Weekly Claim Form

Employment Security Department
WASHINGTON STATE

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

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

Answer questions 12–15 only if you are a member of a full referral union.

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

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

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

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

Be sure this form is 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

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. We provide free help in many languages. People who need hearing or speech help can dial 711 for the Washington Relay.