be recalled to work by firm from which qualifying separation occurred.

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- **Possesses Marketable Skills** – Claimant possesses marketable skills for suitable employment, (as determined by the local Michigan Works! Agency), and there is reasonable expectation of employment at equivalent wages in the foreseeable future.
- **Within 2 Years Retirement** – Claimant is within two years of meeting all requirements for entitlement to retirement benefits under either: a) Title II of the Social Security Act, or b) A private pension sponsored by an employer or labor organization.
- **Health Issues** – Claimant is unable to participate in training due to health reasons. However, claimant must be able, available for, and actively seeking fulltime work in order to qualify for TRA benefits.
- **Enrollment Unavailable** – There has been a delay in the beginning date of training. However, the first available enrollment date must be within 60 days of the date of the determination, unless there are extenuating circumstances.
- **Training Not Available** – No training funds are available under TAA or other Federal programs, or training is not available at a reasonable cost.

4. OUTCOME OF WAIVER REVIEW: (This field is required)

Select the outcome description for the waiver review.

- **Waiver Issued** – Waiver is originally issued
- **Waiver Continued** – Waiver is continued based on a satisfactory review
- **Waiver Extended** – Waiver is extended to allow the participant adequate time to engage in a job search and make decisions on training
- **Waiver Revoked** – Waiver is revoked due to the entrance into training or because the basis for the waiver no longer applies

Note: If the Outcome of Waiver is “Waiver Continued” or “Waiver Revoked”, the system checks the most recent waiver activity for participation. If a Training Waiver has not been issued, the system displays an error message.

5. DATE OF NEXT WAIVER REVIEW: (This field is required if Item #4, Outcome of Waiver Review, is “Waiver Issued” or “Waiver Continued.”)

Enter the date for the next waiver review. The date must be less than or equal to 30 days from the contact date.

6. SERVICED BY: (A display-only system updated field)

7. MWA: (A display-only system updated field)

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Training Waiver

Nbr WP Reg.: 1 Latest Activity: - Anticipated Exit: -	Nbr WIA Reg.: 1 Latest Registration: 10/11/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 1 Latest Planned Gap: - Common Measures Participation
---	--	---	--

NAME: _____ Current Staff: _____
Customer ID: _____ Current Staff Location: _____
Certification Type: TAA-ATAA Status: Active

⇒ Contact Date: [Month] [Day] [Year]
Estimated End Date: [Month] [Day] [Year]
Reason for Waiver: [Dropdown]
⇒ Outcome of Waiver Review: [Dropdown]
Date of Next Waiver Review: [Month] [Day] [Year]

Comments:

Sub Code: Optional Data A: Optional Data B:

⇒ Service Date: [Month] [Day] [Year]
Served By: _____
MWA: _____
⇒ Location: [Dropdown]

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Chapter 3 – Support Services Reporting

Section 3-1: Purpose

The OSMIS collects Support Services information for all TAA program participants. Support Services under TAA are Subsistence Allowance and Transportation Allowance payments. These services are available for participants in a training activity, in cases where the training is outside of the participant’s commuting area. The information is entered through the OSMIS Support Services screen. The Support Services form is included as Exhibit 3A.

To enter or update Support Services information, one of the following identifiers, Customer ID or Participant Name, must be used after selecting either “Enter Support Services” or “Update Support Services.”

Refer to Section 2-2 for reporting items included on all TAA screens.

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Enter Support Services

Nbr WP Reg.: 1 Latest Activity: 09/27/2010 Anticipated Exit: 12/27/2010	Nbr WIA Reg.: 1 Latest Registration: 05/01/2010	Nbr TAA Reg.: 1 Latest Future Svc: -	Nbr Open Activities: 0 Latest Planned Gap: - Common Measures Participation
---	--	---	--

NAME: _____ Current Staff: _____
Customer ID: _____ Current Staff Location: _____
Program: TAA Status: _____

⇒ Support Service:

⇒ Amount:

⇒ Certification Number:

⇒ Funding Source:

⇒ Distance From Home to Training(miles):

Maintain Regular Residence:

⇒ Expenditure Begin Date:

⇒ Expenditure End Date:

Number of Training Days:

Check Number:

Date Received:

Comments:

Sub Code:

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Section 3-2: Entering Support Services Information

1. SUPPORT SERVICE (This field is required)

Select the Support Services provided.

- Subsistence Allowance
- Transportation Allowance

2. AMOUNT (This field is required)

Enter the amount paid for the subsistence or transportation allowance.

3. CERTIFICATION NUMBER (This field is required)

Enter the participant's certification number under which the allowance is paid.

Note: The system will display a select list of Certification Numbers associated with the participant.

4. FUNDING SOURCE (A display-only system updated field)

The system displays the funding type based on the Certification Type at registration.

5. DISTANCE FROM HOME TO TRAINING (MILES) (This field is required)

Enter the miles from the participant's primary residence to the training site.

Note: The distance must be 50 miles or more one way.

6. MAINTAIN REGULAR RESIDENCE (This field is required if Item #1, Support Service is Subsistence Allowance)

Select "Yes" if a regular residence is maintained or "No" if a regular residence is not maintained.

Note: *Maintain Regular Residence must be "Yes" if Item #1 is Subsistence Allowance.*

7. EXPENDITURE BEGIN DATE (This field is required)

Enter the beginning date for the allowance payment.

Note: *Support Services allowances can only be paid for during the time that an individual is enrolled in a training activity.*

Note: *The Expenditure Begin Date must be between the training activity start date and the training activity end date, if one exists. If the expenditure start date falls outside of a training activity start date or end date, the system will display an error message.*

Note: *If there are multiple TAA participations for the applicant, the system will edit the selected Certification Number for the Support Services to validate if there is a training activity for that Certification. If so, the system will then edit to validate that the Expenditure Begin Date falls within the training dates. If not, the system will display an*

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error message. If the participant is in a TAA training activity, check to ensure that you have selected the correct Certification Number.

8. EXPENDITURE END DATE (This field is required)

Enter the end date for the allowance payment.

Note: Support Services Allowances can only be paid for during the time that an individual is enrolled in a training program.

Note: The Expenditure End Date must be greater than the Expenditure Begin Date and less than the training activity end date, if one exists. If the Expenditure End Date is less than the Expenditure Begin Date or greater than the training activity end date, the system will display an error message.

Note: The Expenditure Begin Date and the Expenditure End Date cannot overlap a support services allowance for the same Certification (petition) Number. The system will edit to insure that a participant does not receive multiple support services allowances for the same time period for the Certification.

9. NUMBER OF TRAINING DAYS (This field is not required)

Enter the number of training days the allowance is covering.

