

VEC CLAIM FOR BENEFITS

1 SOCIAL SECURITY NUMBER _____

2 NAME _____
LAST FIRST M

3 STREET ADDRESS _____
NUMBER & STREET / ROUTE & BOX

MAILING ADDRESS _____
POST OFFICE BOX

CITY STATE ZIP CODE

4 TELEPHONE: AREA CODE _____ NUMBER _____
 MESSAGE#: AREA CODE _____ NUMBER _____

5 DO YOU LIVE WITHIN THE CITY LIMITS? YES NO
 IF NO ENTER NAME OF COUNTY _____

6 DATE OF BIRTH ____/____/____ 7 MALE FEMALE

8 MOST RECENT EMPLOYER _____
NAME OF COMPANY

9 ADDRESS _____
NUMBER & STREET ROUTE & BOX

CITY STATE ZIP CODE

TELEPHONE: AREA CODE _____ NUMBER _____

10 DATES WORKED FROM ____/____/____ TO ____/____/____
MO DAY YEAR MO DAY YEAR

OCCUPATION _____

11 DID YOU WORK AT LEAST 30 WORKING DAYS FOR THIS EMPLOYER? YES NO
 DID YOU WORK AT LEAST 240 HOURS FOR THIS EMPLOYER? YES NO

12 WAS THIS WORK PERFORMED OUTSIDE OF VIRGINIA? YES NO

13 REASON FOR SEPARATION (EXPLAIN IN REMARKS)
 LACK OF WORK 40 DISCHARGE 10
 VOLUNTARY QUIT 20 STRIKE/LOCKOUT 30

REMARKS: _____

14 HAVE YOU WORKED SINCE EMPLOYMENT SHOWN ABOVE? YES NO

15 DO YOU WANT FEDERAL INCOME TAX WITHHELD FROM YOUR BENEFITS ? (WITHHOLDING IS 10% OF BENEFITS DUE) YES NO

16 I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES. IF "NO" IS CHECKED COMPLETE THE FOLLOWING. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM IN SATISFACTORY IMMIGRATION STATUS. YES NO

ENTER ALIEN REGISTRATION # _____

ALIEN REGISTRATION EXPIRATION DATE _____

17 HAVE YOU FILED ANY CLAIM FOR UNEMPLOYMENT EITHER IN VIRGINIA OR ANY OTHER STATE DURING THE LAST 18 MONTHS? YES NO

IF YES, NAME OF STATE _____

18 HAVE YOU APPLIED FOR OR ARE YOU RECEIVING ANY KIND OF PENSION (INCLUDING SOCIAL SECURITY OR DISABILITY RETIREMENT)? YES NO

IF YES, CHECK APPROPRIATE TYPE AND ENTER MONTHLY AMOUNT

SOCIAL SECURITY (1) AMOUNT PER MONTH _____
 MILITARY (2) AMOUNT PER MONTH _____
 FEDERAL CIVILIAN (3) AMOUNT PER MONTH _____
 OTHER (4) AMOUNT PER MONTH _____
(SPECIFY SOURCE)

19 IF YOU ARE RECEIVING A RETIREMENT PENSION, GIVE THE DATE OF YOUR RETIREMENT _____

FOR OFFICE USE ONLY

EFFECTIVE DATE ____/____/____ LO# _____ ID _____

BYE ____/____/____ KEYED BY _____ DATE _____

| | | | | | |
|----------------------------------|----------------------------------|--------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> INITIAL | <input type="checkbox"/> TOTAL | <input type="checkbox"/> UI | 1 | <input type="checkbox"/> W(NH) | 1 |
| <input type="checkbox"/> ADD | <input type="checkbox"/> PARTIAL | <input type="checkbox"/> UCFE | 5 | <input type="checkbox"/> B(NH) | 2 |
| <input type="checkbox"/> IE ADD | | <input type="checkbox"/> UCX | 7 | <input type="checkbox"/> H | 3 |
| <input type="checkbox"/> REOPEN | | <input type="checkbox"/> CWC | 8 | <input type="checkbox"/> AI/AN | 4 |
| <input type="checkbox"/> _____ | | <input type="checkbox"/> _____ | | <input type="checkbox"/> A/PI | 5 |

OCC CODE _____ AREA LIVES _____ DD? _____

EMP ACCT _____ SIC _____

MAIL MONETARY? _____ SEPARATION REPORT? _____

REFERRED TO JS? _____ WORKSEARCH(U.R.A.) _____

REFERRED TO DEPUTY _____ DATE & TIME _____

ERP REFERRAL REASON? _____

20 HAVE YOU OR WILL YOU RECEIVE SEVERANCE PAY, VACATION, OR HOLIDAY PAY? YES NO
 AMOUNT _____ PERIOD COVERED _____

21 ARE YOU HANDICAPPED AS DEFINED IN SECTION 504 OF THE REHABILITATION ACT OF 1973? YES NO

22 ARE YOU REGISTERED WITH SELECTIVE SERVICE? (COMPLETE ONLY IF 18-24 YEARS OLD) YES NO

23 HAVE YOU HAD ANY ACTIVE MILITARY SERVICE? (DO NOT COUNT NATIONAL GUARD OR RESERVES) IF YES, ENTER DATES YES NO
 FROM _____ TO _____

