

# WORKFORCE SERVICES

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## RE-EMPLOYMENT SERVICES ELIGIBILITY FOLLOW-UP

**OFFICE USE ONLY**

Next Report Date: \_\_\_/\_\_\_/\_\_\_

Method of Contact:

In Person  Phone  Other

Name: \_\_\_\_\_

Last four of SSN: \_\_\_\_\_

DLR Staff: \_\_\_\_\_

Date Completed: \_\_\_/\_\_\_/\_\_\_

**1) Do you work or perform a service for anyone now?**

Yes  No

If "Yes", did you work all the hours that the employer had for you?

Yes  No

Employer Name: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Full time  or Part time

Average Number of Hours Worked per Week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Are you working all the hours available to you?

Yes  No

If "No", please explain the reason you are not:

**2) Have you worked or had earnings since your last report?**

Yes  No

If "Yes", is this the same employer as the employer in question 1?

Yes  No

If not the same employer, please complete the following information:

Employer Name: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Full time  or Part time

Hours Worked Each Week \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Did you report work and earnings on your weekly certification(s)?

Yes  No

If "No", please explain the reason(s) you did not report work and earnings:

**3) Have you separated from any employer since your last report?**

Yes  No

If "Yes", is this the same employer as the employer in question 2?

Yes  No

If not the same employer, please complete the following information:

Employer Name: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Full time  or Part time

Hours Worked: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Explain the reason(s) you are no longer working:

**4) Are you self-employed or in business for yourself?**

Yes  No

If "Yes", provide the following information.

Type of self-employment: \_\_\_\_\_

Number of hours usually spent in self-employment each week: \_\_\_\_\_

<b>5) Since your last report, has there been any reason(s) you have been unable to work or accept work due to personal reasons, such as your illness, the illness of a family member, lack of child care, vacation, etc.?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", complete the following. When were you unable to work or unable to accept work? _____ Reason(s) you were unable to work or unable to accept work: _____		
<b>6) If you are currently in school, has your schedule changed? (If not in school, answer "No.")</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", explain any changes. _____		
<b>7) Did you start school or other training since your last report?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", complete the following. Name of Institution: _____ Start Date: _____ Type of Training: _____ Dates of Training: _____ Number of Credit Hours Enrolled In: _____ Method of Attending: _____ Explanation: _____		
<b>8) Are you registered for or planning to attend school or training in the future?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", complete the following. Name of Institution: _____ Start Date: _____ Type of Training: _____ Dates of Training: _____ Number of Credit Hours Enrolled In: _____ Method of Attending: _____ Explanation: _____		
<b>9) Have you looked for work since your last report?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", explain why you have not looked for work. _____		
<b>10) Have you been offered any jobs since your last report?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", complete the following. Employer Name: _____ Employer Phone Number: _____ Employer Address: _____ Hourly Wage: _____ Full time <input type="checkbox"/> or Part time <input type="checkbox"/> Date of Offer: _____ Type of Work Offered: _____ Number of Hours per Week: _____ Start Date: _____		
Did you accept a job offer? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", explain the reason(s) you did not take the job: _____		
<b>11) Have you failed to follow through on a referral from the local office?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", complete the following. Employer Name: _____ Employer Phone Number: _____ Employer Address: _____ Hourly Wage: _____ Full time <input type="checkbox"/> or Part time <input type="checkbox"/> Date of Referral: _____ Type of Work Offered: _____ Number of Hours per Week: _____ Start Date: _____		
Did the local office staff tell you to apply for this job or it could affect your benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain the reason(s) you did not apply for the job. _____		