

UNEMPLOYMENT INSURANCE

P.O. Box 4730, Aberdeen, SD 57501
 Tel: 605.626.2452 Fax: 605.626.3172 sd.uicclaims.com

WEEKLY REQUEST FOR PAYMENT

CLAIMANT NAME: *(Please print)* _____ Last Four of SSN: _____

Requesting payment for the week (beginning Sunday and ending Saturday) ending on: ___/___/_____ *(use Saturday's date)*

HOURS AND WAGES

During the week claimed did you work for an employer or in self-employment? YES NO
(If yes, complete information for each employer on PAGE 2 of this form)

Total number of hours you worked during the week (with all employers or self-employment):

Gross total amount of wages you earned in dollars and cents (before deductions): \$ _____ . _____
(Combine all wages earned this week before any deductions and/or self-employment earnings after expenses)

If you indicated you worked but had no earnings, was it because you attempted commission sales, were self-employed, or have other unpaid hours?..... YES NO

Are you still working for this employer? YES NO

BENEFITS

Did you or will you receive any of the following for this week?

	YES	NO	If yes, enter gross amount
HOLIDAY PAY?			
VACATION PAY OR ANNUAL LEAVE?			
SICK PAY?			
SEVERANCE PAY/WAGES IN LIEU OF NOTICE?			

Will you begin receiving **pension, disability payments or workers' compensation** or did the amount previously reported change?..... YES NO *(If yes, please explain in remarks on back.)*

Are you on call to return to work for your regular employer?..... YES NO *(If yes, skip the next question about job contacts)*

Did you make at least two contacts for employment as instructed? YES NO. **If yes, please complete the following table information. If no contacts, please explain in remarks on back.**

CONTACT DATE	BUSINESS NAME	ADDRESS	CITY	STATE	METHOD OF CONTACT	APPLICATION COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTACT DATE	BUSINESS NAME	ADDRESS	CITY	STATE	METHOD OF CONTACT	APPLICATION COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO

Were you physically able to work? YES NO *(if no, please explain in remarks on back)*

Were you available to accept a job if offered? YES NO *(if no, please explain in remarks on back)*

Did you refuse any offer of work or referral to a job? YES NO *(If yes, please explain in remarks on back)*

Did you begin school or did your class schedule change this week? YES NO *(If yes, please explain in remarks on back)*

FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS WILL DELAY PROCESSING OF THIS CLAIM.

CERTIFICATION: I certify that my statements are true and correct and I am aware of the penalties for all false statements on my claim.

Claimant's Signature _____ **Date:** ___/___/_____

If you have worked during this week, complete the information below. If you worked for more than two employers, record the information in remarks.

FIRST EMPLOYER

Employer Name: _____	Total hours worked for this employer: _____
Employer Address: _____	Hourly Rate: _____
_____	Total Wages (including tips): _____
_____	Still Working: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND EMPLOYER

Employer Name: _____	Total hours worked for this employer: _____
Employer Address: _____	Hourly Rate: _____
_____	Total Wages (including tips): _____
_____	Still Working: <input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS (Attach additional sheet if necessary):

Do you have a new address or phone number? YES NO. If **yes**, the new phone number: (____) ____ - ____
or new address: _____

Date moved: __/__/____