APPENDIX: TRADE ACTIVITY PARTICIPANT REPORT

OMB 1205-0392 Expires: 06/30/2016

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| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
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| SECTIO | N A - INDIVIDUA | L INFORMAT | ION | |
| | A.01: Identifying Da | | | |
| 100 | Unique Participant Identifier | AN 12 | (1) Record the unique identification number assigned to the participant which, at a minimum, must be the same for every period of participation in the WIOA Title I programs, including National Dislocated Worker Grants, and in every local area across the state and where the participant is receiving services or benefits financially assisted by the Wagner-Peyser, Veterans Employment and Training Service, and/or Trade Adjustment Assistance (TAA) programs; and (2) Provide unique identification number of potential "non participant" records, including those identified through Veteran "covered entrants" and TAA applicants that may or may not receive a participant service. | xxxxxxxxxxx |
| 101 | State Code of Residence | AN 2 | Record the 2-letter FIPS alpha code of the state of the primary domicile of the participant. For example, the State of Alabama would be represented as "AL." Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. 00 = All Other Countries 88 = Mexico 99 = Canada For persons on active military duty, states should record the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. | XX |
| 102 | County Code of Residence | IN 3 | Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 777 = All Other Countries 888 = Mexico 999 = Canada | 000 |
| 103 | Zip Code of Residence | IN 5 | Record the 5-digit zip code of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77777 = All Other Countries 88888 = Mexico 99999 = Canada For persons on active military duty, states should record the zip code associated with the APO or FPO as defined by the Military Postal Service Agency. | 00000 |
| 105 | ETA-Assigned Local Workforce Board/Statewide Code | IN 5 | Record the 5-digit ETA assigned Local Board/Statewide code where the participant received his/her first benefit or service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a national emergency grant), record the code for the Local Board. If participant record is a liable state record, record 99999. | 00000 |
| Section A | A.02: Equal Opporti | unity Informati | on | |
| 200 | Date of Birth | DT 8 | Record the participant's date of birth. Leave "blank" if the individual declines to provide the information and it is not required for determining eligibility for a particular program. | YYYYMMDD |

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| 201 | Gender | IN 1 | Record 1 if the participant indicates that he is male. Record 2 if the participant indicates that she is female. Record 9 if the participant does not self-identify gender. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Male 2 = Female 9 = Participant did not self-identify |
| 202 | Individual with a Disability | IN 1 | Record 1 if the participant indicates that he/she has any "disability," as defined in section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). See the discussion of that definition in Section III(A) of the Handbook. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. Record 9 if the participant does not wish to disclose his/her disability status. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not disclose |
| 203 | Category of Disability | IN 1 | Record 1 if the impairment is primarily physical, including mobility and sensory impairments. Record 2 if the impairment is primarily mental, including cognitive and learning impairments. Record 3 if the individual reports having both physical and mental impairments. Record 9 if the participant does not wish to disclose his/her type of disability. Leave "blank" if the individual is not a participant, or the information is not available. Additional Reporting Instructions: For definitions and examples of "physical or mental impairment" and "major life activities," see the discussion of the definition of "disability" in Section III(A) of the Handbook. | 1 = Physical Impairment 2 = Mental Impairment 3 = Both Physical and Mental Impairments 9 = Participant did not disclose |
| 204 | Ethnicity Hispanic / Latino | IN 1 | Record 1 if the participant indicates that he/she is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not self-identify |
| 205 | American Indian or Alaskan Native | IN 1 | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not self-identify |
| 206 | Asian | IN 1 | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not self-identify |
| 207 | Black or African American | IN 1 | Record 1 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not self-identify |

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| 208 | Native Hawaiian or Other Pacific Islander | IN 1 | Record 0 if the participant indicates that he/she does not meet any of these | 1 = Yes 0 = No 9 = Participant did not self-identify |
| 209 | White | | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No 9 = Participant did not self-identify |