24 HAVE YOU WORKED FOR THE FEDERAL GOVERNMENT AS A CIVILIAN DURING THE LAST 18 MONTHS? YES NO

25 DO YOU HAVE A MILITARY DISABILITY? IF YES, IS IT 30% OR MORE? YES NO
 YES NO

26 ARE YOU MARRIED TO SOMEONE WHO HAS A TOTAL OR PERMANENT SERVICE CONNECTED DISABILITY OR DIED OF A SERVICE CONNECTED DISABILITY? YES NO

27 HAVE YOU WORKED IN ANY STATE OTHER THAN VIRGINIA DURING THE LAST 18 MONTHS? YES NO

28 HAVE YOU WORKED FOR AN EDUCATIONAL INSTITUTION DURING THE LAST 18 MONTHS? YES NO

29 WHAT TYPE OF TRANSPORTATION DO YOU HAVE TO LOOK FOR WORK OR TO GET TO AND FROM WORK? NONE OWN PUBLIC OTHER

30 ARE THERE ANY HOURS OR DAYS OF THE WEEK THAT YOU ARE NOT AVAILABLE FOR WORK? YES NO
 IF YES, WHY? _____

31 CAN YOU ACCEPT FULL TIME WORK NOW? YES NO

32 ARE YOU ATTENDING SCHOOL? YES NO

33 PLEASE CHECK THE APPROPRIATE BOX TO INDICATE YOUR CURRENT LEVEL OF EDUCATION.

| | | | |
|---|----|---|----|
| <input type="checkbox"/> 8TH GRADE OR LESS | 08 | <input type="checkbox"/> ATTENDED COLLEGE AND/OR ASSOCIATE DEGREE | 14 |
| <input type="checkbox"/> ATTENDED HIGH SCHOOL | 11 | <input type="checkbox"/> COLLEGE GRADUATE | 16 |
| <input type="checkbox"/> HIGH SCHOOL GRADUATE OR EQUIVALENT | 12 | <input type="checkbox"/> ATTENDED GRADUATE SCHOOL | 17 |
| | | <input type="checkbox"/> POST GRADUATE DEGREE | 18 |

VIRGINIA EMPLOYMENT COMMISSION
CLAIM FOR BENEFITS

NAME _____ SOCIAL SECURITY NO. _____
(Please Print)

The Virginia Employment Commission (VEC) is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Job Training Partnership Act (JTPA), as amended, in addition or access to, opportunity or treatment in, or employment in the administration of or in connection with, any JTPA-funded program or activity. If you think that you have been subject to discrimination under a JTPA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the VEC's **Equal Opportunity Officer, 703 East Main Street, Room 109, Richmond, Virginia 23219**, or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington, D.C. 20210. If you elect to file your complaint with the VEC, you must wait until the VEC issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR(see address above). If the VEC has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the VEC's resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the VEC's proposed resolution. [Reference: 29 CFR 34.23(a)(5)]

Auxiliary Aids and Services

Auxiliary aids and services are available upon request to individuals with disabilities.

Virginia Relay Center (VRC)

The Virginia Relay Center provides telecommunications relay services to the Commonwealth of Virginia. Text Telephone (TTY) or Telecommunications for the Deaf (TDD) users can access the VRC by calling 1-800-828-1120.

TO CLAIMANT: The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your Social Security Account Number on the claim form(s) given to you. Your Social Security Number is solicited under the authority of the Internal Revenue Code of 1954. Disclosure of your Social Security Number for this purpose is MANDATORY and must be entered on the forms you submit to claim unemployment compensation.

Your Social Security Number will be used to report your unemployment compensation to the Internal Revenue Service as income that is taxable, to determine your eligibility for benefits, compute the amount of benefits to which you may be entitled, and for statistical purposes. This information will be disseminated to other governmental agencies subject to the restrictions of the Virginia Privacy Protection Act for their use in the proper administration of the law. Failure to provide the requested information will make you ineligible to receive benefits.

Certification: I acknowledge receipt of notice of the Privacy Act and certify that the information given on this form is correct. Further, I declare under penalty of perjury that the citizenship/alien status information on this form is true and correct. I understand that penalties are provided for making false statements or failing to disclose material facts to obtain benefits. I also certify that I was given a copy of the booklet "Unemployment Insurance Handbook for Claimants." I was also advised of my rights and responsibilities under the Unemployment Compensation Act and I was given the opportunity to ask questions concerning those rights and responsibilities. In addition, I understand that I have the right to review the information provided to the Commission by my former employer on the Employer's Report of Separation. (As a partially employed claimant, I have read and understand the Instructions to Partial Claimants.)

Signature of Claimant

Date

Please Complete All Information Requested On Reverse