

# Illinois Department of Employment Security

## ATAA Application – Approval/Denial Instructions

Under the Alternative Trade Adjustment Assistance program, workers in an eligible worker group who are at least 50 years of age when they obtain qualifying full-time employment within 26 weeks of separation from adversely-affected employment at wages less than those earned in the adversely-affected employment, may receive up to half of the difference between the worker's old wage and the new wage. The wage subsidy may be paid up to a maximum of \$10,000 or for a two-year period, whichever comes first.

To be eligible for the ATAA program, workers may not earn more than \$50,000 per year in the new employment. In addition, the worker group must be certified as eligible to apply for TAA benefits and meet other ATAA eligibility criteria. Workers who begin receiving payments under the ATAA program cannot receive other TAA benefits and services. Workers would be advised to file a complete TAA application with the Local Workforce Investment Area (LWIA) to preserve their rights to future TAA benefits if a job can not be secured within the required 6 month period. Applications for ATAA benefits can be obtained through the Local Workforce Investment Area (LWIA).

### **General Instruction and Information**

[TEGL 2-03, Change 1](#) (and [TEGL 2-03, Change 1 Attachment](#)) should be used as a reference for a comprehensive Q & A on ATAA Benefits.

- The LWIA must obtain proof of all information as requested throughout the form.
- Upon in-person reporting to LWIA by ATAA applicant, the LWIA should aid the applicant in completing Customer Information, LWIA/IDES Information, Adversely Affected Employer Information and ATAA Employer Information sections and review required documentation. Ensure applicant signs and dates the form and explain what documentation must still be provided if all required documentation has not been provided during visit.
- If the ATAA application is complete and all required documentation has been received, the LWIA should either immediately refer the applicant to the appropriate IDES local office or should immediately fax or deliver the application and all required documentation to the appropriate IDES local office. The LWIA should keep a copy of the ATAA application and documentation for the customer's file.
- IDES must make an eligibility determination within 5 working days and mail or fax the application and all required documentation to the ATAA unit.
- LWIA can expect a copy of the approved or denied application, from IDES, within 5-7 working days after submission.
- The case manager should reference the attachment to TEGL 2-03, change 1 to review the Q & A for Alternative Trade Adjustment Assistance (ATAA).
- IDES must review the customer's income on a monthly basis.
- TEGL 2-03 (page 7) indicates that "receipt of the initial ATAA payment represents the individual's decision with respect to choosing ATAA and voids the participant's rights to retraining, allowances and TRA." However, a customer can receive non-TAA training, job search, relocation assistance and even TRA (TAA services) if all occur and are complete prior to the state issuing the first ATAA payment.

This form should immediately be faxed or delivered by the LWIA to the IDES local office. The LWIA should keep a copy for the customer's file.

### **Customer Information**

1. Customer SSN            Enter the SSN of the customer.
2. Application Date        Enter the date this form is being completed.
3. Customer Name         Enter the customer's last name, first name and middle initial.

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4. Street Address (Residence) Enter the street address where the customer currently resides. Enter apartment number, if applicable.
5. City Enter the city where the customer currently resides.
6. State Enter the state where the customer currently resides.
7. Zip Enter the 5 digit zip code where the customer currently resides.
8. Phone Number(s) Enter the customer's home, work number and cell number, if applicable.
9. Email Enter the customer's email address, if applicable.
10. County (for in-state addresses) Enter the county where the customer currently resides.
11. Date of Birth Enter the customer's date of birth. (Month, day, year).
12. Documentation Type Enter the type of documentation that was provided as proof of date of birth for the customer. Acceptable types of documentation for the date of birth could be the driver's license, birth certificate, etc. **Make a copy of the documentation for the file and attach to the ATAA Application.**

## LWIA/IDES Information

13. LWIA Case Manager Name Enter the name of the LWIA case manager assigned to this customer.
14. LWIA Number Enter the LWIA # where the customer is being served.
15. Phone/Fax Enter the Phone number with extension and Fax number of the LWIA Case Manager assigned to this customer.
16. Email Enter the email address for the LWIA Case Manager assigned to this customer.
17. IDES Local Office Number Enter the IDES Local Office Number and name overseeing benefits for this customer.

## Adversely Affected Employer Information

18. TAA Petition Enter the certified petition number.
19. Employer Name Enter the name of the Certified Employer.
20. Worksite Address Enter the worksite address of the Certified Employer.
21. Last Separation Date: Enter the customer's most recent layoff date from the certified employer group.
22. Last Day of the 26<sup>th</sup> Week after Layoff Enter the date of the last day of the 26<sup>th</sup> week after the customer's layoff. To be eligible to receive ATAA, the customer must be employed prior to this date.



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31. Phone and Fax Enter the Employer Contact individual's telephone number and fax number.
32. Date of Hire Enter the Hire Date for the customer's qualifying job for ATAA.
33. Documentation Type Enter the type of documentation that verifies the customer has gained employment with this employer. The documentation type should be a letter from the employer verifying employment start date (*preferable documentation*) or the first check stub. **Make a copy of the documentation for the file and attach to the ATAA Application.**
34. Minimum # Hours Per Pay Period Employer Considers Full Time; Job Title/Type of Work Performed: Enter the minimum number of hours per pay period that the ATAA Employer considers full time. If the new employer and the adversely affected employer are the same, IDES must investigate eligibility. When an ATAA customer accepts work with their layoff employer at a different location, IDES is responsible for determining whether the work is similar. In addition, the customer cannot return to the division/facility from which he/she was separated, even if the work is not similar.
35. Pay Rate Per Enter the Pay Rate worker will receive for the appropriate employer's pay period. Check the box to indicate the workers pay schedule.
36. ATAA Employer Annualized Salary Enter the annualized salary for the ATAA employer based on the employer's method of payment. **This is to verify the new annualized wage will not exceed \$50,000.**  
If Hourly: Multiply the hourly rate received during first full week of employment by the number of hours worked during the first full week of employment and multiply the result by 52.  
If Weekly: Multiply the weekly rate received during the first full week of employment by 52.  
If Bi-Weekly: Determine the pay rate during the first bi-weekly pay period and multiply by 26.  
If Semi-Monthly: Determine the pay rate during the first semi-monthly pay period and multiply by 24.  
If Monthly: Determine the pay rate per monthly pay period and multiply by 12.
37. Documentation Type Enter the type of documentation you have that shows the new salary amount and number of hours to be worked. **Make a copy of the documentation for the file and attach to the ATAA Application.**
38. Customer Signature and Date The customer must sign and date this form verifying that the information provided is correct and complete and that the customer understands that penalties are enforced for willful misrepresentation.
- Eligibility Determination**
39. Total Annualized Salary Amount Enter the total of all New Employer Annualized Salary amounts.
40. Customer is/is not Eligible Check the appropriate box to indicate if the customer is or is not eligible. If customer is eligible, enter the two year eligibility period dates to and from that the customer will be eligible unless the customer meets the \$10,000 limit first. If customer is not eligible, check the appropriate box indicating the reason(s) that apply.

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## STAFF USE ONLY

41. Date Received by Local IDES Office      The Local IDES Office Representative should enter the date the ATAA Application was received in their office. (**This date begins the 5-day notification of eligibility requirement.**)
  
42. IDES Local Office Representative Application/ Determination Signature and Date      The Local IDES Office Representative must complete the final eligibility determination and date the application/determination. Two copies of the original should be made. The original application/determination should be issued to the customer; a copy retained in the local office and a copy with all required documentation should be mailed or faxed to the ATAA payment unit, along with any check stubs from the reemployment that may have been presented at the time of application.