

CLAIMANT NAME	SSN	BYR	OFFICE	PROG	WSC	WBA

I CLAIM BENEFITS FOR THE WEEK BEGINNING ON SUNDAY _____ AND ENDING ON SATURDAY _____

THE FOLLOWING QUESTIONS REFER TO THE WEEK LISTED ABOVE

- | | YES | NO | |
|---|-----|----|---|
| 1. DID YOU WORK, HAVE HOLIDAY PAY OR RECEIVE PAY FOR MILITARY DRILL OR SELF-EMPLOYMENT FOR WHICH YOU WERE PAID OR WILL BE PAID? IF YES , ENTER TOTAL AMOUNT BEFORE DEDUCTIONS AND COMPLETE ITEMS A , B , AND C TO THE RIGHT. CIRCLE TYPE OF PAY. | | | (A) LAST DAY WORKED _____
(B) NUMBER OF HOURS WORKED _____ |
| 2. DURING EACH DAY OF THE WEEK WERE YOU ABLE AND AVAILABLE TO WORK? | | | (C) GROSS EARNINGS _____ |
| 3. DID YOU REFUSE WORK OR A REFERALL TO WORK, REFUSE RECALL TO A FORMER EMPLOYER, QUIT A JOB, GET FIRED, SUSPENDED FROM A JOB, BEGIN ATTENDING SCHOOL OR A TRAINING PROGRAM? | | | (D) EMPLOYER'S NAME AND ADDRESS:

_____ |
| 4. DURING THE WEEK, DID YOU APPLY FOR OR RECEIVE ANY VACATION , SEPARATION, BONUS, OR RETIREMENT PAY? THIS DOES NOT INCLUDE SOCIAL SECURITY. | | | _____
_____ |
| 5. IF YOU ARE REQUIRED TO MAKE JOB CONTACTS, DID YOU MAKE THE REQUIRED FIVE (5) CONTACTS THIS WEEK? IF SO, PLEASE LIST YOUR JOB CONTACTS BELOW. | | | |

DATE	EMPLOYER NAME, ADDRESS, & PHONE/WEBSITE	METHOD OF CONTACT	TYPE OF WORK	RESULTS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE I MAY BE PENALIZED FOR GIVING FALSE ANSWERS AND NOT GIVING ALL INFORMATION.

SIGNATURE: _____

IF YOUR ADDRESS HAS CHANGED, PLEASE CONTACT THE UI HOTLINE AT 1-844-908-2178.

YOU CAN RETURN THIS FORM TO YOUR LOCAL ARKANSAS WORKFORCE CENTER OR EMAIL TO: ADWS.UI.HOTLINE@ARKANSAS.GOV

YOU CAN SEND THIS FORM IN AFTER THE SATURDAY DATE ABOVE

IF YOU HAVE RETURNED TO WORK FULL-TIME AFTER THE SATURDAY DATE SHOWN ABOVE, PLEASE COMPLETE BELOW.

DATE BEGAN WORK:	_____
EMPLOYER NAME:	_____
STREET OR BOX NO.:	_____
CITY:	_____
STATE:	_____
ZIP CODE:	_____
FULL-TIME	<input type="checkbox"/>
PART-TIME	<input type="checkbox"/>

Instructions for Completion of Your Weekly Claim Form

The week you will be claiming on this form is entered at the top of the form. **All questions asked on the form are related to activity that happened during that week only.**

Question #1: Indicate if you worked, received holiday pay, vacation pay, military drill pay, or self-employment for the week you are claiming by answering "yes" or "no". If you answer "yes" you must complete sections A, B, C, and D regarding that work.

- A. Report your last date of work for that week.**
- B. Report the total number of hours worked for that week.**
- C. Report your gross earnings (earnings before taxes are withheld).**
- D. Provide your employer's name and address.**

Question #2: Answer "yes" or "no" if you were able and available to work each day of the week you are claiming.

Question #3: Answer "yes" or "no" if you refused a job, referral to a job, or refused to return to work after a lay off. In addition, answer "yes" or "no" if you quit, got fired, or suspended from a job, or began attending a school or training program during that week.

Question #4: Answer "yes" or "no" if you received vacation pay, severance pay, bonus, or retirement pay during the week you are claiming. **Do not include Social Security payments.**

Question #5: Answer "yes" or "no" if you made your five (5) job contacts for the week you are claiming and list those job contacts in the space provided under the question.

Contacts must be made by:

- A. Filling out and sending your job application or resume to an employer,
- B. Going to a job interview and completing it,
- C. Going to a job fair to meet employers and learn about job openings, or
- D. Taking a job skills training at a workforce center or with a training provider for in-demand jobs.

You must sign the form before returning it to the Division of Workforce Services

If you returned to work after the week you are claiming, please complete the boxes in the bottom right-hand corner of the form.

If you need to change your address, you must contact the UI Hotline at 1-844-908-2178.

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*** Servicios de Interpretación/Traducción disponibles por medio de su oficina local. --- Ewōr Jerbal in ukok ikijien jeje im kennaan ilo opij ko ijo kwōj pād ie.

--- Các Dịch Vụ Thông Dịch/Phiên Dịch có sẵn qua văn phòng địa phương của quý vị. ---

ຫ້ອງການປະຈຳທ້ອງຖິ່ນຂອງທ່ານໃຫ້ບໍລິການນາຍພາສາແລະການແປເອກະສານ - Interpretation/Translation services available through your local office.***