

VIRGINIA EMPLOYMENT COMMISSION

STATEMENT OF PARTIAL UNEMPLOYMENT

NOTICE TO EMPLOYER: Give this statement to the worker within 7 days from the date you receive Form VEC-B-32, NOTIFICATION OF CLAIM (S) FILED FOR BENEFITS, from this Commission, and within 14 days after each pay period covering calendar weeks in which he earns less than his weekly benefit amount (found on Form VEC-B-32) because of lack of work. Complete all forms by typewriter or in ink. Include holiday pay and vacation pay allocated to the period covered by this statement showing them as holiday or vacation pay. Enter under "DATE ABSENT" the date(s) work was available, but the worker did not work, and give the reason if known.

PLEASE BE SURE TO SIGN THE COMPLETED FORMS.

During the week(s) covered by this statement this individual worked, but less than full-time, and earned less than his weekly benefit amount due to a lack of work.

WORKER'S NAME _____ SOCIAL SECURITY NUMBER _____

<p>WEEK NUMBER ONE:</p> <p>SUNDAY _____ THROUGH SATURDAY _____</p> <p>GROSS WAGES: \$ _____</p> <p>HOLIDAY/VACATION PAY: \$ _____</p> <p>DATES ABSENT (BUT WORK AVAILABLE):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: left;">Date</td> <td style="width: 85%; text-align: left;">Reason absent</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Date	Reason absent									<p>WEEK NUMBER TWO:</p> <p>SUNDAY _____ THROUGH SATURDAY _____</p> <p>GROSS WAGES: \$ _____</p> <p>HOLIDAY/VACATION PAY: \$ _____</p> <p>DATES ABSENT (BUT WORK AVAILABLE):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: left;">Date</td> <td style="width: 85%; text-align: left;">Reason absent</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Date	Reason absent								
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I certify that, to the best of my knowledge, the above is true and correct.

Employer _____ VEC Employer Account # _____ Date to Worker _____

By _____ Title _____

NOTICE TO WORKER: This statement must be presented to the field office of the Virginia Employment Commission within 14 days from the "Date to Worker" shown above. To prevent a delay in processing this claim, mail this statement to the VEC field office where you filed your claim.

OTHER EMPLOYMENT AND WAGES: List below the names and addresses of employers you worked for and the gross wages that you earned during the above week(s) other than your regular employer shown above. Include self-employment. Enter "None" if you earned no other wages in the above week(s).

<p>WEEK ONE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><u>Employer & Address</u></td> <td style="width: 40%;"><u>Wages</u></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	<u>Employer & Address</u>	<u>Wages</u>											<p>WEEK TWO:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><u>Employer & Address</u></td> <td style="width: 40%;"><u>Wages</u></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	<u>Employer & Address</u>	<u>Wages</u>										
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I hereby file claim for partial unemployment benefits for the week(s) above. I certify that I have earned no wages other than those shown above during the week(s) covered by this statement. I understand that the law provides a penalty for false statements to obtain or increase benefits.

Worker's signature _____ Signed _____ Date signed _____

City or county & state