



COMMONWEALTH OF VIRGINIA  
Virginia Employment Commission  
P.O. Box 1358  
Richmond, Virginia 23218

RE: XXX-XX-XXXX

MAIL DATE:

We recently received a report of hire/rehire from  
which lists your hire date as .

You have claimed one or more weeks of unemployment insurance benefits since this reported date of hire and there is no record that you reported any earnings. If you earned any wages during any week(s) for which you were paid unemployment, even if you have not yet received a paycheck from your employer, you may have received more unemployment benefits than you were entitled and may be required to repay.

Please answer the questions on the back of this letter and return it in the envelope provided by 06-10-2012. This information is needed to determine whether or not an issue has resulted on your claim. Your failure to respond to this request by the specified date will result in a decision based on the information available. You will be notified of any overpayment of benefits.

Failure to return this questionnaire may result in a delay or denial of benefits.

  
R.J. BRYANT, Supervisor  
Benefit Payment Control

# VIRGINIA EMPLOYMENT COMMISSION

## Claimant's Statement Concerning Report Of New Hire

1. Did you work for the employer listed on the front of this form? Yes\_\_\_ No\_\_\_  
 If Yes, Gross Hourly Rate \_\_\_\_\_  
 If No, did you refuse any offer of work for the employer listed? Yes\_\_\_ No\_\_\_  
 If Yes, explain: \_\_\_\_\_

2. If you worked for the employer, are you still employed? Yes\_\_\_ No\_\_\_  
 If No, provide reason for your separation: \_\_\_\_\_

3. Please provide the hours you worked each day for the weeks listed below. Earnings are to be reported in the week you actually worked. A reportable week begins on Sunday and ends on Saturday. If the hours listed were for an employer other than the one shown on this letter, please provide the company name in the column provided.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Month	Company Name
Date									
Hours									
Date									
Hours									
Date									
Hours									
Date									
Hours									
Date									
Hours									

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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

RETURN ADDRESS:

VIRGINIA EMPLOYMENT COMMISSION