



TAA PARTICIPANT NON-COMPLIANCE WARNING

Name _____ Last 4 Digits of SSN _____

SID# _____ Local Office Number _____ Petition Number _____

I, _____, understand that due to my failure to comply with the terms of the agreement as stated in the Worker’s Agreement and Responsibilities form, that I am receiving this warning of non-compliance. I have failed to meet my responsibilities of the items checked below. I understand that I must comply with the TAA Regulations including these items through the remainder of my training. I also, understand that my case will be evaluated every sixty (60) days by a TAA Specialist to ensure my compliance with the regulations. Failure to meet requirements may result in losing my TAA funding for training.

- Not meeting Benchmarks:
 - Not maintaining satisfactory academic standing. †
 - Not on track to complete training within the timeframes identified in the approved training plan. ‡
- Failure of any required class(es) for two (2) Terms/Semesters/Quarters. ¥
- Withdrawal of any required class(es) for two (2) Terms/Semesters/Quarters. ¥
- Not completing & submitting weekly attendance certifications.
- Failure to notify TAA Representative of changes pertaining to approved training.
- Not providing grades at the end of each term to TAA Representative.
- Not providing class schedule/academic plan at the end of each term to TAA Representative.
- Not reporting for scheduled appointment with TAA Representative every sixty (60) days to discuss training progress.

† Academic standing by the school is taken into consideration, but is not the sole deciding factor.
 ‡ Participant must be on track to complete training within required weeks based on petition number.
 ¥ Two (2) time failure or withdrawal provision does not have to happen in consecutive terms, but anytime throughout the training. Final attempt to pass the required class must be completed during the next term available.

By signing my name below, I certify that I have carefully read and understand this form in its entirety and I have received a copy of this form for my records. I agree to abide by all of the policies and requirement of the TAA program.

I understand that I have the right to appeal if I disagree with the training determination by the Central Office. Such appeal must be filed within fifteen (15) days of being notified by the TAA Representative; and may be filed through the Career Center where the TAA claim was taken or by letter to the Appeals Tribunal, TN Dept. of Labor and Workforce Development, 220 French Landing Drive, Nashville, TN 37243 (Fax 615-741-8933).

Participant’s Signature _____ Date _____

TAA Representative’s Signature _____ Date _____