

CLAIMANT'S NAME <b>JENNIFER I. CLAIMANT</b>				SOCIAL SECURITY NUMBER <b>123-45-6789</b>					
BYE	PROCESS DATE	LWP	BALANCE	WBA	EXT	BATCH	PR		
36-6		--	12,233	496	R	3822	1		

State of Washington - Employment Security Department  
**UNEMPLOYMENT INSURANCE CLAIM FORM**

**Please print your name and social security number above. We cannot process your claim without it.**

**If your name, address or telephone number has changed since your last contact with this office, show the correction here.**

**OFFICE USE ONLY**  
 ADDR CHANGE? \_\_\_ IPR? \_\_\_ OUT-OF-AREA? \_\_\_ LATE? \_\_\_  
**IMPORTANT:** If your name, address and/or telephone number is incorrect, please show corrections here.  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. Area Code ( ) \_\_\_\_\_

<b>ANSWER ALL QUESTIONS BELOW</b>	I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. <b>THE DATES ARE:</b> <u>9-17-05</u> <u>9-24-05</u>	<b>FIRST WEEK</b>		<b>SECOND WEEK</b>	
		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
1. Were you physically able and available for work each day? (If No, complete "A" below.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Did you make an active search for work each week as directed? (If No, complete "A" below.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you applied for or did you receive workers or crime victim's compensation?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you applied for or did you have a change in pension? (If Yes, complete "B" below.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)	<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)	<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.)	<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Did you work? (If Yes, complete "F" below.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**A** If you answered "NO" to questions 1 or 2, or "YES" to question 3, tell us why. Give details. (Were you sick, on vacation, had you returned to work, was the job too far away?) GIVE EXACT DATES. Explain WHERE (such as job location or location of school); WHO was involved (name of person who interviewed you, name of doctor, name of school). If you have other information you believe important, please explain or attach documentation. (If more writing space is needed, use the back of this form.)  
 Explanation: \_\_\_\_\_

**B** If you answered "YES" to question 5, please provide the following information about your pension.  
 Pension source? \_\_\_\_\_; Is it:  a new pension? or  a change in an existing pension?  
 New or changed monthly amount before deductions is \$ \_\_\_\_\_; Effective date of this new or changed pension is \_\_\_\_\_.

**C** If you answered "YES" to question 6, be sure you have shown the gross amount of the holiday pay before deductions. For what holiday(s) were you paid? \_\_\_\_\_; Payment source? \_\_\_\_\_; Hours paid for? \_\_\_\_\_.

**D** If you answered "YES" to question 7, be sure you have shown the gross amount of pay before deductions. The vacation pay was for:  a cash-out of prior time earned, or  certain specified dates (If for specified dates, what dates and hours? \_\_\_\_\_); Payment source? \_\_\_\_\_.

**E** If you answered "YES" to question 8, be sure you have shown the gross amount of pay before deductions. What type of pay? \_\_\_\_\_; For what date(s)? \_\_\_\_\_; Reason for pay? \_\_\_\_\_; Payment source? \_\_\_\_\_.

**F** If you answered "YES" to question 9, please provide the HOURS and EARNINGS information for each employer you worked for.  
 1. Employer's Name: Chris Company Address: 5432 1st Ave  
 City: Anywher State: WA Zip: 99805 Type of Work: part time

NUMBER OF HOURS WORKED EACH DAY																				
FIRST WEEK							SECOND WEEK													
SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS	SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS			
							8	8	16	\$480.00							8	8	16	\$480.00

If not scheduled to work after week(s) claimed, check reason why:  
 1  QUIT; 2  FIRED; 5  LACK OF WORK;  
 9  LACK OF WORK, HOURS REDUCED;  
 OTHER still working

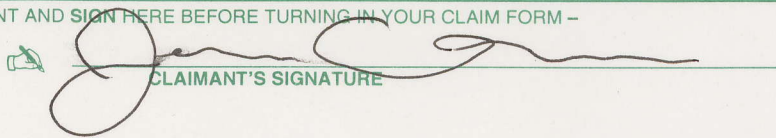
2. Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Work: \_\_\_\_\_

NUMBER OF HOURS WORKED EACH DAY																			
FIRST WEEK							SECOND WEEK												
SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS	SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS		

If not scheduled to work after week(s) claimed, check reason why:  
 1  QUIT; 2  FIRED; 5  LACK OF WORK;  
 9  LACK OF WORK, HOURS REDUCED;  
 OTHER \_\_\_\_\_

- PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM -

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.

  
 CLAIMANT'S SIGNATURE

Instructions

UNEMPLOYMENT INSURANCE CLAIM FORM

When using this form to claim your weekly benefits:

Please print your:

- Name, and
- Social Security Number

at the top of the form.

If your:

- Name
- Address, or
- Telephone number

has changed since you last claimed your weekly benefits, please print your new name, address, and/or telephone number in the box marked "IMPORTANT".

Enter the week ending date(s) you are claiming (must be a Saturday date).

Answer all the questions on the form for each week you are claiming, and

Sign the form and return it to:

**Employment Security Department**  
**Centralized Claims Processing Unit**  
**PO Box 9555**  
**Olympia, WA 98507-9555**

Or FAX it to:

(360) 902-9558 (From Olympia local calling area)  
 1-877-280-6224 (From all other areas) This is a toll-free fax number.

You must enter 1-877 before entering 280-6224.