

SD DEPARTMENT OF LABOR AND REGULATION WEEKLY CERTIFICATION

Unemployment Insurance Division
 420 S Roosevelt PO Box 4730
 Aberdeen, SD 57402-4730
 (605) 626-2452 FAX (605) 626-3172
<http://www.sd.uiclaims.com>

NAME: (Please print): _____

I CLAIM BENEFITS BEGINNING
 SUNDAY AND ENDING SATURDAY
 SATURDAY (WEEK ENDING) DATE: _____

SOCIAL SECURITY NUMBER: _____

1. DURING THE WEEK CLAIMED DID YOU WORK FOR AN EMPLOYER OR IN SELF-EMPLOYMENT? YES NO
 (If yes, complete information for each employer on back of this form)
- a. Please enter the total number of hours you worked during the week.
 (Total of all hours worked with all employer and/or self-employment).....
- b. Please enter the gross total amount of wages you earned in dollars & cents.
 (Combine all wages earned this week before any deductions and/or Self-employment earnings after expenses)..... \$
- c. 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
- d. Are you still working for this employer?..... YES NO

2. DID YOU OR WILL YOU RECEIVE ANY OF THE FOLLOWING FOR THIS WEEK? YES NO GROSS AMOUNT

A. HOLIDAY PAY?			
B. VACATION PAY OR ANNUAL LEAVE?			
C. SICK PAY?			
D. SEVERANCE PAY/WAGES IN LIEU OF NOTICE?			

3. WILL YOU BEGIN RECEIVING PENSION, DISABILITY PAYMENTS OR WORKER'S COMPENSATION OR DID THE AMOUNT PREVIOUSLY REPORTED CHANGE? YES NO
 (If yes, please explain in remarks on back.)

4. ARE YOU ON CALL TO RETURN TO WORK FOR YOUR REGULAR EMPLOYER? YES NO
 (If yes, go to question 6)

5. DID YOU MAKE AT LEAST TWO CONTACTS FOR EMPLOYMENT AS INSTRUCTED? YES NO
 If yes, please complete the following 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

6. WERE YOU PHYSICALLY ABLE TO WORK? YES NO
 (If no, please explain in remarks on back.)

7. WERE YOU AVAILABLE TO ACCEPT A JOB IF OFFERED? YES NO
 (If no, please explain in remarks on back.)

8. DID YOU REFUSE ANY OFFER OF WORK OR REFERRAL TO A JOB? YES NO
 (If yes, please explain in remarks on back.)

9. 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.

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 AND/OR PHONE NUMBER?

YES NO

Please provide new address: _____

New phone number: _____

Date moved: _____