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| Section A | A.03: Veteran Chara | ecteristics | | |
| 301 | Eligible Veteran Status | IN 1 | Record 2 if the participant served on active duty for a period of more than 180 days | 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person |
| 302 | Campaign Veteran | IN 1 | Record 1 if the participant is an eligible veteran (i.e., coding value 1 in Eligible Veteran Status) who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's website http://www.opm.gov/veterans/html/vgmedal2.asp Record 0 if the participant does not meet the condition described above or is not a TAA participant. | 1 = Yes 0 = No |
| 303 | Disabled Veteran | IN 1 | forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to | 1 = Yes 2 = Yes, special disabled 0 = No |
| 304 | Date of Actual Military Separation | DT 8 | Record the date on which the participant separated from active duty with the U.S. armed forces. Leave "blank" if the data element does not apply to the participant, or the individual is not a participant, or the information is not available. | YYYYMMDD |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
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| | Name | Length | | |
| 305 | Transitioning Service Member | IN 1 | Record 1 if the participant is an active military duty status (including separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces. Record 0 if the participant does not meet the condition described above. Leave "blank" if the data element does not apply to the participant, or the individual is not a participant or the information is not available. | 1 = Yes 0 = No |
| 306 | Covered Person Entry Date | DT 8 | Record the date on which the covered person first made contact with the workforce system, either at a physical location or through an electronic resource. Leave "blank" if this data element does not apply. | YYYYMMDD |
| 307 | Date 45 Days Following Covered Person Entry Date | DT 8 | Record the date that falls 45 days following the Covered Person Entry Date. Leave "blank" if this data element does not apply. | YYYYMMDD |
| 308 | TAP Workshop in 3 Prior Years | IN 1 | Record 1 if the Veteran or TSM attended a Transition Assitance Program (TAP) Workshop in 3 year period prior to Date of Participation. Leave "blank" if the individual is not a participant. | 1 = Yes 0 = No |
| Section A | A.04: Employment a | and Education | Information | |
| 400 | Employment Status at Participation | IN 1 | Record 1 if the participant either: (a) did any work at all as a paid employee; (b) did any work at all in his or her own business, profession or farm; (c) worked as an unpaid worker in an enterprise operated by a member of the family; or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job. Record 2 if the participant, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close; or (b) is a transitioning service member. Record 0 if the participant does not meet any one of the conditions described above. Leave "blank" if the individual is not a participant or the information is not available. | 2 = Employed, but Received Notice of Termination of Employment or Military Separation 0 = Not Employed |
| 401 | UC Eligible Status | IN 1 | Record 1 if the participant (a) filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) was referred to service through the State's Worker Profiling and Reemployment Services (WPRS) system. Record 2 if the participant meets condition (a) described above, but was not referred to service through the State's WPRS system. Record 3 if the participant has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights. Record 0 if the participant was neither a UC Claimant nor an Exhaustee. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Claimant Referred by WPRS 2 = Claimant Not Referred by WPRS 3 = Exhaustee 0 = Neither Claimant nor Exhaustee |

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| 402 | Highest School Grade Completed | IN 2 | participant. Record 87 if the participant attained a high school diploma. Record 88 if the participant attained a GED or equivalent. Record 89 if the participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individual Education Plan (IEP). Record 90 if the participant attained other post-secondary degree or certification. Record 91 if the participant attained an associates diploma or degree (AA/AS). Record 00 if no school grades were completed. Leave "blank" if the individual is not a participant or the information is not available. | 1 - 12 = Number of elementary/secondar y school grades completed 13 - 15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelors degree or equivalent 17 = Education beyond the Bachelors degree or equivalent Equivalent Bachelors degree at takined GED or Equivalent Bachelors degree or expensive to the secondary Degree or Certificate of Attendance/Completion 90 = Attained Other Post-Secondary Degree or Certification 91 = Attained Associates Diploma or Degree 00 = No school grades completed |
| Section A | A.06: Public Assista | nce Informatio | on | |
| 600 | Temporary Assistance to Needy Families (TANF) | IN 1 | Record 1 if the participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to date of participation. Record 0 if the participant does not meet the condition described above. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |
| 601 | Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI) | IN 1 | Social Security Act in the last six months prior to date of participation. Record 2 if the individual is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the | 1 = SSI only 2 = SSDI only 3 = Yes, Both SSI and SSDI 0 = No |
| 602 | Other Public Assistance Recipient | IN 1 | Record 1 if the participant is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to date of participation: General Assistance (State/local government), Refugee Cash Assistance, or Supplemental Nutrition Assistance Program. Do not include foster child payments. Record 0 if the participant does not meet the above criteria. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |

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| 0 | A OZ. A delition of Do | | | |
| 703 | A.07: Additional Re Limited English Language Proficiency | IN 1 | Record 1 if the participant has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language. Record 0 if the participant does not meet the conditions described above. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |
| 707 | Most Recent Date of Qualifying Separation | DT 8 | Record the participant's most recent date of separation from trade-impacted employment that qualifies the individual to receive benefits and/or services under the Trade Act. Leave "blank" if the individual is not a participant or the information is not available. | YYYYMMDD |
| 708 | Tenure with Employer at Separation | IN 3 | Record the total number of months that the participant was employed with the employer of record as of the participant's most recent qualifying date of separation. Employment of at least one day but less than one month should be recorded as "1". Leave "blank" if the participant has not been separated from trade affected employment, or if the individual is not a participant or the information is not available. | 000 |
| SECTIO | ON B - ONE-STO | P PROGRA | M PARTICIPATION INFORMATION | |
| Section I | B.01: One-Stop Part | ticipation Data | | |
| 900 | Date of Participation/ Date of First Case Management and Reemployment Service | DT 8 | Record the date on which the TAA participant begins receiving his/her first service financially assisted by TAA or a partner program. Leave "blank" if the individual is not a participant. | YYYYMMDD |
| 901 | Date of Exit | DT 8 | Record the date on which the last service financially assisted by the program or a partner program is received by the participant. Once a participant has not received any services financially assisted by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service financially assisted by the program or a partner program. Leave "blank" if the participant has not yet exited, or if the individual is not a participant. | YYYYMMDD |
| 902 | Adult (local formula) | IN 1 | Record 1 if the participant received services financially assisted under WIOA section 133(b)(2)(A). Record 0 if the participant did not receive services under the condition described above. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |
| 903 | Dislocated Worker (local formula) | IN 1 | Record 1 if the participant received services financially assisted under WIOA section 133(b)(2)(B). Record 0 if the participant did not receive services under the condition described above. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |
| 921 | Rapid Response | IN 1 | Record 1 if the individual participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(i). Record 0 if the participant did not receive services under the condition described above. Leave "blank" if the individual is not a participant or the information is not available. | 1 = Yes 0 = No |

| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
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| 922 | Rapid Response (Additional Assistance) | IN 1 | Record 1 if the individual participated in a program financially assisted by WIOA section 134(a)(2)(A)(ii). Record 0 if the participant did not participate in a program or otherwise receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No |
| 923 | NDWG Project ID | AN 4 | Record the first Project I.D. Number where the participant received services financially assisted under a National Dislocated Worker Grant (NDWG). (For example, Utah projects may be numbered UT-02, so the TAPR entry would be UT02). Record 0000 if the participant/individual did not receive any services financially assisted by a NDWG. Leave "blank" if the individual is not a TAA participant. | xxxx |
| 924 | Second NDWG Project ID | AN 4 | Record the second Project I.D. Number where the participant received services financially assisted under a NDWG. If the individual received services financially assisted by more than two NDWGs, record only the first two Project I.D. Numbers. Record 0 if the participant did not receive any services financially assisted by a NDWG or it is not known. Record 0000 if the participant did not receive services financially assisted under a second NDWG or if the individual is not a participant. Leave "blank" if the individual is not a TAA participant. | xxxx |
| 925 | Special ETA Project ID | AN 4 | Record the special ETA Project I.D. number (code to be assigned by ETA where applicable) where the participant received services financially assisted under a special state demonstration or pilot project. Record TACT if the participant received training funded by the Trade Adjustment Assistance Community and Career College Training (TAACCCT) Grant Program. Record 0000 if the participant/individual did not receive services financially assisted under a Special ETA Project. Leave "blank" if the individual is not a TAA participant, or the information is not available. | xxxx |
| 926 | Rapid Response Event Number | AN 12 | LEAVE ELEMENT BLANK PENDING FURTHER INSTRUCTION FROM ETA. Record the 12-digit unique number of the event through which rapid response services were provided to the participant. This unique identification number is the same one provided to the State or local area through the USDOL Rapid Response Information Network. For example, a Maryland rapid response event will be numbered as RR-MD-2006-0001, where the last 4-digits are incremented as each new rapid response event is entered during that calendar year (so the TAPR entry would be RRMD20060001). If the individual received services through more than one rapid response event within the same period of participation, then the last (or most recent) rapid response event number should be recorded. Record 0 if the rapid response event number is not known or if the individual is not a participant. | XXXXXXXXXX |
| 940 | Veterans' Programs | IN 1 | Outreach Program (DVOP). Record 2 if the participant only received services financially assisted by the LVER | 1 = Yes, Both LVER and DVOP 2 = Yes, LVER only 3 = Yes, DVOP only 0 = No |