10. CHECK NUMBER (This field is not required)

Enter the number of the check used to pay for the allowance.

11. DATE RECEIVED (This field is not required)

Enter the date the check was sent to the participant.

12. COMMENTS (This field is not required)

Enter any comments.

13. SUB CODE (This field is not required)

Enter the subcode, if any, assigned by the MWA.

14. OPTIONAL DATA A (This field is not required)

Enter the optional data code, if any.

15. OPTIONAL DATA B (This field is not required)

Enter the optional data code, if any.

16. SERVICE DATE (This field is required)

The system defaults to the current date. If the support service was provided prior to the current date, change the service date to the date the support service was provided.

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17. LOCATION (This field is required)

The location of the individual entering the data is shown. If necessary, the location can be changed.

Chapter 4: Participation Status Reporting

Section 4-1: The Trade Adjustment Assistance (TAA) Participation Status Form

All participant final status information is captured using the TAA Participation Status form. The purpose of the form is to record the TAA participant's status in the TAA program. This includes planned gaps, TAA exit date, and other reporting information upon exiting the TAA program.

The Status Reporting form is included as Exhibit 4A.

Refer to Section 2-2 for items included on all TAA screens.

PLANNED GAP

Participants may have a planned gap in service that prevents an individual from participating in services if the gap is pre-approved by the MWA. The MWA must document any gap in service that occurs with a reason for such a gap in service.

Once a participant has not received any TAA funded or partner services for 90 days and there is no planned gap in service or the planned gap in service that participant will exit. The OSMIS will automatically exit a participant who has not received any services for 90 days and there is no planned gap.

1. START DATE:

Enter the planned gap start date.

Note: If the start date is completed, the end date and reason must be completed.

2. END DATE:

Enter the date the planned gap in service will end.

Note: If the end date is completed, the start date and reason must be completed.

Note: Breaks in TAA training may occur that are over 30 days. The requirement for breaks to be equal to or less than 30 days applies only to the payment of TRA benefits. All breaks in training must be reported to the TRA Special Programs Unit.

3. REASON:

Enter the reason for the planned gap in service. Enter Health/Medical if the reason for the break is a medical condition that prevents an individual from participating in services. Enter the Break in Training Date if the reason for the gap is a planned break in training.

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continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.

- Reservist Called to Active Duty – The participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.
- Invalid Social Security Number (SSN) provided - The participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN.
- Employed (New) – The participant obtains employment after participation in TAA.
- Self-employed – The participant is self-employed.
- Voluntary Exit – The participant voluntarily withdraws from the TAA program.
- Involuntary Exit (Non-Compliance) - The participant does not comply with the laws, regulations and/or guidelines of the TAA program.
- Found Ineligible after Registration – The participant is found to be ineligible for TAA benefits after registration.
- Other – Any other qualified reason for exit.
- Employed (Recalled) – The participant is recalled to the TAA-certified company.
- Retired from Employment – The participant has retired and will not return to employment.
- Relocated to Mandated Residential Program – The participant is a Youth and was relocated to Mandated Residential Program.
- Did Not Receive Services for 90 Days after Eligible Quarter – The participant did not receive TAA benefits or services for 90 days following report quarter of eligibility determination.
- Began Receiving Benefits under a New Petition Certification – The participant began receiving TAA benefits or services under a new petition certification.

Note: If the exit reason is completed, the exit date must be completed.

7. OTHER: (This field is not required)

If the exit reason was other, provide a short description.

8. EMPLOYED AT EXIT: (This field is required)

Enter “Yes” if the participant was employed, or “No” if the participant was not employed at time of exit.

9. IF YES, EMPLOYER NAME: (Required if Employed at Exit is “Yes”)

Enter the employer name if the participant is employed at time of exit.

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10. EMPLOYER ADDRESS: (This field is not required)

Enter the employer address.

11. EMPLOYER CITY: (This field is not required)

Enter the employer city name.

12. EMPLOYER STATE: (This field is not required)

Enter the employer state.

13. EMPLOYER ZIP: (This field is not required)

Enter the employer Zip Code.

14. EMPLOYER CONTACT PERSON: (This field is not required)

Refers to the employer representative who actually placed the job order with the MWA, a contractor of the MWA, or another employer representative who has first hand knowledge of the job order or of the individual referred to the job by the MWA.

Otherwise, leave the field blank.

15. EMPLOYER CONTACT PHONE: (This field is not required)

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field. Otherwise, leave the field blank.

16. CONTRACTOR NAME: (This field is not required)

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but not included in the employer customer satisfaction survey, enter the name in this field.

17. HOURS: (This field is not required)

Enter the number of hours per week the former participant is currently working.

18. WAGE (PER HOUR): (This field is not required)

Enter the hourly wage the former participant is currently receiving.

19. FRINGE BENEFITS: (This field is not required)

Enter “Yes” if the participant is receiving any fringe benefits, or “No” if the participant is not receiving any fringe benefits.

20. O*NET CODE: (This field is not required)

Enter the O*NET code that best describes the former participant’s current employment. O*NET codes can be located at <http://online.onetcenter.org>.

21. TRAINING RELATED EMPLOYMENT: (Required if Employed at Exit is “Yes”)

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Select the appropriate response:

- Yes
- No
- Training Did Not Impact Job Specific Skills
- Relationship Employment/Training Cannot Be Determined

22. METHOD USED TO DETERMINE TRAINING RELATED TO EMPLOYMENT: (This field is not required)

Enter the method used to determine if placement was training related.

- Compare Occupational Code with Training Activity/Job
- Compare Industry of Employment with Training Occupation
- Other Appropriate Methods

Note: Leave blank if Training Services were not provided.



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Participation Exit

System Exit Date: _____

Manual Exit Date:

Manual Exit Reason:

Other:

Employed at Exit:

If yes, Employer Name:

Employer Address:

Employer City:

Employer State:

Employer Zip:

Employer Contact Person:

Employer Contact Phone:

Contractor Name:

Hours:

Wage (per hour):

Fringe Benefits:

ONET Code:

Training Related Employment:

Method Used to Determine Training Related Employment:

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NO WORKER LEFT BEHIND INFORMATION

23. NO WORKER LEFT BEHIND PARTICIPANT? (A display-only system updated field)

Note: All applicants with a registration date on or after August 1, 2007, are No Worker Left Behind participants.

