

VIRGINIA EMPLOYMENT COMMISSION STATEMENT OF PARTIAL UNEMPLOYMENT

NOTICE TO EMPLOYER:

Complete this form and give it to the worker as instructed in Form VEC-B-32, NOTIFICATION OF CLAIM(S) FILED FOR BENEFITS, within 7 days for all weeks ending since the effective date of the claim, and thereafter, within 14 days after each pay period covering calendar weeks in which the worker earns less than his/her weekly benefit amount because of lack of work. Form VEC-B-32 shows effective date and weekly benefit amount. Complete online and print or by typewriter or in ink. Record gross wages for actual work and holiday/vacation pay separately, indicating type of pay for holiday or vacation pay. Enter under "DATE ABSENT" the date(s) the worker did not work when work was available and note the reason if known. **(Online, hover over text box for help). BE SURE TO SIGN THE COMPLETED FORM.** [Click Here for Instructions](#)

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

WORKER'S NAME _____ SOCIAL SECURITY NUMBER _____ -- ____ -- _____

WEEK NUMBER ONE	WEEK NUMBER TWO																				
SUNDAY _____ THROUGH SATURDAY _____ GROSS WAGES: _____ HOLIDAY/VACATION PAY: _____ <p style="text-align: center;">DATES ABSENT (BUT AVAILABLE WORK)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">DATE</th> <th style="width: 50%; text-align: center;">REASON ABSENT</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	DATE	REASON ABSENT	_____	_____	_____	_____	_____	_____	_____	_____	SUNDAY _____ THROUGH SATURDAY _____ GROSS WAGES: _____ HOLIDAY/VACATION PAY: _____ <p style="text-align: center;">DATES ABSENT (BUT AVAILABLE WORK)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">DATE</th> <th style="width: 50%; text-align: center;">REASON ABSENT</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	DATE	REASON ABSENT	_____	_____	_____	_____	_____	_____	_____	_____
DATE	REASON ABSENT																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				
DATE	REASON ABSENT																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				

I certify that, to the best of my knowledge, the above is true and correct.

Employer _____ VEC Acct # _____ Date to Worker _____
 By _____ Title _____ Contact Phone # _____

NOTICE TO WORKER: To avoid delay of any payment due to you, you must mail this statement immediately upon completion to Virginia Employment Commission, Benefit Payment Charge Unit, PO Box 2249, Richmond, Virginia. 23218. You are required to complete the following section if you worked for any other employer during the weeks being claimed.
OTHER EMPLOYMENT AND WAGES: List below the names and addresses of any other employer(s) you worked for and the gross wages that you earned during the above week(s), including earnings from self employment. Enter "None" if you earned no other wages in the above week(s).

WEEK ONE	WEEK TWO																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;"><u>Employer & Address</u></th> <th style="width: 30%; text-align: left;"><u>Wages</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Employer & Address</u>	<u>Wages</u>	_____	_____	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;"><u>Employer & Address</u></th> <th style="width: 30%; text-align: left;"><u>Wages</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Employer & Address</u>	<u>Wages</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Employer & Address</u>	<u>Wages</u>																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				
<u>Employer & Address</u>	<u>Wages</u>																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				

I hereby file this 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 certify that the statements made in connection with this claim are true to the best of my knowledge. I understand that knowingly providing false or misleading information or withholding material information constitutes a Class1 misdemeanor that could result in a fine, a jail sentence, or both. In addition, I understand that I will be liable for a 15% penalty on any amount of benefits erroneously paid due to my providing false or misleading information to obtain benefits.**

Worker's signature _____ Signed at _____ Date signed _____
 City or County & State