

EDUCATION and WORKFORCE DEVELOPMENT CABINET
OFFICE OF EMPLOYMENT AND TRAINING

DEPARTMENT OF WORKFORCE INVESTMENT
DIVISION OF UNEMPLOYMENT INSURANCE
ADJUDICATION BRANCH
275 East Main Street, 2-EC
Frankfort, KY 40621
502-564-0020
Fax 502-564-0065
kcc.ky.gov

Backdating of Claim Questionnaire

Claimant Name: _____
(Last) (First) (Middle Initial)

Last Four of Social Security Number: _____

I hereby make the following statements of my own free will and accord

1) What is the last date that you worked? _____

2) What dates did you first attempt to file your claim? _____

3) Explain the reason you unable to file your claim during the first week you were unemployed or worked less than full-time?

4) Additional Information?

I certify that the information furnished is true and correct to the best of my knowledge and belief.

Claimant Signature and Date

OET Staff Signature and Date