24. OCCUPATION AT EXIT

Enter a selection that best suits the participants Occupation:

- Architecture & Engineering Occupations
- Arts, Design, Entertainment, Sports & Media Occupations
- Building & Grounds, Cleaning & Maintenance Occupations
- Business & Financial Occupations
- Community & Social Services Occupations
- Computer & Mathematical Occupations
- Construction & Extraction Occupations
- Education, Training & Library Occupations
- Farming, Fishing & Forestry Occupations
- Food Preparation & Serving Related Occupations
- Healthcare Practitioner & Technical Occupations
- Healthcare Support Occupations
- Installation, Maintenance & Repair Occupations
- Legal Occupations
- Life, Physical & Social Science Occupations
- Management Occupations
- Military Specific Occupations
- Office & Administrative Support Occupations
- Personal Care & Service Occupations
- Production Occupations
- Protective Service Occupations
- Sales & Related Occupations
- Transportation & Material Moving Occupations

25. INDUSTRY AT EXIT

Enter a selection that best suits the participants Industry:

- Accommodation and food services
- Administrative and support services
- Agriculture, forestry, fishing and hunting
- Arts, entertainment, and recreation
- Construction
- Education services
- Finance and insurance
- Health care and social assistance
- Information

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- Management of companies and enterprises
- Manufacturing
- Mining
- Other services, except public administration
- Professional, scientific, and technical services
- Public administration
- Real estate and rental and leasing
- Retail trade
- Transportation and warehousing
- Utilities
- Wholesale trade

26.-NOTES: (This field is not required)

Enter any comments and/or notes.

27. OPTIONAL DATA A: (This field is not required)

Enter the Optional Data Code, if any.

28. OPTIONAL DATA B: (This field is not required)

Enter the Optional Data Code, if any.



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No Worker Left Behind Information

No Worker Left behind Participant?

Occupation at Exit

Industry at Exit

Exited By: CENTRAL STAFF DCD

MWA:

Entered On:

Notes:

Optional Data A: Optional Data B:

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Chapter 5: Participation Outcome Reporting

Section 5-1: Entering Outcome Information

The OSMIS collects outcome information for all participants after they exit from the TAA program.

The Outcome Reporting form is included as Exhibit 5A.

MWAs must collect outcome information for all TAA participants. Outcome information must be collected for participants for the first, second, third and fourth quarters after the quarter in which the participant exited from the TAA program for both Trade Act of 2002 and TGAAA of 2009 customers.

Although outcome fields are not required to exit the Outcome screen, policy requires that outcome information be collected for the quarters detailed above.

Outcome information is reported using the Enter/Update Outcome screen. The screen can be used to record all the necessary information including who was contacted, the date of contact, and the information provided.

Refer to Section 2-2 for reporting items included on all TAA screens.

1ST QUARTER AFTER EXIT EMPLOYMENT INFORMATION

1. EMPLOYED 1ST QUARTER AFTER EXIT (This field is not required)

Indicate with a “Yes” or “No” as to whether the participant was employed any time during the first quarter after exit.

2. SOURCE OF SUPPLEMENTAL DATA (This field is required if “Employed 1st Quarter after Exit” is “Yes”)

Select the source of employment data:

- Case Management – information was obtained through ongoing case management (TGAAA of 2009) or reemployment (Trade Act of 2002) activities
- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

3. EMPLOYER NAME (This field is not required)

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

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4. EMPLOYER ADDRESS (This field is not required)

Enter the address of the employer identified in #3.

5. EMPLOYER CITY (This field is not required)

Enter the city of the employer identified in #3.

6. EMPLOYER STATE (This field is not required)

Enter the name of the state in which the employer identified in item #3 is located.

7. EMPLOYER ZIP CODE (This field is not required)

Enter the zip code for the employer identified in item #3.

8. EMPLOYER CONTACT (This field is not required)

Enter the name of a contact person for the employer.

9. EMPLOYER PHONE (This field is not required)

Enter the phone number for the employer contact person.

10. HOURS (PER WEEK) (This field is not required)

Enter the number of hours worked per week for the employer identified in item #3.

11. WAGE (PER HOUR) (This field is not required)

Enter the numeric wage per hour for the employer identified in item #3.

12. O*NET CODE (This field is not required)

Enter the appropriate O*NET code related to the employment with the employer identified in item #3, Employer Name. O*NET codes can be located at <http://online.onetcenter.org>.

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

13. TRAINING-RELATED EMPLOYMENT (This field is required, if employed is “Yes”)

Select the appropriate response:

- Yes
- No
- Training did not impart specific job skill
- Relationship between employer and training cannot be determined

14. METHOD USED TO DETERMINE TRAINING-RELATED EMPLOYMENT (This field is required if Item #13, Training Related Employment is “Yes”)

TAA Participant Management Information Guide

Select the appropriate response.

- Compare Occupational Code/Training Activity with Job
- Compare Industry of Employment with Training Occupation
- Other Appropriate Methods

15. Non-Traditional Employment (This field is required if “Employed 1st Quarter after Exit” is “Yes”)

Enter “Yes” if Non-Traditional employment, or “No” if not Non-Traditional employment (applies to either gender). Non-Traditional Employment is employment in an occupation or field of work for which individuals from one gender comprise less than 25 percent of the individuals employed in such occupation or field of work.

The screenshot shows the '1st Quarter after Exit Employment Information' form in the Michigan Works! One Stop MIS system. The interface includes a navigation bar with buttons for 'Applicant Search', 'Case Management', 'Help/Info', 'Special Functions', and 'OSMIS', along with the 'TAA' logo. The form fields are as follows:

- Employed 1st qtr after Exit:
- Source of Supplemental Data:
- Employer Name:
- Employer Address:
- Employer City:
- Employer State:
- Employer Zipcode:
- Employer Contact:
- Employer Phone:
- Hours (per week):
- Wage (per hour):
- ONET Code:
- Training Related Employment:
- Method Used to Determine Training Related Employment:
- Non-Traditional Employment:
- Entered By:
- Entered On:
- Location:

2ND QUARTER AFTER EXIT EMPLOYMENT INFORMATION

1. EMPLOYED 2ND QUARTER AFTER EXIT (This field is not required)

Indicate with a “Yes” or “No” as to whether the participant was employed any time during the 2nd quarter after exit.

2. SOURCE OF SUPPLEMENTAL DATA (This field is not required)

Select the source of employment data:

- Case Management – information was obtained through ongoing case management (TGAAA of 2009) or reemployment (Trade Act of 2002) activities

TAA Participant Management Information Guide

- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

3. EMPLOYER NAME (This field is not required)

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

4. EMPLOYER ADDRESS (This field is not required)

Enter the address of the employer identified in #3.

5. EMPLOYER CITY (This field is not required)

Enter the city of the employer identified in #3.

6. EMPLOYER STATE (This field is not required)

Enter the name of the state in which the employer identified in item #3 is located.

