

# Weekly Claim Form

Submit this weekly claim form with your job search log.



Claimant name: \_\_\_\_\_ Claimant ID: \_\_\_\_\_

The answers to these weekly claim questions apply only from MM/DD/YYYY to MM/DD/YYYY

Did you work since you last submitted a weekly claim? .....  Yes  No

- If yes:**
- What is the employer's name? \_\_\_\_\_
  - What is the employer's address? \_\_\_\_\_
  - What dates did you work for this employer? From MM/DD/YYYY to MM/DD/YYYY
  - Why did you separate from this employer? \_\_\_\_\_

Did you work for more than one employer since you last submitted a weekly claim?  Yes  No

**If yes:** Attach a list of additional employers with their addresses, the dates you worked and why you separated.

## 1. Did you or will you receive any of the following from any employer?

- Holiday pay .....  Yes  No \_\_\_\_\_ Hours (\$) \_\_\_\_\_ Earnings
- Vacation pay .....  Yes  No \_\_\_\_\_ Hours (\$) \_\_\_\_\_ Earnings
- Sick pay .....  Yes  No \_\_\_\_\_ Hours (\$) \_\_\_\_\_ Earnings
- What is the employer's name? \_\_\_\_\_
- What is the employer's address? \_\_\_\_\_

## 2. Have you been or will you be paid for any period after you last worked, such as severance, termination pay or pay in lieu of notice? ..... Yes No

- If yes:**
- Does a contract require your employer or union to make these payments? .....  Yes  No
  - Is your employer paying you throughout a notice period? .....  Yes  No
  - Has your employer attached any requirements to the pay? For example, do you need to be available for work for any time after your last day worked? .....  Yes  No
  - Would your employer stop paying you severance if you got a new job before the payment period ends?  Yes  No
  - What is the employer's name? \_\_\_\_\_
  - What is the employer's address? \_\_\_\_\_
  - How much are you being paid for the week, before deductions? \_\_\_\_\_ Hours (\$) \_\_\_\_\_ Earnings

## 3. Did you work for any employer(s), whether or not you've been paid yet, since you last submitted a weekly claim?\* Yes No \_\_\_\_\_ Hours (\$) \_\_\_\_\_ Earnings

- If yes:**
- What is the employer's name? \_\_\_\_\_
  - What is the employer's address? \_\_\_\_\_
  - Did work for this employer end, even temporarily?....  Yes  No

Mark the reason:  Fired  Quit  Leave of absence  Suspended  Laid off due to lack of work

- If yes:**
- On what date did you last work for this employer? MM/DD/YYYY

\*Attach a list of any additional employer(s) for whom you worked, but have not yet been paid. For each employer listed, include your earnings, the hours you worked, the date you last worked and the reason you separated.

4. Did you work in casual labor (such as mowing a neighbor's lawn or helping friends move) or self-employment, whether or not you have been paid yet? .....  Yes  No

**If yes:** • Was this work casual? .....  Yes  No

• Provide your hours worked and net profit, after business expenses are deducted. .... Hours (\$) Earnings

5. Have you been or will you be paid for jury duty? .....  Yes  No (\$) Earnings

6. Did you apply for or receive workers' compensation? .....  Yes  No

7. Did you apply for or have a change in a retirement plan not previously reported? .....  Yes  No

**If yes:** • What is the name of the union or employer that contributed to this fund? \_\_\_\_\_

8. Are you attending a school or training program? .....  Yes  No

**If yes:** • Has your approved training plan changed? .....  Yes  No

9. Were you physically able and available for work each day of the week? .....  Yes  No

10. Did you complete at least three job search activities and keep a written record as required? .....  Yes  No

**If yes:** Complete a job search log and include it with this document.

11. Did you refuse any offer of work? .....  Yes  No

12. Did you fail to apply for work as specifically directed by WorkSource? .....  Yes  No

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**Answer questions 13–16 only if you are a member of a full referral union.**

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13. Are you still a registered member of your union? .....  Yes  No

14. If you are in full-time apprenticeship training, what are your training dates? ..... From MM/DD/YYYY to MM/DD/YYYY

15. Were you eligible for dispatch or referral as required by your union? .....  Yes  No

16. Did you refuse a dispatch or bid for work from your union? .....  Yes  No

**Be sure this form and your job search log are complete. We cannot accept weekly claims that are incomplete or unsigned.**

I certify that the information I provided on this form is true and complete to the best of my knowledge. I understand that omitting or giving false information is considered fraud, and I might have to pay back benefits received and pay a penalty. I also could be denied future unemployment benefits.

Signature (required): \_\_\_\_\_ Date: MM/DD/YYYY

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.