

**TEXAS WORKFORCE COMMISSION**  
**Reemployment Trade Adjustment Assistance (CVCCRTAA)**  
**Wage Subsidy Certification**

Social Security Number:		
First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip code:
<b>IMPORTANT INFORMATION - Please read before completing form.</b>		
Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report earnings for the week in which you earned them, even if not yet paid. <b>Record your earnings in Question 5.</b> Cross out and initial any corrections. Sign the form. If you do not follow all instructions, or file within the scheduled week, your benefits may be delayed or denied. If you have questions, please call (512) 463-2999.*		
<b>A benefit week is seven calendar days, beginning on Sunday and ending on Saturday.</b>		
	<b>Claim Week 1:</b>	<b>Claim Week 2:</b>
Week 1: Enter the Sunday date (mm-dd-yy) for the first benefit week and the following Saturday date (mm-dd-yy). Week 2: Enter the Sunday date (mm-dd-yy) for the second benefit week and the following Saturday date (mm-dd-yy).	Sun. through Sat.	Sun. through Sat.
1. Are you currently working 30 or more hours per week?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. If you answered "NO" to question 1, are you enrolled in full-time TAA-approved training and working at least 20 hours per week?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. How many hours did you work each claim week?		
4. What is your hourly wage or rate per hour?		
5. If you answered "YES" to question 1, record your total gross earnings before deductions (NOT your net "take-home" pay). Enter dollar amounts only. Example: Record \$125.98 as \$125.00 If you had no income (answered "NO" on #1), skip this question and go to question 6.		
6. Are you on employer-paid vacation or other paid leave?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Attach a copy of your check stubs or other proof of wages for the weeks you are claiming.		
<b>I certify this</b> is my Social Security number and I am the person named on the claim for wage subsidy benefits, and the information I gave for this claim period is true and correct.		
<b>I understand that giving false information</b> or withholding information on any claim form may result in severe penalties, including fines and/or imprisonment (20 CFR 617.55). It may also result in a loss of benefits. TWC routinely compares the amount of wages your employer reports having paid you.		
8. Signature of ATAA/RTAA worker:		Date:
Mail to: TWC – UI Operations and Customer Support P.O. Box 149137 Austin, Texas 78714-9137		Fax to: (512) 936-3250

\* Hearing Impaired dial 711 for Relay Texas. Español: 1-800-662-4954.

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.



**TEXAS WORKFORCE COMMISSION**

**Reemployment Trade Adjustment Assistance (CVCCIRTA) Certification**  
Employer Verification

You should have your current employer complete and sign this form. Attach the completed Employer Verification form to the ATAA/RTAA Wage Subsidy Certification.

Note to Employer: Do not complete this page until the worker completes and signs the **Reemployment Trade Adjustment Assistance (CVCCIRTA) Wage Subsidy Certification**.

Employer Name:		
Employer Address:		
City:	State:	Zip Code:
Employer telephone number: (include area code)		
Employer TWC Tax Account number:		
Employer Signature:	Print Name:	

**CVCCIRTA benefits paid to workers do not affect your tax rate.**

If the worker separates from your employment and files an application for unemployment insurance (UI) benefits, TWC will notify you in writing.