

AJC Address:

FAX:
EMAIL:

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA (RTAA-01)

CLAIMANT _____
 SID: _____
 EMPLOYER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 STATE TAX # _____

THE REEMPLOYMENT TRADE ACT ASSISTANCE (RTAA) PROGRAM PROVIDES AN INCENTIVE TO OLDER WORKERS (50 YEARS OF AGE OR OLDER) TO FIND NEW EMPLOYMENT QUICKLY.

AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN \$50,000 ANNUALLY MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (up to 50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL \$10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST.

IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESS IN THE UPPER RIGHT CORNER OF THIS PAGE.

FIRST DAY WORKED: _____

JOB TITLE: _____

OF HOURS WORKED PER WEEK: _____

TYPE OF EMPLOYMENT: HOURLY SALARY COMMISSION CONTRACTUAL

WAGE PER HOUR: _____

EMPLOYMENT STATUS: FULL-TIME PART-TIME

 EMPLOYER NAME AND TITLE PHONE NUMBER FAX NUMBER DATE

