

EXAMPLE ONLY

Enter your SS Number

Dates filled in by State

	061470	0400	
SSN	PETITION NO.	LO NO.	WEEK ENDING

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

TRA Payorder Card

During this week

Leave Blank

MAIL AFTER

Leave boxes below BLANK

- Y N 1. Did you perform work for which you were paid or will be paid?
(If Yes, enter the amount before deductions.)
- Y N 2. Did you receive holiday or vacation pay?
- Y N 3. Did you receive retraining benefits under any law?
- Y N 4. Has there been any change in the amount or status of retirement pay, pension received, or educational or other training assistance as previously reported?
- Y N 5. Did you refuse work, quit a job, or were you discharged from a job?
- Y N 6. Did you receive on-the-job training?
- Y N 7. Did you refuse any offer of training?

DOLLARS		CENTS	

CERTIFICATION: I hereby certify that I was available for work and made an effort to secure work for the above week as shown on the back of this card, and that these statements are true and correct. I understand that the law provides penalties for false statements to obtain or increase benefits.

SIGNATURE

DATE

*If there is a YES answer to questions 2 through 7
Do not mail this card --
CONTACT THIS AGENCY (OVER)*

LB-0504 (R. 6/05)



“USE BLACK PEN ONLY”

Sign your name and fill in date!

RDA N/A