

VIRGINIA EMPLOYMENT COMMISSION
COMBINED WAGE CLAIM CANCELLATION REQUEST

TO: Combined Wage Section, Room 200

FROM: Name: _____

SS#: _____

Eff. Date: _____

I REQUEST THAT MY COMBINED WAGE CLAIM WITH VIRGINIA BE CANCELLED SO THAT I MAY FILE SEPARATELY WITH _____.

IF THIS REQUEST IS APPROVED, I AUTHORIZE _____ TO REPAY TO VIRGINIA ANY OR ALL BENEFITS PAID TO ME ON THE VIRGINIA CLAIM IN THE AMOUNT OF \$ _____. I UNDERSTAND, HOWEVER, THAT IF THE OTHER JURISDICTION CANNOT ARRANGE SUCH REPAYMENT, I AM LIABLE FOR THE DEBT AND MUST REPAY THE MONEY TO THE VIRGINIA EMPLOYMENT COMMISSION.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS DOCUMENT AND AGREE TO THE TERMS SET FORTH HEREIN.

Signature

Submitted By: _____
(L.O. Employee)

Date: _____

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