7. EMPLOYER ZIP CODE (This field is not required)

Enter the zip code for the employer identified in item #3.

8. HOURS (PER WEEK) (This field is not required)

Enter the number of hours worked per week for the employer identified in item #3.

9. WAGE (PER HOUR) (This field is not required)

Enter the numeric wage per hour for the employer identified in item #3.

10. O*NET CODE (This field is not required)

Enter the appropriate O*NET code related to the employment with the employer identified in item #3, Employer Name. O*NET codes can be located at <http://online.onetcenter.org>.

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

TAA Participant Management Information Guide



Applicant Search Case Management Help/Info Special Functions OSMIS



2nd Quarter after Exit Employment Information

Employed 2nd qtr after Exit	<input type="text"/>
Source of Supplemental Data	<input type="text"/>
Employer Name	<input type="text"/>
Employer Address	<input type="text"/>
Employer City	<input type="text"/>
Employer State	<input type="text"/>
Employer Zipcode	<input type="text"/>
Hours (per week)	<input type="text"/>
Wage (per hour)	<input type="text"/>
ONET Code	<input type="text"/>
Entered By: -	
Location:	<input type="text"/>

Entered On:
MWA:

3rd QUARTER AFTER EXIT EMPLOYMENT INFORMATION

1. EMPLOYED 3RD QUARTER AFTER EXIT (This field is not required)

Indicate with a “Yes” or “No” as to whether the participant was employed any time during the 3rd quarter after exit.

2. SOURCE OF SUPPLEMENTAL DATA (This field is not required)

Select the source of employment data:

- Case Management – information was obtained through ongoing case management (TGAAA of 2009) or reemployment (Trade Act of 2002) activities
- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

3. EMPLOYER NAME (This field is not required)

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

4. EMPLOYER ADDRESS (This field is not required)

Enter the address of the employer identified in #3.

5. EMPLOYER CITY (This field is not required)

TAA Participant Management Information Guide

Enter the city of the employer identified in #3.

6. EMPLOYER STATE (This field is not required)

Enter the name of the state in which the employer identified in item #3 is located.

7. EMPLOYER ZIP CODE (This field is not required)

Enter the zip code for the employer identified in item #3.

8. HOURS (PER WEEK) (This field is not required)

Enter the number of hours worked per week for the employer identified in item #3.

9. WAGE (PER HOUR) (This field is not required)

Enter the numeric wage per hour for the employer identified in item #3.

10. O*NET CODE (This field is not required)

Enter the appropriate O*NET code related to the employment with the employer identified in item #3, Employer Name. O*NET codes can be located at <http://online.onetcenter.org>.

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

The screenshot shows the '3rd Quarter after Exit Employment Information' form within the Michigan Works! One Stop MIS system. The navigation bar includes 'Applicant Search', 'Case Management', 'Help/Info', 'Special Functions', and 'OSMIS'. The form fields are as follows:

Field Name	Field Type
Employed 3rd qtr after Exit	Dropdown menu
Source of Supplemental Data	Dropdown menu
Employer Name	Text input
Employer Address	Text input
Employer City	Text input
Employer State	Text input
Employer Zipcode	Text input
Hours (per week)	Text input
Wage (per hour)	Text input
ONET Code	Text input

At the bottom of the form, there are labels for 'Entered By:', 'Entered On:', 'Location:', and 'MWA:'.

4th QUARTER AFTER EXIT EMPLOYMENT INFORMATION

1. EMPLOYED 4TH QUARTER AFTER EXIT (This field is not required)

Indicate with a “Yes” or “No” as to whether the participant was employed any time during the 4th quarter after exit.

TAA Participant Management Information Guide

2. SOURCE OF SUPPLEMENTAL DATA (This field is not required)

Select the source of employment data:

- Case Management – information was obtained through ongoing case management (TGAAA of 2009) or reemployment (Trade Act of 2002) activities
- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

3. EMPLOYER NAME (This field is not required)

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

4. EMPLOYER ADDRESS (This field is not required)

Enter the address of the employer identified in #3.

5. EMPLOYER CITY (This field is not required)

Enter the city of the employer identified in #3.

6. EMPLOYER STATE (This field is not required)

Enter the name of the state in which the employer identified in item #3 is located.

7. EMPLOYER ZIP CODE (This field is not required)

Enter the zip code for the employer identified in item #3.

8. HOURS (PER WEEK) (This field is not required)

Enter the number of hours worked per week for the employer identified in item #3.

9. WAGE (PER HOUR) (This field is not required)

Enter the numeric wage per hour for the employer identified in item #3.

10. O*NET CODE (This field is not required)

Enter the appropriate O*NET code related to the employment with the employer identified in item #3, Employer Name. O*NET codes can be located at <http://online.onetcenter.org>.

*Note: The system will check for a valid O*NET code. If the code entered is not valid, the system will display an error.*

TAA Participant Management Information Guide



Applicant Search Case Management Help/Info Special Functions **OSMIS**



4th Quarter after Exit Employment Information

Employed 4th qtr after Exit	<input type="checkbox"/>
Source of Supplemental Data	<input type="checkbox"/>
Employer Name	<input type="text"/>
Employer Address	<input type="text"/>
Employer City	<input type="text"/>
Employer State	<input type="text"/>
Employer Zipcode	<input type="text"/>
Hours (per week)	<input type="text"/>
Wage (per hour)	<input type="text"/>
ONET Code	<input type="text"/>

Entered By:
Location:

Entered On:
MWA:

Comments:

Optional Data A Optional Data B

Chapter 6: Quarterly Training Expenditure Reporting

Section 6-1: Entering Quarterly Training Expenditure Information

The OSMIS collects Quarterly Training Expenditure information for all participants in the TAA program. The Michigan Works! Agencies (MWAs) must collect Quarterly Training Expenditure information for all TAA participants in a Classroom, Employer-Based, Remedial and/or Prerequisite training program(s). There are two options to enter Quarterly Training Expenditure information:

- 1) The “Enter Individual Training Costs” screen
- 2) The “TAA Expenditures” group listing screen

Section 6-2: Entering Individual Training Costs

“Enter Individual Training Costs” allows the MWA to enter quarterly training expenditures for a single participant. Entry of training expenditures into this category auto-populates the fields under the “TAA Expenditures” function.

Links to “Enter Individual Training Costs” are available on the Applicant Search header tab and the OSMIS footer menu.

If selecting from the Applicant Search menu, the OSMIS will prompt the user for the Customer ID or Last Name (First Name and Date of Birth optional). The appropriate customer can be located using this search.

