

REEMPLOYMENT ASSISTANCE

P.O. Box 4730, Aberdeen, SD 57402

Fax: 605.626.3172

raclaims.sd.gov

BACKDATE AND LATE PAYMENT REQUEST

CLAIMANT NAME: _____ SSN: _____

Current Effective Date of Claim: _____ Backdating Requesting Start Date of (must be a Sunday): _____ **BACKDATE REQUEST ONLY**
Effective date is on your monetary determination *The Sunday after the first week.*

| SECTION A: | Week Ending Date: (Saturday) | _____ | _____ | _____ |
|--|--|---|---|---|
| | | MM/DD/YYYY | MM/DD/YYYY | MM/DD/YYYY |
| During the week that ended in the date in the row above, did you work for an employer or in self-employment? (If yes, add information for each employer on Pg 2) | | <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, skip to Section B (Starts with Holiday Pay)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, skip to Section B (Starts with Holiday Pay)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, skip to Section B (Starts with Holiday Pay)</i> |
| Total number of hours you worked during the week (with all employers or self-employment): | | _____ hrs | _____ hrs | _____ hrs |
| 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 worked but had no earnings, was it because you attempted commission sales, were self-employed, or have other unpaid hours? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you still working for this employer? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

| | | | |
|---|---|---|---|
| HOLIDAY PAY? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ |
| VACATION PAY OR ANNUAL LEAVE? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ |
| SICK PAY? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ |
| SEVERANCE PAY/WAGES IN LIEU OF NOTICE? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gross amount \$ _____ |

| | | | |
|--|--|--|--|
| Will you begin receiving pension, disability payments or workers' compensation or did the amount previously reported change? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ |
| Are you on call to return to work for your regular employer? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Were you physically and mentally able to work? | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ |
| Were you available to accept a job if offered? | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO if no, explain in remarks _____ |
| Did you refuse any offer of work or referral to work? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain in remarks _____ |
| Did you begin school or did your class schedule change during the week? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS WILL DELAY PROCESSING OF THIS CLAIM.
 YOU CANNOT REQUEST BACKDATING UNTIL YOU HAVE RECEIVED A MONETARY DETERMINATION.**

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:** _____

To e-sign this form, you will need to open it in an Adobe Reader (not a web browser) OR use your mobile device OR Print and sign in ink. Sending instructions are on Page 2.

If you have worked during this week, complete the information below. If you have more employers, use the remarks box.

Employer Name: _____ Still Working? YES NO

Worked: _____ hrs for week: _____ (week end date) And _____ hrs for week: _____ (week end date). And _____ hrs for week: _____ (week end date)

Wages: Hourly Rate: _____ Total Wages (including tips): _____

Employer Address: _____

Employer Name: _____ Still Working? YES NO

Worked: _____ hrs for week: _____ (week end date) And _____ hrs for week: _____ (week end date). And _____ hrs for week: _____ (week end date)

Wages: Hourly Rate: _____ Total Wages (including tips): _____

Employer Address: _____

Employer Name: _____ Still Working? YES NO

Worked: _____ hrs for week: _____ (week end date) And _____ hrs for week: _____ (week end date). And _____ hrs for week: _____ (week end date)

Wages: Hourly Rate: _____ Total Wages (including tips): _____

Employer Address: _____

REMARKS: Reason for requesting backdating or late payment request. (Attach additional sheet if necessary):

Send Completed Form to:

Mail
DLR RA Benefits
PO Box 4730
Aberdeen SD 57402-4730

Email: DLRRAClaims@state.sd.us

**Note: there are two R's in this email address*