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| 942 | Petition Number | IN 8 | Record the petition number of the certification which applies to the individual's group. If there is more than one petition number e.g., certifications under both the TAA and NAFTA-TAA programs), record the petition number of the program from which the training is paid, unless a waiver was issued. Do NOT include any alphanumeric suffix; record the petition number ONLY. | XXXXXXX |
| 943 | Vocational Education | IN 1 | Record 0 if the participant did not receive any services under the condition described | 1 = Yes 0 = No 9 = Participant did not disclose Blank = not available |
| 944 | Vocational Rehabilitation | IN 1 | of Title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.), WIOA title IV, and section 121(b)(1)(B)(vii)). Record 2 if the participant received services financially assisted by the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 U.S.C. Chapter 31. Record 3 if the participant received services from both vocational rehabilitation programs. | 1 = Yes 2 = VR&E 3 = Both VR and VR&E 0 = No 9 = Participant did not disclose. Blank = not available |
| 951 | Wagner-Peyser Act | IN 1 | Record 1 if the participant received services financially assisted under the Wagner-Peyser Act (29 U.S.C. 49 et seq.) WIOA section 121 (b)(1)(B)(ii) during period of participation. Record 0 if the participant did not receive services financially assisted under the Wagner-Peyser Act. Leave "blank" if the individual is not a participant, or the information is not available. | 1 = Yes 0 = No |
| 956 | Other WIOA or Non-WIOA Programs | IN 1 | WIOA or non-WIOA program not listed above that provided the individuals with services during the period of participation. Record 2 if the participant received services financially assisted in full or in part by funds from the American Recovery and Reinvestment Act (ARRA) of 2009 during the period of participation. Record 3 if the participant received services financially assisted from any other | 1 = Yes, Other WIOA or Non-WIOA Programs 2= Yes, ARRA 3= Yes, Both Other WIOA or Non-WIOA Programs and ARRA 0 = No |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
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| | Name | Length | | |
| 971 | Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) | IN 2 | at least 90 days. Record 2 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Theis does not include temporary conditions expected to last for less than 90 days. Record 3 if the participant was found to be deceased or no longer living. Record 4 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. This does not include temporary conditions expected to last for less than 90 days. Record 5 if the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days. Record 6 if a Youth and was relocated to Mandated Residential Program. Record 7 if individual was determined ineligible for TAA. Record 8 if individual received no TAA benefits or services for 180 days following report quarter of eligibility determination. Record 9 if participant began receiving TAA benefits or services under a new petition certification. Record 98 if the participant entered retirement at the end of the program without seeking employment. | Called to Active Duty 6 = Relocated to Mandated Residential Program 7=Determined Ineligible for TAA 8=Did Not Receive Services for 180 Days After Report Quarter That Established Eligibility 9=Began Receiving |
| 980 | TAA Application Date | DT 8 | Record the date on which the individual first applied for Trade Act services/benefits under the applicable certification. | YYYYMMDD |
| 981 | Date of First TAA Benefit or Service | DT 8 | Record the date of the first Trade funded benefit or service received after the individual was determined eligible to participate. Leave "blank" if the individual is not a TAA participant. | YYYYMMDD |
| 982 | Liable/Agent State Identifier | IN 1 | The definition for liable State can be found in 20 CFR 617. 26(a). | 1 = Liable State 2 = Agent State 0 = Both |
| 983 | Date of Eligibility Determination | DT 8 | Record the date upon which the individual was determined to be (or not) an adversely affected worker. | YYYYMMDD |
| 984 | Determined Eligible | IN 1 | Record 1 if the individual was determined eligible for the Trade Program. Record 0 if the individual was determined not eligible. | 1 = Yes 0 = No |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value | | | | |
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| 985 | Benefit Under Prior Certification Last 10 Years | IN 1 | | 1 = Yes 0 = No | | | | |
| SECTIO | ON C - ONE-STO | P SERVICE | S AND ACTIVITIES | | | | | |
| Section | ection C. 03: Intensive and Training Services | | | | | | | |
| 1208 | Date Entered Training #1 | DT 8 | Record the date on which the participant's first training service actually began. Leave "blank" if the individual did not receive training services, or if the individual is not a participant. | YYYYMMDD | | | | |
| 1209 | Type of Training Service #1 | IN 1 | Leave "blank" if this data element does not apply to the participant or if the individual is not a participant. | 1 = On-the-Job Training 2=Skill Upgrading 3=Entrepreneurial Training 4=ABE or ESL in conjunction with Training (non-TAA funded) 5 = Customized Training 6 = Occupational Skills Training 7 = Remedial Training (ABE and ESL) 8=Prerequisite Training 9=Apprenticeship Training 10=Other basic skills training (WIOA Youth) 0 = No training service Blank = not a TAA participant. | | | | |
| 1210 | Occupational Skills Training Code #1 | IN 8 | Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave "blank" if this data element does not apply to the participant or the individual is not a participant. | 00000000 | | | | |
| 1211 | Training Completed #1 | IN 1 | Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave "blank" if the individual did not receive training services; if the participant has not yet completed training; or the individual is not a participant. | 1 = Yes 0 = No (Withdrew) | | | | |
| 1212 | Date Completed, or Withdrew from, Training #1 | DT 8 | Record the date when the participant completed training or withdrew permanently from training. Leave "blank" if the individual did not receive training services; if the participant has not yet completed training; or the individual is not a participant. | YYYYMMDD | | | | |
| 1213 | Date Entered Training #2 | DT 8 | Record the date on which the individual's second training service actually began. Leave "blank" if the individual did not receive a second training service or if the individual is not a participant. | YYYYMMDD | | | | |

