

OTC Office of Workforce Liaison Weekly TRA-22 Student Compliance Form

Instructions to Student

Your continued receipt of benefits under Trade Act and Unemployment depends on the accurate and timely reporting of your academic progress.

This is done by turning in a completed Form TRA-22 to your Trade Act Case Manager every week before the required deadline. OTC representatives will complete sections 13 through 16 of the TRA-22 and sign the form but will not do so unless you provide this form with it, accurately and completely filled out and signed by your instructors.

It is the responsibility of the student receiving Trade Act Benefits to provide OTC representatives with complete and accurate attendance information weekly.

OTC representatives will not complete and sign the TRA-22 unless this form accompanies it, complete and correct.

1. Download and print this Student Compliance Form.
2. You will fill in all requested information in the gray areas.
 - A. Your name and OTC ID number.
 - B. Each class you are enrolled in, including course and section number and including your instructor's name.
 - C. Fill in the dates of the days (Monday through Saturday) in the boxes below each day across the top of the form.
 - D. Place an "X" below each day you were scheduled to be in class that week, in the boxes below the dates.
 - E. If you were absent for any class, indicate which day you were absent in that class by putting an "X" in the box for that day.
 - F. Take the form to each instructor when you attend the last class of the week (or the first class after an absence) and ask them to indicate the number of absences for that week in the appropriate box, sign and date.
3. Indicate whether you are receiving any other federal student aid and name the aid in the box provided.
4. Sign and date the form at the bottom.
5. Take the completed form along with a copy of your TRA-22 to a Student Services representative. They will use the information you provide on this form to complete questions 13 through 16 on the form, sign it and will return it to you.
6. Submit the completed and signed TRA-22 along with this attendance verification sheet to your TRA representative for processing.

OTC Office of Workforce Liaison Weekly TRA-22 Student Compliance Form

Student: Fill out the blanks in the shaded area.

Student Name

OTC ID

Instructor of each class please fill out and sign attendance verification for the week.

Student to Fill Out This Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
This week's Dates						
I am scheduled to be in class: [X]						

Class 1:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

Class 2:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

Class 3:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

Class 4:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

Class 5:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

Class 5:

Course number AND section *Student: "X" the days you were absent for each separate class period.*

Instructor:

Instructor: Please indicate the number of absences this week that were:

Excused Instructor Signature: Date:

Not excused

I have other Federal Aid helping me with school: No: Yes: If yes, name:

I hereby attest that the information I am providing above accurately reflects my attendance in training for the week indicated.

Student Signature: _____

Date: _____