

# ALABAMA WORKFORCE INVESTMENT SYSTEM

Office of Workforce Development  
401 Adams Avenue  
Post Office 5690  
Montgomery, Alabama 36103-5690

April 4, 2005

## GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2004-13

**SUBJECT:** Alabama's Military Employment and Training Initiative Needs-Related Payment Policy

- 1. Purpose.** To issue the Needs-Related Payment Policy for the Alabama Military Employment and Training Initiative.
- 2. Discussion.** The attached policy gives guidance concerning eligibility criteria for participants' enrollment in this initiative and requirements participants must meet to receive Needs-Related Payments. The methods used to calculate the amounts of Needs-Related Payments for participants are also included. Copies of forms authorizing Needs-Related Payments for participants are provided.
- 3. Action.** Staff of the Workforce Investment Act (WIA) entities of Alabama Career Centers should enroll eligible persons using project numbers previously issued for the initiative. Staff should also identify and process participants who qualify for Needs-Related Payments using the provided forms and guidance.
- 4. Contact.** Any questions regarding this Directive should be referred to Ken Hollingsworth at (334) 242-5882 or to Bill Hornsby at (334) 242-5847.



---

Steve Walkley, Division Director  
Workforce Development Division

Attachments

**ALABAMA'S NOTICE OF NEEDS-RELATED PAYMENT POLICY**  
**FOR**  
**ALABAMA'S MILITARY EMPLOYMENT AND TRAINING INITIATIVE**

**U.S. Department of Labor WIA National Emergency Grant (NEG)**

**NEG Project Name: Military Employment and Training Initiative**

**NEG Project Number: AL-08**

**NEG Period: January 1, 2005 through December 31, 2006**

**NEG Needs-Related Payment Policy Statement:**

**STATE OF ALABAMA NEEDS-RELATED PAYMENT**

**In accordance with the Workforce Investment Act (WIA) Section 134(e)(3) and USDOL/ETA Training and Employment Guidance Letter No. 16-03, Change 1, dated August 18, 2004, entitled "National Emergency Grant (NEG) Policy Guidance," the State of Alabama establishes a policy of providing a weekly Needs-Related Payment (NRP) to qualifying participants of this initiative. Eligible participants include:**

- 1. Trade-certified participants who were determined eligible for Trade Assistance Act (TAA) benefits and who were required to interrupt their services/training to fulfill Federal requirements for Reserve or National Guard deployment to Iraq, Afghanistan or other locations. If these participants have not exhausted their TAA/Trade Readjustment Allowance (TRA) benefits and still qualify for them, TAA/TRA funds must be exhausted before NEG funds are used.**
- 2. Trade-certified participants who were not able to enter training due to Reserve or National Guard deployment to Iraq, Afghanistan or other locations and therefore were not eligible for Trade Readjustment Allowances (TRA) upon completion of their deployment (due to statutory requirements)**
- 3. Dislocated workers previously enrolled in training under WIA whose training was interrupted due to deployment to Iraq, Afghanistan or other locations as members of the National Guard or Reserves**
- 4. Spouses of returning members of the National Guard or Reserves and spouses of military personnel who lost their lives as a result of deployment to Iraq, Afghanistan or other locations**

In order to receive Needs-Related Payments, participants must also meet the following requirements:

- Participant must be unemployed
- NRP must be for the purpose of enabling the participant to participate in programs or training services
- Participant must not be eligible for, or have exhausted, UI and TRA benefits
- Participant must be enrolled in training services by the end of the 6<sup>th</sup> week after the NEG award date of February 4, 2005, or by the end of the 13<sup>th</sup> week after the individual has returned to the community after deployment

The Weekly Benefit Amount (WBA) will be calculated as follows:

1. For Trade-certified participants who were determined eligible for TAA whose TRA was interrupted due to military deployment and no longer qualify for TAA/TRA assistance, WBAs will be equal to the amount of Unemployment Insurance (UI) payable, which established the amount of their TRA payment. These amounts will be provided by the Alabama Department of Industrial Relations (DIR) on a case-by-case basis. Contact Stephanie Rankins of the Alabama Department of Economic and Community Affairs (ADECA) at (334) 242-5384 or [stephanier@adeca.state.al.us](mailto:stephanier@adeca.state.al.us) or contact Ken Hollingsworth of ADECA at (334) 242-5882 or [kenh@adeca.state.al.us](mailto:kenh@adeca.state.al.us) to obtain this information.
2. For Trade-certified participants who were not able to enter training due to military deployment and who are no longer eligible for TRA due to statutory requirements, WBAs will be equal to the amount of UI that would have been payable and which would have established the amount of their TRA payment had they not been deployed. These amounts will be provided by DIR on a case-by-case basis. Contact Stephanie Rankins of ADECA at (334) 242-5384 or [stephanier@adeca.state.al.us](mailto:stephanier@adeca.state.al.us) or contact Ken Hollingsworth of ADECA at (334) 242-5882 or [kenh@adeca.state.al.us](mailto:kenh@adeca.state.al.us) to obtain this information.
3. For Dislocated Workers previously enrolled in training under WIA whose training was interrupted due to military deployment, WBAs will be equal to the amount of UI payable. These amounts will be provided by DIR on a case-by-case basis. Contact Stephanie Rankins of ADECA at (334) 242-5384 or [stephanier@adeca.state.al.us](mailto:stephanier@adeca.state.al.us) or contact Ken Hollingsworth of ADECA at (334) 242-5882 or [kenh@adeca.state.al.us](mailto:kenh@adeca.state.al.us) to obtain this information.
4. For spouses of returning members of the National Guard or Reserves and widows of military personnel who lost their lives as a result of deployment, WBAs will be an amount equal to the poverty line. The WIA entities of the Alabama Career Centers will calculate the WBA using the current Self-Sufficiency Income Chart. The total family income will be re-evaluated every three months to determine if this amount has changed and adjusted if necessary. The WIA entities of the Alabama Career Centers will be

