

**VIRGINIA EMPLOYMENT COMMISSION**

CONTINUED CLAIM FOR BENEFITS



DO NOT WRITE IN THIS BOX UNLESS YOUR ADDRESS AND/OR TELEPHONE NUMBER HAS CHANGED

If your address is different than shown, enter the correct address below.

(NUMBER) (STREET OR RURAL ROUTE)

(CITY) (STATE) (ZIP CODE)

Telephone no. \_\_\_\_\_

Do you live within the city limits?

YES  NO  
If no, name of county \_\_\_\_\_

**NAME** \_\_\_\_\_  
**SSN** \_\_\_\_\_ **L.O.** \_\_\_\_\_  
**BYE** \_\_\_\_\_ **BALANCE** \_\_\_\_\_  
**WBA** \_\_\_\_\_ **CERTIFIED BY** \_\_\_\_\_  
**PROG** \_\_\_\_\_

**- IMPORTANT -  
DO NOT SIGN, DATE OR MAIL UNTIL**

**I CLAIM UNEMPLOYMENT BENEFITS FOR THESE WEEKS ---->**

3. WERE YOU READY, WILLING AND ABLE TO WORK EACH DAY?  
IF NO, EXPLAIN. \_\_\_\_\_

4. DID YOU (a) REFUSE ANY OFFER OF WORK, OR (b) FAIL TO OBTAIN WORK DUE TO A POSITIVE DRUG TEST?

5. HAS THERE BEEN A CHANGE IN YOUR PENSION (INCLUDING ALL DISABILITY), TRAINING OR SCHOOL SINCE YOUR LAST CONTINUED CLAIM FOR BENEFITS?  
IF YES, EXPLAIN. \_\_\_\_\_

6. DID YOU OR WILL YOU RECEIVE A) VACATION B) SEVERANCE C) HOLIDAY PAY D) WORKERS' COMPENSATION?

IF YES, SHOW TYPE \_\_\_\_\_ GROSS WAGES \$ \_\_\_\_\_  
EMPLOYER. \_\_\_\_\_

7. DID YOU PERFORM ANY WORK (INCLUDING SELF EMPLOYMENT) DURING THIS PERIOD?

NAME OF EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ENTER LAST DATE WORKED  
 (MONTH) \_\_\_\_\_ (DAY) \_\_\_\_\_ (20) \_\_\_\_\_  
 INDICATE REASON FOR SEPARATION FROM THIS EMPLOYMENT  
 \_\_\_\_\_

	YES	NO		YES	NO
3.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

8. IF YOU HAVE RETURNED TO FULL-TIME EMPLOYMENT, SHOW THE NAME AND ADDRESS OF YOUR EMPLOYER. \_\_\_\_\_ DATE BEGAN WORK \_\_\_\_\_

9. JOB CONTACTS ARE SUBJECT TO VERIFICATION. IN THIS SPACE INDICATE WHAT YOU HAVE DONE TO FIND WORK. SEE REVERSE FOR COMPLETE DETAILS OF INFORMATION REQUIRED IN THIS SECTION.

	DATE-M/0/Y	COMPANY NAME AND MAILING OR E-MAIL ADDRESS	PHONE NUMBER	PERSON CONTACTED	TYPE OF POSITION	RESULT OF CONTACT
WEEK 1						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO
						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO
						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO
WEEK 2						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO
						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO
						APPLICATION ( ) YES SUBMITTED ( ) NO HIRED ( ) YES ( ) NO

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED AT \_\_\_\_\_  
 (DO NOT PRINT) (MM DD YY) (CITY OR COUNTY) (STATE)



VIRGINIA EMPLOYMENT COMMISSION  
P.O. BOX 27887  
Richmond, VA 23261-7887

SOCIAL SECURITY NO. LO. NO.

## MESSAGE TO CLAIMANT

YOUR WORK SEARCH CONTACTS ARE SUBJECT TO VERIFICATION. YOU MUST PROVIDE THE DATE OF THE CONTACT, THE NAME OF THE EMPLOYER CONTACTED, THE NAME OF THE PERSON CONTACTED, THE COMPLETE MAILING ADDRESS, THE EMPLOYER TELEPHONE NUMBER, METHOD OF CONTACT AND RESULT OF CONTACT. IF YOU APPLY BY WEB, E-MAIL OR FAX, YOU MUST PROVIDE THE WEB ADDRESS, E-MAIL ADDRESS OR FAX NUMBER.

## INSTRUCTIONS FOR FILING MAIL CLAIMS

1. You must use black or dark ink when completing this form.
2. Mark YES/NO boxes like this:
3. Show any change of address on the reverse side of this form.
4. Complete, sign, date and mail this claim form immediately after the last week ending date claimed.
5. YOUR PAYMENT WILL BE DELAYED IF YOUR CLAIM FORM IS INCOMPLETE OR INCORRECTLY PREPARED.  
- Check your claim form carefully. -
6. Read the "Message to Claimant" section - If there is a message to report to your local office or to call the Customer Service Center, you must respond immediately or notify us of your reason for not reporting. Failure to follow these instructions will result in a delay or denial of benefits.
7. If you are on Extended Benefits (EB) and you fail to make three (3) employer job contacts each week, you will be disqualified for benefits, until you work and earn four (4) times your weekly benefit amount. Also, you must become unemployed due to no fault of your own in order to purge the EB disqualification.
8. Your failure to accept "SUITABLE WORK" may result in a disqualification of benefits. Suitable work means any work, which is within the individual's capabilities.
9. Use plain paper for additional information. Note your name and social security number on the paper along with the additional information.

**You must actively look for work each week you claim benefits. You must keep a record of your contacts for employment and you must list these contacts in the space provided on your claim form. Additional contacts should be submitted on a separate sheet of paper (see item 9 above).**