**UNEMPLOYMENT INSURANCE CLAIM FORM**

Please print your name and identification number above. We cannot process your claim without it.

If your name, address or telephone number has changed since your last contact with this office, show the correction in the box to the right.

Return the completed form to: Spokane UI Claims Center - CCPU, P.O. Box 14857, Spokane, WA 99214-0857; local fax, 509-893-7240; toll-free fax, 877-280-6224.

**QUESTIONs BELOW**

I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. **THE DATES ARE:**

<table>
<thead>
<tr>
<th>FIRST WEEK</th>
<th>SECOND WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

1. Were you physically able and available for work each day? (If No, complete "A" below.)
2. Did you make an active search for work as directed and record your contacts on a Job Search Log? (If No, complete "A" below.)
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)
4. Have you applied for or did you receive workers' or crime victim's compensation?
5. Have you applied for or did you have a change in a pension? (If Yes, complete "B" below.)
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.)
9. Did you work? (If Yes, complete "F" below.)

**Explanation:**

- **A** If you answered "NO" to questions 1 or 2, or "YES" to question 3, tell us why. Give details. (Were you sick, on vacation, returned to work, was the job too far away?) **GIVE EXACT DATES.** Explain WHERE (such as job location or location of school); WHO was involved (name of person who interviewed you, name of doctor, name of school). If you have other information you believe is important, please explain or attach the other information.

- **B** If you answered "YES" to question 5, please provide the following information about your pension.
  - Pension source: ___________________________________________; Is it:  
    - □ a new pension? 
    - □ a change in an existing pension?
  - New or changed monthly amount before deductions is $_________; Effective date of this new or changed pension is ________

- **C** If you answered "YES" to question 6, be sure you show the gross amount of the holiday pay before deductions. For what holiday(s) were you paid? ___________________________; Payment source? ___________________________________; Hours paid for? ______________________

- **D** If you answered "YES" to question 7, be sure you show the gross amount of pay before deductions. The vacation pay was for:  
  - □ a cash-out of prior time earned, or  
  - □ certain specific dates (If for specific dates, what dates and hours? ___________________________); Payment source? ___________________________________

- **E** If you answered "YES" to question 8, be sure you show the gross amount of pay before deductions. What type of pay? ___________________________; For what date(s)? ___________________________; Reason for pay? ___________________________________; Payment source? ___________________________________

- **F** If you answered "YES" to question 9, please provide the HOURS and EARNINGS information for each employer you worked for.

  1. Employer's Name: __________________________________________; Address: __________________________________________; If not scheduled to work after week(s) claimed, check reason why:  
     - 1 □ QUIT; 2 □ FIRED; 5 □ LACK OF WORK;  
     - 9 □ LACK OF WORK, HOURS REDUCED;  
     - □ OTHER ___________________________________

- **CLAIMANT'S SIGNATURE**

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.