The screenshot displays the OSMIS interface. At the top left is the Michigan Works! One Stop MIS logo. A navigation menu includes 'Applicant Search', 'Case Management', 'Help/Info', 'Special Functions', and 'OSMIS'. A dropdown menu under 'Applicant Search' lists various actions, with 'Enter Individual Training Costs' highlighted and a red arrow pointing to it. To the right, the 'Enter Individual Training Costs' screen is shown, featuring a 'Customer Search Criteria' section. This section has two search options: one for Customer ID and one for Last Name. The Last Name search option includes fields for First Name and Date of Birth (mm/dd/yyyy) to narrow the search. Both search options have a 'Submit' button.

TAA Participant Management Information Guide

The program and the current customer record must be chosen prior to selecting “Enter Individual Training Costs” from the footer menu.

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Enter Individual Training Costs	
Enter/Update Status	Enter/Update Outcome	View TAA	Enter Tickler
Case Notes	Update Wagner-Peyser Registration	ISS Client Characteristics	
WIA Participant History	Welfare Participant History	NWL Orientation History	

When the customer is selected, the following screen will appear for entry of that customer’s individual quarterly training expenditures. The allowed time frame for entering quarterly training expenditures for any given quarter is the first date of the quarter through the 20th day following the last day of the quarter (for example, the allowed timeframe for entering training expenditures for quarter one of Fiscal Year 2011 is October 1, 2010 through January 20, 2011).

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Enter Individual Training Costs	
Enter/Update Status	Enter/Update Outcome	View TAA	Enter Tickler
Case Notes	Update Wagner-Peyser Registration	ISS Client Characteristics	
WIA Participant History	Welfare Participant History	NWL Orientation History	

Record the dollar amount of TAA funded training expenditures accrued in the each of the report quarters for the participant. Accrued expenditures are defined as direct charges for goods and services including the amount of associated training costs involved in the participant’s activity; minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition: facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency; (2) Travel allowances (3) Subsistence allowances.

TAA Participant Management Information Guide

A “0” may be entered as an acceptable dollar amount for any quarter. This may be applicable if the TAA-approved training is being funded in part or whole by a partner program or other approved source. A negative number is not allowable. However, if an adjustment is necessary that requires a negative number, enter “0” in that field.

A payment field may be left blank; however no training expenditures will be reported for that individual for that quarter. Select “Enter” when all fields are entered.

Note: A quarterly training expenditure of greater than \$50,000 is not allowed.

Section 6-3: Entering Training Costs for Multiple Participants

“TAA Expenditures” allows the MWA to enter individual quarterly training expenditures for multiple participants. Entry of training expenditures into this category auto-populates the fields under the “Enter Individual Training Costs” function.

The link to “TAA Expenditures” is available on the Special Functions header tab.



Welcome to the One Stop MIS Development System!

When selected, the following screen will appear.



TAA Expenditures Search Criteria

ONLY View Blank Payments:

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Enter Individual Training Costs	
Enter/Update Status	Enter/Update Outcome	View TAA	Enter Tickler
Case Notes	Update Wagner-Peyser Registration	ISS Client Characteristics	
WIA Participant History	Welfare Participant History	NWLB Orientation History	

TAA Participant Management Information Guide

Enter the Fiscal Year and Fiscal Quarter for TAA expenditure entry. If desired, limit the group results by entering the Region Code, Staff Name (name of staff person that entered the TAA Registration), Case Manager, County and/or Petition Number (do not include any alphabetical characters). You may also limit the results to ONLY those customers that have blank payment fields. If a "0" was entered for a customer, that is considered a value and the customer would not appear if the box is checked.



- Applicant Search
- Case Management
- Help/Info
- Special Functions
- OSMIS



Enter Training Expenditures

TAA Expenditures Report Criteria Report Period: 04/01/2010 - 06/30/2010 (Fiscal Year/Quarter = 2010/3) MWA: Area Community Service Employment and Training Council

Use this section to enter TAA Accrued Expenditures for the above Report Criteria:

Row #	Participant Name	Birth Date	Customer ID	Petition #	Payment
1	BARNES, JANICE	07/30/1969	BARJA0730	42008	<input type="text"/>
2	BILLIG, JOHANNA	10/10/1975	BILJO1010	70001	<input type="text"/>
3	DUBOIS, WILLIAM	03/05/1957	DUBWM0305	42008	1250
4	EMERY, WILLIAM	05/08/1971	EMEMW0508	42008	5000
5	FLYNN, TAA	01/01/1975	FLYTA0101	70001	<input type="text"/>
6	GALBREATH, JONATHAN	11/15/1977	GALJO1115	50244	<input type="text"/>
7	HICKS, JOHNNY	10/19/1964	HICJO1019	42008	<input type="text"/>
8	MORRIS, BRADLEY	06/09/1954	MORBR0609	42008	2000
TOTAL PAYMENTS:					8250

- Population Included:
1. TAA participants from your MWA with at least one training activity that overlaps with the reporting period (i.e. activity start date is on or before the final day of the quarter and activity is either still open or its end date is greater than or equal to first day of the quarter). If prior expenditures have been recorded, they will show up under the "Total Payment" column.
 2. If additional criteria were specified, each must match the corresponding data. For example, specified Staff Name must match the staff who entered the TAA participation; Region Code must match the region code specified in the participation etc.

View Participant History	Update Registration	Enter Activities	Update Activities
Enter Support Services	Update Support Services	Enter Individual Training Costs	
Enter/Update Status	Enter/Update Outcome	View TAA	Enter Tickler
Case Notes	Update Wagner-Peyser Registration	ISS Client Characteristics	
MWA Participant History	Welfare Participant History	NWLB Orientation History	

A listing of Participant Names for the applicable quarter will appear on the screen (including Birth Dates, Customer IDs and Petition Numbers). TAA participants with at least one training activity that overlaps with the reporting period (the activity start date is on or before the final day of the quarter and activity is either still open or its end date is greater than or equal to first day of the quarter) are included in the population.

If a previous entry was made for any participants in the list (either through the "Enter Individual Training Costs" or "TAA Expenditures") the amount previously entered will appear on the screen. This amount may; however, be modified.

MWAs may enter any or all training expenditures for the population listed. If any field is left blank upon submission, a warning will appear that alerts the MWA that one or more fields have not been entered for this quarter, with a reminder that states that expenditures

TAA Participant Management Information Guide

must be entered by the 20th day after the end of each quarter. This warning does not prevent the submission of the data; it only serves as a warning that one or more fields have no entry.

TRADE ADJUSTMENT ASSISTANCE

Registration Form

Michigan Economic Development Corporation Workforce Development Agency

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 93-618 OF 1974, AS AMENDED, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS.

