

**REEMPLOYMENT ASSISTANCE**

P.O. Box 4730, Aberdeen, SD 57501  
 Tel: 605.626.2452 Fax: 605.626.3172 raclaims.sd.gov

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------|---------------|---------|------|-------|-------------------|--|
|              |               |         |      |       |                   |  |

Were you physically and mentally 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 work?  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: \_\_/\_\_/\_\_\_\_