SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

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?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>If yes, enter gross amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLIDAY PAY?</td>
<td></td>
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<td></td>
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<tr>
<td>VACATION PAY OR ANNUAL LEAVE?</td>
<td></td>
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<tr>
<td>SICK PAY?</td>
<td></td>
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<tr>
<td>SEVERANCE PAY/WAGES IN LIEU OF NOTICE?</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>CONTACT DATE</th>
<th>BUSINESS NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>METHOD OF CONTACT</th>
<th>APPLICATION COMPLETED?</th>
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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: ___/ ____/ ______

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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: ☐ Yes ☐ No

**SECOND EMPLOYER**

Employer Name: ____________________________ Total hours worked for this employer: ___________

Employer Address: ____________________________ Hourly Rate: ____________________________

Total Wages (including tips): ____________________________ Still Working: ☐ Yes ☐ 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: ____/ ____/ ______