

Weekly Claim Form

Submit this weekly claim form with your job search log.



Claimant name: _____ Claimant ID: _____

The answers to these weekly claim questions apply only from MM/DD/YYYY to MM/DD/YYYY

Did you work since you last submitted a weekly claim? Yes No

- If yes:**
- What is the employer's name? _____
 - What is the employer's address? _____
 - What dates did you work for this employer? From MM/DD/YYYY to MM/DD/YYYY
 - Why did you separate from this employer? _____

Did you work for more than one employer since you last submitted a weekly claim? Yes No

If yes: Attach a list of additional employers with their addresses, the dates you worked and why you separated.

1. Did you or will you receive any of the following from any employer?

- Holiday pay Yes No _____ Hours (\$) _____ Earnings
- Vacation pay Yes No _____ Hours (\$) _____ Earnings
- Sick pay Yes No _____ Hours (\$) _____ Earnings
- What is the employer's name? _____
- What is the employer's address? _____

2. Have you been or will you be paid for any period after you last worked, such as severance, termination pay or pay in lieu of notice? Yes No

- If yes:**
- Does a contract require your employer or union to make these payments? Yes No
 - Is your employer paying you throughout a notice period? Yes No
 - Has your employer attached any requirements to the pay? For example, do you need to be available for work for any time after your last day worked? Yes No
 - Would your employer stop paying you severance if you got a new job before the payment period ends? Yes No
 - What is the employer's name? _____
 - What is the employer's address? _____
 - How much are you being paid for the week, before deductions? _____ Hours (\$) _____ Earnings

3. Did you work for any employer(s), whether or not you've been paid yet, since you last submitted a weekly claim? * Yes No _____ Hours (\$) _____ Earnings

- If yes:**
- What is the employer's name? _____
 - What is the employer's address? _____
 - Did work for this employer end, even temporarily? Yes No
- Mark the reason: Fired Quit Leave of absence Suspended Laid off due to lack of work
- If yes:**
- On what date did you last work for this employer? MM/DD/YYYY

*Attach a list of any additional employer(s) for whom you worked, but have not yet been paid. For each employer listed, include your earnings, the hours you worked, the date you last worked and the reason you separated.

4. Did you work in casual labor (such as mowing a neighbor's lawn or helping friends move) or self-employment, whether or not you have been paid yet? Yes No

If yes: • Was this work casual? Yes No

• Provide your hours worked and net profit, after business expenses are deducted. Hours (\$) Earnings

5. Have you been or will you be paid for jury duty? Yes No (\$) Earnings

6. Did you apply for or receive workers' compensation? Yes No

7. Did you apply for or have a change in a retirement plan not previously reported? Yes No

If yes: • What is the name of the union or employer that contributed to this fund? _____

8. Are you attending a school or training program? Yes No

If yes: • Has your approved training plan changed? Yes No

9. Were you physically able and available for work each day of the week? Yes No

10. Did you complete at least three job search activities and keep a written record as required? Yes No

If yes: Complete a job search log and include it with this document.

11. Did you refuse any offer of work? Yes No

12. Did you fail to apply for work as specifically directed by WorkSource? Yes No

Answer questions 13–16 only if you are a member of a full referral union.

13. Are you still a registered member of your union? Yes No

14. If you are in full-time apprenticeship training, what are your training dates? From MM/DD/YYYY to MM/DD/YYYY

15. Were you eligible for dispatch or referral as required by your union? Yes No

16. Did you refuse a dispatch or bid for work from your union? Yes No

Be sure this form and your job search log are complete. We cannot accept weekly claims that are incomplete or unsigned.

I certify that the information I provided on this form is true and complete to the best of my knowledge. I understand that omitting or giving false information is considered fraud, and I might have to pay back benefits received and pay a penalty. I also could be denied future unemployment benefits.

Signature (required): _____ Date: MM/DD/YYYY

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