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| 1214 | Type of Training Service #2 | IN 1 | | 1 = On-the-Job Training 2=Skill Upgrading 3=Entrepreneurial Training 4=ABE or ESL in conjunction with Training (non-TAA funded) 5 = Customized Training 6 = Occupational Skills Training 7 = Remedial Training (ABE and ESL) 8=Prerequisite Training 9=Apprenticeship Training 10=Other basic skills training (WIOA Youth) 0 = No training service Blank = not a TAA participant. |
| 1215 | Occupational Skills Training Code #2 | IN 8 | Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave "blank" if data element does not apply to the participant, or the individual is not a participant. | 00000000 |
| 1216 | Training Completed #2 | IN 1 | Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave "blank" if the individual did not receive a second training service;the participant has not yet completed training; or the individual is not a participant. | 1 = Yes 0 = No (Withdrew) |
| 1217 | Date Completed, or Withdrew from, Training #2 | DT 8 | Record the date when the participant completed training or withdrew permanently from training. Leave "blank" if the individual did not receive a second training service; the participant has not yet completed training; or the individual is not a participant. | YYYYMMDD |
| 1218 | Date Entered Training #3 | DT 8 | Record the date on which the individual's third training service actually began. If the individual received more than 3 training services, record the date on which the individual actually began the last (or most recent) training service. Leave "blank" if the individual did not receive a third training service or the individual is not a participant. | YYYYMMDD |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
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| | Name | Length | | |
| 1219 | Type of Training Service #3 | IN 1 | | 1 = On-the-Job Training 2=Skill Upgrading 3=Entrepreneurial Training 4=ABE or ESL in conjunction with Training (non-TAA funded) 5 = Customized Training 6 = Occupational Skills Training 7 = Remedial Training (ABE and ESL) 8=Prerequisite Training 9=Apprenticeship Training 10=Other basic skills training (WIOA Youth) 0 = No training service Blank = not a TAA participant. |
| 1220 | Occupational Skills Training Code #3 | IN 8 | Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave "blank" if occupational code if this data element does not apply to the participant or the individual is not a participant. | 00000000 |
| 1221 | Training Completed #3 | IN 1 | Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave "blank" if the individual did not receive a third training service; the participant has not yet completed training; or the individual is not a participant. | 1 = Yes 0 = No (Withdrew) |
| 1222 | Date Completed, or Withdrew from, Training #3 | DT 8 | Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the individual completed training. Leave "blank" if the individual did not receive a third training service; the participant has not yet completed training; or the individual is not a participant. | YYYYMMDD |
| 1224 | Pell Grant Recipient | IN 1 | Record 1 if the individual is or has been notified s/he will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record 0 if the individual does not meet the condition described above. Leave "blank" if the individual is not a TAA participant. | 1 = Yes 0 = No |
| 1225 | Waiver from Training Requirement-Type | IN 1 | Leave "blank" if the individual is not a participant. | 1 = Recall 2 = Marketable Skills 3 = Retirement 4 = Health 5 = Enrollment Unavailable 6 = Training Not Available 0 = No |
| 1226 | Date Individual Service Plan Created | DT 8 | Record the date on which the participant's Individual Service Plan (ISP) was created or otherwise established to identify the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals. Otherwise, leave "blank" if a service plan was not created for the participant or if the individual is not a participant. | YYYYMMDD |

| No. | Data Element Name | Field Type <i>l</i> Length | Data Element Name/Definition | Code Value |
|------|--|-------------------------------|---|-------------------|
| 1227 | Date of Most Recent Case Management and Reemployment Service | DT 8 | Record the date on which the participant received his or her most recent Case Management and Reemployment Service. Leave "blank" if the individual is not a participant. | YYYYMMDD |
| 1228 | Waiver from Training Requirement - Current Quarter | IN 1 | Record 1 if a waiver was issued in report quarter. Record 0 if no waiver was received. Leave "blank" if the individual is not a participant. | 1 = Yes 0 = No |
| 1229 | Current Quarter Training Expenditures | DE 7.2 | Record the dollar amount of training expenditures accrued in the current report quarter for the participant. Accrued expenditures are defined as the sum of actual cash disbursements for direct charges for goods and services; the amount of indirect expenses charged to the award; minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition (facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency); (2) Travel allowances; and (3) Subsistence allowances. Leave "blank" if this data element does not apply. | 0000000.00 |
| 1230 | Total Training Expenditures | DE 7.2 | Record the dollar amount of training expenditures accrued thus far in participant's training. Accrued expenditures are defined as the sum of actual cash disbursements for direct charges for goods and services; the amount of indirect expenses charged to the award; minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition: facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency; (2) Travel allowances (3) Subsistence allowances. Leave "blank" if this data element does not apply to the participant of if the individual is not a TAA participant. | 0000000.00 |
| 1231 | Training Costs- Amount of Overpayment | DE 7.2 | Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave "blank" if this data element does not apply to the participant. | 0000000.00 |
| 1232 | Training Costs - Overpayment Waiver | IN 1 | | 1 = Yes 0 = No |
| 1233 | Distance Learning | IN 1 | Record 1 if the participant received training through distance learning during the report quarter. Record 0 if the participant did not receive any services under the condition described above. Leave "blank" if the individual is not a participant. | 1 = Yes 0 = No |
| 1234 | Part Time Training | IN 1 | Record 1 if the participant received part time training in the report quarter. Record 0 if the participant did not receive any services under the condition described above. Leave "blank" if the individual is not a participant. | 1 = Yes 0 = No |
| 1235 | Adversely Affected Incumbent Worker | IN 1 | Record 1 if the participant received training prior to his or her separation date from qualifying trade affected employment. Record 0 if the participant did not receive any services under the condition described above. Leave "blank" if the individual is not a participant. | 1 = Yes 0 = No |

| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
|---------|--|------------------------|---|-------------------|
| 1236 | Training Leading | IN 1 | Record 1 if the participant is enrolled in training that will lead to an associate's | 1 = Yes |
| | to an Associate's Degree | | degree. Record 0 if the participant did not receive any services under the condition described above or if the individual. Leave "blank" if the individual is not a participant. | 0 = No |
| Section | C. 05 - Other Relate | d Assistance a | and Support Services | |
| 1400 | Received Supportive Services (except needs-related payments) | IN 1 | Record 1 if the participant received supportive services (WIOA section 134(d)(2), | 1 = Yes 0 = No |
| 1401 | Received Needs- Related Payments | IN 1 | | 1 = Yes 0 = No |
| 1404 | Travel While in Training | IN 1 | | 1 = Yes 0 = No |
| 1405 | Subsistence While in Training | IN 1 | | 1 = Yes 0 = No |
| 1410 | Job Search Allowance-Count | IN 2 | Record the total number of job search allowances paid to the participant in the current report quarter. Record a "0" if the participant did not receive a job search allowance in the quarter. Leave "blank" if the data element does not apply to the individual. | 00 |
| 1411 | Job Search Allowance Current Quarter - Costs | DE 7.2 | Record the dollar value of Job Search Allowance paid in the current quarter. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 0000000.00 |
| 1412 | Job Search Allowance -Total Costs | DE 7.2 | Record the cumulative total dollar amount of job search costs paid for the participant. This field may be updated for each quarterly submission. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | |
| 1415 | Relocation Allowance Current Quarter-Recipient | IN 1 | | 1 = Yes 0 = No |
| 1416 | Relocation Allowance -Total Cost | DE 7.2 | Record the total dollar amount of relocation costs paid to relocate the participant including the lump sum payment. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 0 |
| 1420 | Date Received First Basic TRA payment | DT 8 | Record the date on which the participant received their first Basic TRA payment. Leave "blank" if the participant did not receive a Basic TRA Payment, or if the individual is not a TAA participant. | YYYYMMDD |
| 1421 | Weeks Paid This Quarter - Basic TRA | IN 2 | Record the total number of weeks of Basic TRA paid in the current quarter. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 00 |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
|------|---|--------------|---|------------|
| | Name | Length | | |
| 1422 | Total Weeks Paid Cumulative - Basic TRA | IN 2 | Record the total number of weeks of Basic TRA paid to the individual. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 00 |
| 1423 | Amount Paid Current Quarter- TRA Basic | DE 7.2 | Record the dollar amount of Basic TRA paid in the current report quarter. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1424 | Total Amount Paid - Basic TRA | DE 7.2 | Record the total dollar amount of Basic TRA paid to the individual. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1425 | Date Received First Additional TRA Payment | DT 8 | Record the date on which the participant received their first Additional TRA payment. Leave "blank" if the participant did not receive a Additional TRA Payment, or if the individual is not a TAA participant. | YYYYMMDD |
| 1426 | Weeks Paid This Quarter - Additional TRA | IN 2 | Record the total number of weeks of Additional TRA paid in the current quarter. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 00 |
| 1427 | Total Weeks Paid Cumulative - Additional TRA | IN 2 | Record the total number of weeks of Additional TRA paid to the individual. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 00 |
| 1428 | Amount Paid This Quarter - Additional TRA | DE 7.2 | Record the dollar amount of Additional TRA paid in the current report quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1429 | Total Amount Paid - Additional TRA | DE 7.2 | Record the total dollar amount of Additional TRA paid to the individual. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1430 | Date Received First Remedial/ Prerequisite TRA Payment | DT 8 | Record the date on which the participant received their first Remedial/Prerequisite TRA payment. Leave "blank" if the participant did not receive a Remedial/Prerequisite TRA Payment, or if the individual is not a TAA participant. | YYYYMMDD |
| 1431 | Weeks Paid This Quarter- Remedial/Prerequi site TRA | IN 2 | Record the total number of weeks of Remedial/Prerequisite TRA paid in the current quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 00 |
| 1432 | Total Weeks Paid Cumulative - Remedial/Prerequi site TRA | IN 2 | Record the total number of weeks of Remedial/Prerequisite TRA paid to the individual. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 00 |
| 1433 | Amount Paid This Quarter - Remedial/Prerequi site TRA | DE 7.2 | Record the dollar amount of Remedial/Prerequisite TRA paid in the current report quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1434 | Total Amount Paid - Remedial/ Prerequisite TRA | DE 7.2 | Record the total dollar amount of Remedial/Prerequisite TRA paid to the individual. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1440 | Date Received First Completion TRA Payment | DT 8 | Record the date on which the participant received their first Completion TRA payment. Leave "blank" if the participant did not receive a Remedial/Prerequisite TRA Payment, or if the individual is not a TAA participant. | YYYYMMDD |
| 1441 | Weeks Paid This Quarter - Completion TRA | IN 2 | Record the total number of weeks of Completion TRA paid in the current quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 00 |

| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
|------|--|------------------------|--|---|
| 1442 | Total Weeks Paid Cumulative - Completion TRA | IN 2 | Record the total number of weeks of Completion TRA paid to the individual. "0" if this data element does not apply to the participant. Leave "blank" if the individual is not a TAA participant. | 00 |
| 1443 | Amount Paid Current Quarter - TRA Completion | DE 7.2 | Record the dollar amount of Completion TRA paid in the current report quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1444 | Total Amount Paid - Completion TRA | DE 7.2 | Record the total dollar amount of Completion TRA paid to the individual. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 0000000.00 |
| 1450 | TRA Overpayment | IN 1 | Record 1 if there was an overpayment established under any type of TRA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting. Record 0 if there was no TRA overpayment. Leave "blank" if this does not apply to the participant, or the individual is not a participant. | 1 = Yes 0 = No |
| 1451 | Amount of TRA Overpayment | DE 7.2 | Record the dollar amount of the TRA overpayment. This amount may be updated on a cumulative basis. | 0000000.00 |
| 1452 | TRA Overpayment Waiver | IN 1 | Record 1 if there was a TRA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 1 = Yes 0 = No |
| 1470 | Date Received First A/RTAA Payment | DT 8 | Record the date on which the participant received their first Alternative/Reemployment Trade Adjustment Assistance (A/RTAA) payment. Leave "blank" if this does not apply to the participant, or the individual is not a participant. | YYYYMMDD |
| 1471 | Number of A/RTAA Payments Current Quarter | IN 2 | Record the number of A/RTAA payments paid to the participant in the current report quarter. "0" if this data element does not apply to the participant Leave "blank" if the individual is not a TAA participant. | 00 |
| 1472 | Current Quarter A/RTAA Payments | DE 7.2 | Record the total dollar amount of A/RTAA paid to the participant in the report quarter. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 0000000.00 |
| 1473 | Number of A/RTAA Payments Total | IN 3 | Record the number of A/RTAA payments made to the participant through the current quarter of participation. This field may be updated for each quarterly submission. Record 0 if there was no TRA overpayment. Leave "blank" if the individual is not a TAA participant. | 000 |
| 1474 | Total Amount Paid - A/RTAA | DE 5. 2 | Record the total dollar amount of A/RTAA paid to the individual. Record 0 if there was no TRA overpayment. Leave "blank" if the individual is not a TAA participant. | 00000.00 |
| 1475 | Frequency of Payments | IN 1 | Record 3 if monthly. | 1 = Weekly 2 = Bi-Weekly 3 = Monthly 4 = Other |
| 1476 | Maximum A/RTAA Benefit Reached | IN 1 | Record 1 if the participant reached their maximum benefit amount prior to their two- year eligibility limitation. Record 0 if the participant did not reach their maximum benefit prior to their two-year eligibility limitation. Leave "blank" if this does not apply to the participant, or the individual is not a participant. | 1 = Yes 0 = No |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
|-----------|--|----------------|---|--|
| | Name | Length | | |
| 1477 | A/RTAA Overpayment Current Quarter | IN 1 | | 1 = Yes 0 = No |
| 1478 | Amount of A/RTAA Overpayment | DE 5. 2 | Record the amount of the A/RTAA overpayment. This amount may be updated on a cumulative basis. Leave "blank" if this data element does not apply. | 00000. 00 |
| 1479 | A/RTAA Overpayment Waiver | IN 1 | | 1 = Yes 0 = No |
| SECTIO | N D - PROGRA | M OUTCOM | ES INFORMATION | |
| Section D | 0.01: Employment a | and Job Retent | ion Information | |
| 1500 | Employed in 1st Quarter After Exit Quarter | IN 1 | Record 0 if the participant was not employed in the first quarter after the quarter of exit. | 1 = Yes 0 = No 3 = Information not yet available |
| 1501 | Type of Employment Match 1st Quarter After Exit Quarter | IN 1 | quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the first quarter after the quarter of exit. Leave blank if this does not apply. Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, States should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer. | (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, |
| 1507 | Employed in 2nd Quarter After Exit Quarter | IN 1 | exit. Record 0 if the participant was not employed in the second quarter after the quarter | 1 = Yes 0 = No 3 = Information not yet available |

| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
|------|--|------------------------|---|---|
| 1508 | Type of Employment Match 2nd Quarter After Exit Quarter | IN1 | the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the second quarter after the quarter of exit. Leave "blank" if this element does not apply. Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, States should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer. | (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental |
| 1509 | Employed in 3rd Quarter After Exit Quarter | IN1 | Record 1 if the participant was employed in the third quarter after exit. Record 0 if the participant was not employed in the third quarter after exit. Record 3 if the participant has exited but employment information is not yet available. Leave "blank" if the participant has not yet exited or if the individual is not a participant. | 1 = Yes |
| 1510 | Type of Employment Match 3rd Quarter After Exit Quarter | IN1 | exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the third quarter after exit. Leave "blank" if this element does not apply. Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer. | (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records |
| 1511 | Employed in 4th Quarter After Exit Quarter | IN1 | Record 0 if the participant was not employed in the fourth quarter after exit. Record 3 if the participant has exited but employment information is not yet | 1 = Yes 0 = No 3 = Information not yet available |

| No. | Data Element Name | Field Type / Length | Data Element Name/Definition | Code Value |
|-----------|---|------------------------|---|--|
| 1512 | Type of Employment Match 4th Quarter After Exit Quarter | IN1 | will be the primary data source for tracking employment in the fourth quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the fourth quarter after the quarter of exit. Leave "blank" if this element does not apply. Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, States should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer. | (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case |
| 1513 | Recalled by Layoff Employer | IN 1 | Record 1 if the participant was recalled by the employer where the qualifying separation took place at any point from the point of participation through the last performance quarter. Record 0 if the participant does not meet the condition described above. Leave blank if the individual is not a participant. | 1 = Yes 0 = No |
| 1514 | Occupational Code of Employment 2nd Qtr After Exit Quarter (if available) | IN 8 | Record the 8-digit occupational code that best describes the individual's employment using the O*Net Version 4.0 (or later versions) classification system. Record "00000000" or leave "blank" if this element does not apply. | xxxxxxxx |
| 1515 | Industry Code of Employment 2nd Qtr After Exit Quarter | IN 6 | Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported. Record "0000" or leave "blank" if this element does not apply. | xxxxx |
| Section I | D. 02 Wage Record | Data | | |
| 1600 | Wages 3rd Quarter Prior to Participation Quarter | DE 8.2 | Record total earnings from wage records for the third quarter prior to the quarter of participation. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |
| 1601 | Wages 2nd Quarter Prior to Participation Quarter | DE 8.2 | Record total earnings from wage records for the second quarter prior to the quarter of participation. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |
| 1602 | Wages 1st Quarter Prior to Participation Quarter | DE 8.2 | Record total earnings from wage records for the first quarter prior to the quarter of participation. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |
| 1603 | Wages 1st Quarter After Exit Quarter | DE 8.2 | Record total earnings from wage records for the first quarter after the quarter of exit. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |

| No. | Data Element | Field Type / | Data Element Name/Definition | Code Value |
|-----------|--|-----------------|---|--|
| | Name | Length | | |
| 1604 | Wages 2nd Quarter After Exit Quarter | DE 8.2 | Record total earnings from wage records for the second quarter after the quarter of exit. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |
| 1605 | Wages 3rd Quarter After Exit Quarter | DE 8.2 | Record total earnings from wage records for the third quarter after the quarter of exit. Leave "blank" if this data element does not apply to the participant or if the individual is not a TAA participant. | 00000000.00 |
| 1606 | Wages 4th Quarter After Exit Quarter | DE 8.2 | Record total earnings from wage records for the fourth quarter after the quarter of exit. Leave "blank" if this data element does not apply to the participant. | 00000000.00 |
| Section I | L D. 03 Education and | d Credential Da | ta | |
| 1700 | Type of Recognized Credential #1 | IN 1 | Leave "blank" if this data element does not apply to the participant, or if the individual is not a participant. Diplomas, degree, or certificates must be attained either during participation or by the end of the fourth quarter after the quarter of exit from services (other than follow-up services). | 1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4= Post Graduate Degree 5 = Occupational Skills Licensure 6 = Occupational Skills Certificate 7= Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential |
| 1706 | Type of Recognized Credential #2 | IN 1 | Leave "blank" if this data element does not apply to the participant, or if the individual is not a participant. Diplomas, degree, or certificates must be attained either during participation or by the end of the fourth quarter after the quarter of exit from services (other than follow-up services). | 1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4= Post Graduate Degree 5 = Occupational Skills Licensure 6 = Occupational Skills Certificate 7= Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential |