

Virginia Employment Commission Notice of Claims Filed During Labor Dispute	1. Local Office	2. Local Office Number
3. Date Prepared		

4. Name and Address of Employer

5. Social Security Number	6. Name and Address of Claimant	7. Occupational Title	8. Effective Date of Claim	9. Weeks Claimed Month, Day, & Year <small>(Identify "WP" if claimed during dispute)</small>	10. Name of Union <small>(Use Abbreviation)</small>