



Education Cabinet
 Office of Employment & Training
 Division of Unemployment Insurance
Unemployment Bi-weekly Claim

Pay Order Form

Last 4 of SSN	CLAIMANT'S NAME	BYE	CLAIMS CENTER	TYPE/BALANCE	PAY NO.	W.B.A.

	DATES WORKED	EMPLOYER NAME OR SOURCE OF INCOME	NO. HOURS WORKED	GROSS PAY
WEEK 1				
WEEK 2				

DO NOT WRITE IN THIS BOX

- 1A. DURING THE WEEK(S) LISTED ABOVE, DID YOU DO ANY TYPE OF WORK? YES NO
- 1B. DURING THE WEEK(S) LISTED ABOVE, DID YOU EARN ANY WAGES, INCLUDING SELF-EMPLOYMENT, TIPS, NATIONAL GUARD OR RESERVE PAY? YES NO
- ***IF ANSWER TO 1A OR 1B IS "YES", PLEASE COMPLETE ABOVE INFORMATION.
2. DURING THE WEEK(S) CLAIMED ABOVE, DID YOU REFUSE WORK, QUIT A JOB, OR WERE YOU FIRED FROM A JOB? YES NO
3. HAVE YOU RETURNED TO FULL-TIME WORK? YES NO IF "YES", ENTER DATE: _____ EMPLOYER: _____
4. ARE YOU RECEIVING ANY RETIREMENT OTHER THAN SOCIAL SECURITY? YES NO DATE STARTED: _____
5. DURING THE WEEK OR WEEKS ABOVE, WERE YOU ABLE AND AVAILABLE FOR FULL-TIME WORK EACH DAY? YES NO
6. DURING THE WEEK OR WEEKS ABOVE, WERE YOU ACTIVELY SEEKING FULL-TIME WORK EACH DAY? YES NO

I CERTIFY under penalty of law that the answers on this form are complete and truthful and that I have met all eligibility requirements for receiving benefits as provided by law. I understand that my claim may be audited at any time and I am aware of the penalties imposed by law for falsifications or failure to disclose any material fact to obtain benefits.

CLAIMANT'S SIGNATURE _____

DATE SIGNED _____ TELEPHONE _____