

VIRGINIA EMPLOYMENT COMMISSION
CLAIM FOR BENEFITS

NAME: _____ SOCIAL SECURITY NO. _____
(PLEASE PRINT)

Equal Opportunity/Nondiscrimination

The Virginia Employment Commission (VEC) is prohibited from discriminating against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief under the Wagner Peyser Act and Virginia Unemployment Compensation Act.

If you believe you have been subjected to discrimination under the Wagner Peyser Act or Virginia Unemployment Compensation Act, you may file a complaint within 180 days from the date of the alleged violation with either the:

VEC Equal Opportunity Officer
Shirley M. Bray-Sledge
P.O. Box 1358
Room 101
Richmond, VA 23218-1358

OR

Director, Civil Rights Center (CRC)
Ramón Suris Fernandez
U.S. Dept of Labor
200 Constitution Ave, NW, Room N-4123
Washington, DC 20210

If you file your complaint with the VEC, you must wait until either the VEC issues a Notice of Final Action, or until 90 days have passed (whichever is sooner) before filing with the Civil Rights Center. If the VEC does not give you a Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the VEC to issue that Notice before filing a complaint with CRC. However, you must file your complaint within 30 days of the 90 day deadline (in other words, within 120 days after the day on which you filed your complaint with the VEC).

If the VEC does give you a Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Auxiliary Aids and Services

Auxiliary aids and services are available upon request to individuals with disabilities. Any reasonable accommodation for persons with disabilities may be requested by contacting the manager of the VEC's call center, the Manager of the VEC Workforce Center where you are seeking services, or the VEC's Human Resources Department.

Virginia Relay

The Virginia Relay enables people who are deaf, hard of hearing, Deaf Blind, or speech disabled to communicate by TTY (text telephone) or another assistive telephone device with anyone who uses a standard telephone. To make a Virginia Relay call, dial 711

Please note: to file weekly requests for payment of unemployment benefits by phone TTY users should call the Virginia Relay 711 and instruct the operator to dial 1-866-835-6058. Out-of-state users may use the same procedure.

TO CLAIMANT: The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your Social Security Account Number on the claim form(s) given to you. Your Social Security Number is solicited under the authority of the Internal Revenue Code of 1954. Disclosure of your Social Security Number for this purpose is MANDATORY and must be entered on the forms you submit to claim unemployment compensation.

Your social security number will be used to report to the Internal Revenue Service the amount of unemployment compensation paid to you during any calendar year. It will also be used to compute the amount of benefits to which you may be entitled, and for statistical purposes. This information will be disseminated to other governmental agencies subject to the restrictions of the Virginia Privacy Protection Act for their use in the proper administration of the law. Failure to provide the requested information will make you ineligible to receive benefit.

Certification: I certify that the statements made in connection with this claim are true to the best of my knowledge. I understand that knowingly providing false or misleading information or withholding material information constitutes a Class 1 misdemeanor that could result in a fine, a jail sentence, or both. In addition, I understand that I will be liable for a 15% penalty on any amount of benefits erroneously paid due to my providing false or misleading information to obtain benefits.

I acknowledge receipt of notice of the Privacy Act and certify that the information given on this form is correct. Further, I declare under penalty of perjury that the citizenship status information on this form is true and correct. I understand that penalties are provided for making false statements or failing to disclose material facts to obtain benefits. I certify that I have printed and read the Mail Claim Filing Instructions provided for this form. In addition, I understand that I have the right to review the information provided to the Commission by my former employer on the Employer's Report of Separation.

NAME: _____
(Signature of claimant) (Date)

VEC CLAIM FOR BENEFITS

1. SOCIAL SECURITY NUMBER _____

2. NAME: _____
LAST FIRST MI

3. STREET ADDRESS: _____
NUMBER-STREET/ROUTE -BOX

MAILING ADDRESS: _____
POST OFFICE BOX

CITY STATE ZIP CODE

4. TELEPHONE: AREA CODE _____ NUMBER: _____

5. DO YOU LIVE WITHIN THE CITY LIMITS? YES NO
 IF NO, ENTER NAME OF COUNTY _____

6. DATE OF BIRTH: _____ 7 Male Female

Ethnic unknown (0) White (1) Black (2)
 Spanish (3) American Indian (4)
 Asian-Pacific Islander (5) Non White-Other (6)

8. MOST RECENT EMPLOYER: _____
NAME OF COMPANY

9. ADDRESS: _____
NUMBER-STREET ROUTE-BOX

CITY STATE ZIP CODE

TELEPHONE: AREA CODE _____ NUMBER _____

10. DATES WORKED: _____ TO: _____

OCCUPATION: _____

11. DID YOU WORK AT LEAST 30 DAYS FOR THIS EMPLOYER? YES NO

DID YOU WORK AT LEAST 240 HRS FOR THIS EMPLOYER? YES NO

12. WAS THIS WORK PERFORMED OUTSIDE VA? YES NO

13. REASON FOR SEPARATION (EXPLAIN IN REMARKS)

LACK OF WORK 40 DISCHARGE 10
 VOLUNTARY QUIT 20 STRIKE/LOCKOUT 30

REMARKS: _____

14. HAVE YOU WORKED SINCE EMPLOYMENT SHOWN ABOVE? YES NO

15. DO YOU WANT FEDERAL INCOME TAX WITHHELD FROM YOUR BENEFITS? (WITHHOLDING IS 10% OF BENEFITS DUE) YES NO

16. I HEREBY CERTIFY THAT I AM A CITIZEN OF THE STATES. YES NO

IF NO IS CHECKED, COMPLETE THE FOLLOWING. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM IN SATISFACTORY IMMIGRATION STATUS.