Last Name _____ First Name _____ MI _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____ County _____

Email Address _____ Phone (____) _____ - _____ Social Security # _____ - _____ - _____

Alternate Contact Name _____ Alternate Phone (____) _____ - _____

Personal Characteristics:

Sex (Male/Female): _____

Hispanic/Latino Ethnicity (Yes/No) _____

Racial Group (check all that apply)

African American. _____

American Indian/Alaskan Native: _____

Asian: _____

Hawaiian Native/Other Pacific Islander: _____

White: _____

Disability (Yes/No): _____

If Yes, Category of Disability (Select One):

Physical Impairment _____

Mental Impairment _____

Both Physical & Mental Impairments _____

I choose not to disclose the category _____

Veteran Status (Select one)

Yes, Equal to, Less than 180 Days _____

Yes, Eligible Veteran _____

Yes, Other Eligible Person _____

No _____

If "Yes, Equal to, Less than 180 Days" OR "Yes, Eligible Veteran", fill out the following section -

Campaign Veteran (Yes/No) _____

Disabled Veteran (Select one)

Yes _____ Yes, Special Disabled _____ No _____

Date of Actual Military Separation ____/____/____

Transitioning Service Member (Yes/No) _____

TANF Recipient (Yes/No) _____

SSI/SSDI Recipient (Select one)

SSI Only _____ SSDI Only _____ Both _____ Neither _____

Other Public Assistance (Yes/No) _____

Employed at Registration (Select One)

Employed _____

Employed, but Received Notice of Termination or Military Separation _____

Not Employed _____

Wage Per Hour for Previous Six Months (at TAA-Certified Employer) _____

Unemployment Compensation Programs (select one)

Claimant Referred by Worker Profiling and Reemployment Services (WPRS) _____

Claimant Not Referred by WPRS _____

Exhaustee _____

Neither Claimant nor Exhaustee _____

Pell Grant (Yes/No) _____

Limited English Language Proficiency (Yes/No) _____

Vocational Education (Yes/No) _____

Vocational Rehabilitation (Select one):

Yes _____ VR&E _____ Both VR and VR&E _____ Neither VR nor VR&E _____

Offender (Yes/No) _____

Education Level (Circle the highest level of education achieved)

Education beyond a Bachelors Degree

Bachelors Degree or Equivalent

Associates Degree or Equivalent

Attainment of Other Postsecondary Degree/Certificate

Attainment of Certificate of Attendance/Completion

Three Years Post High School

Two Years Post High School

One Year Post High School

High School Graduate

GED or Equivalent

Grades 1st – 12th (List highest grade completed) _____

No Formal Education

Education Status (Select your current status)

Student HS or Less _____ Student Alternative School _____ Student Attending Post High School _____

Not Attending School, Not a High School Graduate _____ Not Attending School, HS Graduate _____

**TRADE ADJUSTMENT ASSISTANCE
Registration Form**

**Michigan Economic Development Corporation
Workforce Development Agency**

TAA Eligibility:

Certification (Petition) Number TA-W _____ **Qualifying Separation Date/Last Day Worked** ____/____/_____
(or future scheduled separation date if documented by employer)

Number of Months at TAA-Certified Employer _____

Application (Today's) Date ____/____/____

Other Federal Co-enrollment (Yes/No) ____ If Yes, which of the following -
WIA Dislocated Worker (DW) program ____ WIA National Emergency Grant (NEG) program ____
Both the DW and NEG ____ Other Federal training in addition to the DW and NEG ____
Other Federal training but not DW or NEG ____

Alternative/Reemployment TAA Participant (Yes/No) ____

Trade Readjustment Allowance (TRA):

TRA Payment (Yes/No) ____ If Yes, which of the following Basic TRA ____ Additional TRA ____

Both Basic and Additional TRA ____ Date of first TRA Payment ____/____/____

Date of Last TRA Payment: ____/____/____

Special Initiatives:

FY 09 GF/GP Participant (Yes/No) ____
Chrysler/NWL Partnership Participant (Yes/No) ____

Region Code ____

Optional Data A ____ Optional Data B ____

CERTIFICATION: READ CAREFULLY. I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

In addition, I have been provided information regarding the following TAA services: Comprehensive Assessment, Individual Service Strategy, Information on Training, Information on Applying for Financial Aid, Pre-Vocational Services, Individual Career Guidance, Labor Market Information and Information on Supportive Services.

Applicant Signature: _____ **Date:** ____/____/____

Intake Worker Signature: _____ **Date:** ____/____/____

Comments:

The Michigan Economic Development Corporation, in compliance with applicable federal and state laws, does not discriminate in employment or in the provision of services based on race, color, religion, sex, national origin, age, disability, height, weight, marital status, arrest without conviction, political affiliation or belief, and for beneficiaries only, citizenship or participation in any federally assisted program or activity

TAA REEMPLOYMENT SERVICES

Exhibit 2A

Participant Identifying Information

Customer ID _____ Participant Name _____

Activity Type (check one)

- | | |
|--|--|
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Job Placement Assistance Services |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Skills Assessment |
| <input type="checkbox"/> Job Development | <input type="checkbox"/> Job Search Assistance |
| <input type="checkbox"/> Referrals | |

Description of Service: _____

Funding Source: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Work First | <input type="checkbox"/> Welfare-to-Work Participant |
| <input type="checkbox"/> Food Stamps (ABAWD) | <input type="checkbox"/> Employment and Training (Community Services Block Grant Act) |
| <input type="checkbox"/> State Funding | <input type="checkbox"/> Employment and Training (Dept Housing Urban Dev) |
| <input type="checkbox"/> Reed Act | <input type="checkbox"/> Other non-WIA Programs |
| <input type="checkbox"/> Employment Related | <input type="checkbox"/> Title V Activities |
| <input type="checkbox"/> Youth (Statewide (15%)) WIA | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Displaced Homemaker (Statewide (15%)) WIA | <input type="checkbox"/> Incumbent Worker (Formula Funds Waiver) WIA |
| <input type="checkbox"/> Incumbent Worker (Statewide (15%)) WIA | <input type="checkbox"/> Incumbent Worker (Rapid Response Waiver) WIA |
| <input type="checkbox"/> Other (Statewide (15%)) WIA | <input type="checkbox"/> WIA Dislocated Worker |
| <input type="checkbox"/> Rapid Response Assistance | <input type="checkbox"/> Youth (Local) WIA |
| <input type="checkbox"/> Rapid Response Additional Assistance | <input type="checkbox"/> WIA Older Youth |
| <input type="checkbox"/> National Emergency Grant | <input type="checkbox"/> WIA Younger Youth |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> WIA Adult |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Wagner-Peyser |
| <input type="checkbox"/> Migrant/Seasonal Farmworker Programs | <input type="checkbox"/> TANF Work Participation Award |
| <input type="checkbox"/> Native American Programs | <input type="checkbox"/> JET PLUS Com Outreach |
| <input type="checkbox"/> Veterans Programs | <input type="checkbox"/> WIA Foster Youth Summer |
| <input type="checkbox"/> Trade Adjustment Act (TAA) | <input type="checkbox"/> Statewide RCAR Program |
| <input type="checkbox"/> NAFTA-TAA | <input type="checkbox"/> JET PLUS Campus Center |
| <input type="checkbox"/> Vocational Education | |
| <input type="checkbox"/> Vocational Rehabilitation | |
| <input type="checkbox"/> Wagner-Peyser | |

