

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

SSN

Program Code

BYB

Take Waiting Period

IMPORTANT - CAREFULLY ANSWER ALL QUESTIONS

Print your name and Social Security Number on both sides of this form.
SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS.
Each question is explained in your booklet, A Guide to Benefits and Employment Services.

Claimant Name: JOHN DOE Social Security Number: X X X - X X - X X X X

1ST WEEK ENDS

2ND WEEK ENDS

COMPLETE AND MAIL THIS FORM ON _____

- | | | | | |
|---|--------------------------|----------------------------|----------------------------|--------------------------|
| | YES | NO | YES | NO |
| 1. Were you too sick or injured to work? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter the number of days (1 through 7) you were unable to work > | | <input type="text"/> (1-7) | <input type="text"/> (1-7) | |
| 2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you look for work? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| □ <— IF MARKED 'X,' YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE. | | | | |
| 4. Did you refuse any work? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you <u>begin</u> attending any kind of school or training? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you work <u>or</u> earn any money, WHETHER YOU WERE PAID OR NOT? > | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(If yes, you <u>MUST COMPLETE</u> items a. and b. below)</i> | | | | |
| a. Enter earnings before deductions here > | | <input type="text"/> | | <input type="text"/> |
| b. Report employment or 'source' of earnings information below: \$ | | <input type="text"/> | | <input type="text"/> |

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS-INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK				
2ND WEEK				

7. If you want federal income tax withheld for the week(s) shown above, mark this block >
8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse >

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

X
(your signature is required)

Name _____ Social Security Number _____ - _____ - _____

Section A

The following are examples of how to complete your answers to the questions on the front of this form.

MARK THE CORRECT ANSWER
 EXAMPLE: IF THE ANSWER IS "YES": Yes No
 IF THE ANSWER IS "NO": Yes No

Write numbers like this: 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9

EXAMPLE: If you want to write the number "\$342.58" it should look like this: \$

3	4	2
5	8	

If you want to write the number "\$76.10" it should look like this: \$

7	6
1	0

Report earnings of \$1,000.00 or more as "\$999.99," like this: \$

9	9	9
9	9	9

Section B

If the box under Question 3 on the reverse is marked "X," you must complete the table below to show your work search for the weeks being claimed.

WORK-SEARCH RECORD					
Date Applied	Company Name	Company Address	Person Contacted	Type of Work Applied For	Results: Please Explain

Section C

Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.	Signature/Title _____ Date _____ Name of Training Institution _____
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If you are on a semester/holiday recess, enter the date you are scheduled to return to school. _____

Section D: Complete below and mark Question 8 block on front.

NEW MAILING ADDRESS:			
Street or Box Number			
City and State	ZIP Code:		
NEW PHONE NUMBER - INCLUDE AREA CODE:			
() _____ - _____			