ENTER ALIEN REGISTRATION _____
 ALIEN REGISTRATION EXPIRATION DATE _____

17. HAVE YOU FILED A CLAIM FOR UNEMPLOYMENT, EITHER IN VA OR ANY OTHER STATE DURING THE LAST 18 MONTHS? YES NO

IF YES, NAME OF STATE: _____

18. HAVE YOU APPLIED FOR OR, ARE YOU RECEIVING ANY KIND OF PENSION, INCLUDING ANY TYPE OF DISABILITY PAYMENT OR RETIREMENT BASED ON YOUR PREVIOUS WAGES? INCLUDE WORKERS' COMPENSATION. YES NO

MILITARY (2) AMOUNT PER MONTH _____
 FEDERAL CIVILIAN (3) AMOUNT PER MONTH _____
 OTHER (4) AMOUNT PER MONTH _____

*SPECIFY SOURCE _____
 (INCLUDE PRIVATE PENSION, WORKERS' COMPENSATION, SOCIAL SECURITY, DISABILITY, UNION, ETC. DO NOT INCLUDE REGULAR SOCIAL SECURITY RETIREMENT OR SURVIVORS' BENEFITS.)

FOR OFFICE USE ONLY

SIC _____

EFFECTIVE DATE _____ L.O.# _____ ID _____

BYE: _____ KEYED BY: _____ DATE _____

<input type="checkbox"/> INITIAL	<input type="checkbox"/> TOTAL	<input type="checkbox"/> UI 1	<input type="checkbox"/> UI/UCFE 2
<input type="checkbox"/> ADD	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> UCFE 5	<input type="checkbox"/> UI/UCX 3
<input type="checkbox"/> IE ADD		<input type="checkbox"/> UCX 7	<input type="checkbox"/> UI/UCFE/UCX 4
<input type="checkbox"/> REOPEN		<input type="checkbox"/> UCFE/UCX 6	<input type="checkbox"/> CWC 8
<input type="checkbox"/> _____			<input type="checkbox"/> _____

OCC CODE: _____ AREA LIVES: _____

EMP ACCT: _____ DD? _____

MAIL MONETARY? _____ SEPARATION REPORT? _____

REFERRED TO JS? _____ WORKSEARCH (U,A): _____

REFERRED TO SCHEDULER? _____

REFERRED TO ERP? _____ REASON? _____

19. IF YOU ANSWERED YES TO NUMBER 18, PLEASE ENTER THE DATE OF YOUR RETIREMENT: _____

20. IF YOU REPORTED THE RECEIPT OF WORKERS' COMPENSATION IN ITEM NUMBER 18, ENTER THE NAME OF THE EMPLOYER PAYING OR CONTRIBUTING TO THE WORKERS' COMPENSATION PAYMENT: _____

21. ARE YOU RECEIVING, OR WILL YOU RECEIVE SEVERANCE, VACATION OR HOLIDAY PAY? YES NO

TYPE: _____ AMT _____ PERIOD COVERED: _____

22. HAVE YOU HAD ANY ACTIVE MILITARY SERVICE INCLUDING NATIONAL GUARD OR RESERVES? IF YES, ENTER DATES. YES NO

FROM: _____ TO: _____

23. HAVE YOU WORKED FOR THE FEDERAL GOVERNMENT AS A CIVILIAN IN THE LAST 18 MONTHS? YES NO

24. HAVE YOU WORKED IN ANY STATE OTHER THAN VIRGINIA IN THE LAST 18 MONTHS? YES NO

25. HAVE YOU WORKED FOR AN EDUCATIONAL INSTITUTION IN THE LAST 18 MONTHS? YES NO

26. WHAT TYPE OF TRANSPORTATION DO YOU HAVE TO LOOK FOR WORK OR TO GET TO AND FROM WORK?
 NONE OWN PUBLIC OTHER

27. ARE THERE ANY HOURS OR DAYS OF THE WEEK THAT YOU ARE NOT AVAILABLE FOR WORK? YES NO

IF YES, WHY? _____

28. CAN YOU ACCEPT FULL TIME WORK NOW? YES NO

29. ARE YOU ATTENDING SCHOOL? YES NO

30. IF YOU ARE A UNION MEMBER IN GOOD STANDING, PLEASE PROVIDE THE LOCAL NAME AND NUMBER: _____

31. PLEASE CHECK THE APPROPRIATE BOX TO INDICATE YOUR CURRENT LEVEL OF EDUCATION.

<input type="checkbox"/> 8TH GRADE OR LESS (08)	<input type="checkbox"/> ATTENDED COLLEGE AND/OR ASSOCIATES DEGREE (14)
<input type="checkbox"/> ATTENDED HIGH SCHOOL (11)	<input type="checkbox"/> COLLEGE GRADUATE (16)
<input type="checkbox"/> HIGH SCHOOL GRADUATE OR EQUIVALENT (12)	<input type="checkbox"/> ATTENDED GRADUATE SCHOOL (17)
	<input type="checkbox"/> POST GRADUATE DEGREE (18)