**responsible for contacting the participant and making any changes to the WBA that are necessary.**

**The WIA entities of the Alabama Career Centers will provide the Workforce Development Payment Unit of the Alabama Department of Economic and Community Affairs with a Pay Authorization for each participant qualifying for a NRP (See attached WD Participant Pay Authorization form) in order for the participant to receive a weekly payment.**

**The WIA entities of the Alabama Career Centers will also be responsible for contacting participants weekly and submitting a weekly time sheet on behalf of the participant (see attached Military NEG Needs Related Payments Time Sheet). The time sheet will direct the Workforce Development Payment Unit to release the pre-determined amount of the weekly payment to the participant.**

**Questions for the Workforce Development Payment Unit should be directed to Marsha McNeal at (334) 242-5277.**

# INSTRUCTIONS

## Items

1. Enter the participant's Social Security Number from the Social Security Card.
2. Enter the eight - digit project number.
3. Leave Blank on Non-Wage except SYETP enrichment component enter assigned I.D. number on Wage.
4. Item No. of blocks you amended or "Check (/) Reenrolled"
5. Enter the participant's complete name from Social Security card.
6. Enter the participant's mailing address --- example: street name, apt. no., Post Office Box or rural route.
7. Enter the participant's mailing address --- city.
8. Enter the participant's county of residence.
9. Enter the County Code.
10. Enter the participant's mailing address --- state.
11. Enter the participant's mailing address ---zip code.
12. Enter the type of activity.
13. Enter the date that the participant is authorized to begin in the project.
14. Enter the last date that the participant is authorized to attend or work In the project.
15. Enter the number of weeks that the participant is authorized to attend.
16. Enter the number of hours or days per week that the participant is authorized to attend.
17. A. Enter the rate that the participant is authorized to be paid.  
or  
B. Enter the rate that Wage is authorized (Copy of SS Card, Federal & State tax forms attached).
18. Leave Blank
19. A. Enter the name of the facility (actual training site) that will be conducting this project.  
B -E. Enter the complete mailing address.  
F. Enter the telephone number of the contact person.
20. A. Enter the name of the participant's beneficiary.  
B-E. Enter the complete mailing address.  
F. Enter the telephone number for contact
21. Participant should sign and date form.
22. Enter the name of the agency preparing form and the telephone number.
23. Authorizing signature and date.

Send original to Payment Unit. Retain copy for your files. Other copies as required.

**WD  
PARTICIPANT PAY AUTHORIZATION**

1. Social Security Number										2. Project Number										3. I. D. No.										4. Amended or Reenrollment If Amended, Item No.																													
5. Last Name, One Blank Space, First Name, One Blank Space, Middle Name, Space, Suffix																																																											
6. Mailing Address																				7. City																																							
8. County										9. County Code										10. State										11. Zip Code																													
12. Activity 1. Non-Wage 2. Wage																				13. Project Begins										14. Project Ends																													
15. Authorized Weeks					16. Authorized Hours /Days Per Weeks					17. Rates: A. Daily Rate					B. Hourly Rate					C. WAGE Per Hour					18. Tax Exemption: Federal					State																													
19. Facility																																																											
A. Name										B. Street										C. City										D. State										E. Zip Code										F. Telephone Number									
20. Name and mailing address of beneficiary:																																																											
A. Name										B. Street										C. City										D. State										E. Zip Code										F. Telephone Number									
The facts shown above are complete to be the best of our knowledge and belief. The participant has been advised of payment rights, including right of appeal.																																																											
21. Participant Signature and Date																																																											
22. Agency and Telephone Number																																																											
23. Authorized Signature and Date																																																											

Entry Opr. and  
Date Entered \_\_\_\_\_

Review Opr. and  
Date Reviewed \_\_\_\_\_

**SUBMIT TO:**  
**WD PAYMENT UNIT**  
**P. O. Box 5690**  
**Montgomery, AL 36103-5690**

**NOTE: Instructions on reverse side**

WDD - 30  
JULY 00