Start Date: ___/___/_____ End Date: ___/___/_____ Completed Activity: Yes ___ No ___

Comments:

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ___/___/_____

Location _____

TAA CASE MANAGEMENT SERVICES

Exhibit 2B

Participant Identifying Information

Customer ID _____ Participant Name _____

Activity Type (check one)

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Assessment | <input type="checkbox"/> Information on Training |
| <input type="checkbox"/> Information on Applying for Financial Aid | <input type="checkbox"/> Pre-Vocational Services |
| <input type="checkbox"/> Individual Career Guidance | <input type="checkbox"/> Provision of Labor Market Information |
| <input type="checkbox"/> Information on Supportive Services | |

Description of Service: _____

Funding Source: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Work First | <input type="checkbox"/> Welfare-to-Work Participant |
| <input type="checkbox"/> Food Stamps (ABAWD) | <input type="checkbox"/> Employment and Training
(Community Services Block Grant
Act) |
| <input type="checkbox"/> State Funding | <input type="checkbox"/> Employment and Training (Dept
Housing Urban Dev) |
| <input type="checkbox"/> Reed Act | <input type="checkbox"/> Other non-WIA Programs |
| <input type="checkbox"/> Employment Related | <input type="checkbox"/> Title V Activities |
| <input type="checkbox"/> Youth (Statewide (15%)) WIA | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Displaced Homemaker (Statewide (15%)) WIA | <input type="checkbox"/> Incumbent Worker (Formula Funds
Waiver) WIA |
| <input type="checkbox"/> Incumbent Worker (Statewide (15%)) WIA | <input type="checkbox"/> Incumbent Worker (Rapid Response
Waiver) WIA |
| <input type="checkbox"/> Other (Statewide (15%)) WIA | <input type="checkbox"/> WIA Dislocated Worker |
| <input type="checkbox"/> Rapid Response Assistance | <input type="checkbox"/> Youth (Local) WIA |
| <input type="checkbox"/> Rapid Response Additional Assistance | <input type="checkbox"/> WIA Older Youth |
| <input type="checkbox"/> National Emergency Grant | <input type="checkbox"/> WIA Younger Youth |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> WIA Adult |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Wagner-Peyser |
| <input type="checkbox"/> Migrant/Seasonal Farmworker Programs | <input type="checkbox"/> TANF Work Participation Award |
| <input type="checkbox"/> Native American Programs | <input type="checkbox"/> JET PLUS Com Outreach |
| <input type="checkbox"/> Veterans Programs | <input type="checkbox"/> WIA Foster Youth Summer |
| <input type="checkbox"/> Trade Adjustment Act (TAA) | <input type="checkbox"/> Statewide RCAR Program |
| <input type="checkbox"/> NAFTA-TAA | <input type="checkbox"/> JET PLUS Campus Center |
| <input type="checkbox"/> Vocational Education | |
| <input type="checkbox"/> Vocational Rehabilitation | |
| <input type="checkbox"/> Wagner-Peyser | |

Start Date: ___/___/___ End Date: ___/___/___ Completed Activity: Yes ___ No ___

Comments:

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ___/___/___

Location _____

TAA OUT-OF-AREA JOB SEARCH ALLOWANCE

Exhibit 2C

Participant Identifying Information

Customer ID _____ Participant Name _____

Distance from Home (miles) _____

Job Search Request Date ____/____/____

Start Date of Search ____/____/____

End Date of Search ____/____/____

Job Lead/Referral Yes ___ No___

Job Title (Interviewing for) _____

Employer Name _____

Employer Address _____

Employer City _____ Employer State _____

Employer Zip Code _____ Employer Contact Name _____

Employer Phone (Contact) (____) ____ _____ Contractor Name _____

Outcome of Lead/Referral (select one)

Hired _____

Not Hired _____

Pending _____

Applicant Did Not Follow-up _____

Amount Paid \$_____ Paid Date ____/____/____

Comments:

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ____/____/____

Location _____

TAA RELOCATION ALLOWANCE
Exhibit 2D

Participant Identifying Information

Customer ID _____ Participant Name _____

Purpose of Assistance

Moving Expenses: Yes ___ No ___ Amount Paid \$ _____ Paid Date ___/___/___

Lump Sum Payment: Yes ___ No ___ Amount Paid \$ _____ Paid Date ___/___/___

Travel (Job Seeker): Yes ___ No ___ Amount Paid \$ _____ Paid Date ___/___/___

Travel (Family): Yes ___ No ___ Amount Paid \$ _____ Paid Date ___/___/___

Location _____

Distance from Home (miles) _____

Relocation Request Date: ___/___/___

Expected Move Date: ___/___/___

Job Title _____

Employer Name _____

Employer Address _____

Employer City _____ Employer State _____

Employer Zip Code _____ Employer Contact Name _____

Employer Phone (Contact) (____) ____ _____ Contractor Name _____

Comments

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ___/___/___

Location _____

TAA EMPLOYER-BASED TRAINING

Exhibit 2E

Participant Identifying Information

Customer ID _____ Participant Name _____

Training Type (select one)

On-the Job Training _____ Customized Training _____ Apprenticeship Training _____

Work/Training Function _____

Occupational Skills (ONET) Training Code _____ Job Title _____

Hours Enrolled per Week _____ Hourly Wage \$ _____ Employer Name _____

Employer Address _____

Employer City _____ Employer State _____

Employer Zip Code _____ Employer Contact Name _____

Employer Phone (Contact) (____) _____ Contractor Name _____

Start Date: ____/____/____ Estimated End Date: ____/____/____ Contract Number _____

Amount Obligated \$ _____ Training Contract Date ____/____/____ Training End Date ____/____/____

Completed Activity Yes _____ No _____

If Completed Activity is "No," Reason Not Completed:

Entered Employment _____ Other _____

Other Explanation _____

Contract Amount De-obligated \$ _____

Transportation Allowance (Y/N) _____ Subsistence Allowance (Y/N) _____

Comments

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ____/____/____

Location _____

TAA PREREQUISITE TRAINING

Exhibit 2F

Participant Identifying Information

Customer ID _____ Participant Name _____

Training Provider _____

Training Program _____

Training Location _____

ONET* Code _____

Hours per Week _____

Part-Time (Y/N) _____ Distance Learning (Y/N) _____

Training Start Date: ____/____/____

Estimated End Date: ____/____/____

Contract Number _____ Amount Obligated \$ _____ Training Contract Date ____/____/____

Training Justified Yes ____ No ____

Training End Date ____/____/____

Completed Training Yes ____ No ____

If Training completed is "No," Reason Not Completed: Entered Employment ____ Other ____

Other Explanation _____

Contract Amount De-obligated \$ _____

Comments

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ____/____/____

Location _____

TAA CLASSROOM TRAINING

Exhibit 2G

Participant Identifying Information

Customer ID _____ Participant Name _____

Training Provider _____

Training Program _____

Training Location _____

Occupational Skills (ONET) Training Code _____

Hours per Week _____

Training Start Date: ____/____/____

Estimated End Date: ____/____/____

Contract Number _____ Amount Obligated \$ _____ Training Contract Date ____/____/____

Training Justified Yes ____ No ____

Training End Date ____/____/____

Completed Training Yes ____ No ____

If Training completed is "No," Reason Not Completed: Entered Employment ____ Other ____

Other Explanation _____

Contract Amount De-obligated \$ _____

Comments

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ____/____/____

Location _____

TAA REMEDIAL TRAINING

Exhibit 2H

Participant Identifying Information

Customer ID _____ Participant Name _____

Training Provider _____

Training Program _____

Training Location _____

Hours per Week _____

Training Start Date: ____/____/____

Estimated End Date: ____/____/____

Contract Number _____ Amount Obligated \$ _____ Training Contract Date ____/____/____

Training Justified Yes ____ No ____

Training End Date ____/____/____

Completed Training Yes ____ No ____

If Training completed is "No," Reason Not Completed: Entered Employment ____ Other ____

Other Explanation _____

Contract Amount De-obligated \$ _____

Comments

Sub Code _____ Optional Data A _____ Optional Data B _____ Service Date ____/____/____

Location _____

TAA TRAINING WAIVER

Exhibit 2I

Participant Identifying Information

Customer ID _____ Participant Name _____

Contact Date: ___/___/_____

Reason for Waiver: (Select one)

Expected Recall ___

Possesses Marketable Skills ___

Within 2 Years Retirement ___

Health Issues ___

Enrollment Unavailable ___

Training Not Available ___

Outcome of Waiver Review:

Waiver Issued ___

Waiver Continued ___

Waiver Extended ___

Waiver Revoked ___

Date of Next Waiver Review: ___/___/_____

Comments:

Sub Code _____

Optional Data A _____

Optional Data B _____

Service Date ___/___/_____

Location _____

TAA SUPPORTIVE SERVICES
Exhibit 3A

Participant Identifying Information

Customer ID _____ Participant Name _____

Support Service: (select one)

Subsistence Allowance _____

Transportation Allowance _____

Amount: \$ _____

Certification (petition) Number: _____

Distance from Home to Training (miles): _____

Maintain Regular Residence: Yes ___ No ___

Expenditure Begin Date: ____/____/____

Expenditure End Date: ____/____/____

Number of Training Days: _____

Check Number: _____

Date Received: ____/____/____

Comments

Subcode _____

Optional Data A _____

Optional Data B _____

Service Date ____/____/____

Location _____

TAA PARTICIPATION STATUS

Exhibit 4A

Participant Identifying Information

Customer ID: _____ Participant Name: _____

Planned Gap

Start Date: ___/___/_____ End Date: ___/___/_____ Reason: (Select one) Health/Medical ___ Break in Training Date ___

Participation Exit

Exit Date: ___/___/_____

Exit Reason: (Select one)

Employed (New) ___ Employed (Recalled) ___ Self-employed ___ Voluntary Exit ___

Involuntary Exit (Non-Compliance) ___ Institutionalized ___ Deceased ___ Health/Medical ___

Found Ineligible After Registration ___ Other ___ System Exit Completed Activities ___

System Exit Did Not Complete Activities ___ Family Care ___ Reservist Called to Active Duty ___

Retired from Employment ___ Invalid Social Security Number Provided ___

Did Not Receive Services for 90 Days after Eligible Quarter ___ Relocated to Mandated Residential Program ___

Began Receiving Benefits under a New Petition Certification ___

Other: (Exit Reason Explanation) _____

Employed at Exit: Yes ___ No ___ If Yes, Employer Name: _____

Employer Address: _____ Employer City: _____

Employer State: _____ Employer Zip: _____

Employer Contact Person: _____ Employer Contact Phone: (____) _____

Contractor Name: _____

Hours _____ Wage per Hour \$ _____ Fringe Benefits: Yes ___ No ___ ONET Code: _____

Training Related Employment: (Select One) Yes ___ No ___ Training Did Not Impart Job Specific Skills ___ Relationship Employment/Training Cannot be Determined ___

Method Used to Determine Training Related Employment: (Select one)

Compare Occupational Code - Training Activity/Job ___

Compare Industry of Employment with Training Occupation ___

Other Appropriate Method ___

Comments: _____

Sub Code _____ Optional Data A _____ Optional Data B _____

Service Date ___/___/_____

Location: _____

TAA OUTCOME REPORTING
Exhibit 5A

Participant Identifying Information

Customer ID _____ Participant Name _____

Select the quarter for which information is being reported.

1st Qtr. Following Exit _____ 2nd Qtr. Following Exit _____
3rd Qtr. Following Exit _____ 4th Qtr. Following Exit _____

Employed in Qtr Yes _____ No _____

Source of Supplemental Data (select one)

Case Management _____ Follow-up _____ Survey _____
Verify With Employer _____ Record Sharing _____

Employer Name _____

Employer Address _____

Employer City _____ Employer State _____ Employer Zip Code _____

Employer Contact Person _____ Employer Contact Phone (____) ____ - _____

Hours (per week) _____ Wage (hourly) _____ ONET Code _____

Training Related Employment (select one)

Yes _____
No _____
Training did Not Impact Specific Job Skill _____
Relationship of Employment to Training Cannot be Determined _____

Method Used to Determine Training Related Employment (select one)

Compare Occupational Code/Training Activity with Job _____
Compare Industry of Employment with Training Occupation _____
Other Appropriate Method _____

Non Traditional Employment Yes _____ No _____

Location _____

Comments

Optional Data A _____ Optional Data B _____