## WEEKLY CLAIM FORM FOR UNEMPLOYMENT INSURANCE DESK CERTIFICATION

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C.C. No	_BYE			
NAME:			If you were not available for work, not able to work, did no look for work, or refused a job during this week, <b>do not ma</b>	
COMPLETE THE FOLLOWING FOR THE WEEK THAT BEGAN AND ENDED			this form. Take it to the career center where you filed your	
Did you work or earn wages?	Yes No		Read this statement before signing and dating:	
ve employer's name I certify that and total amount earned actively see Caution: Wages must be reported when they are earned, not hen they are paid.)  Yes No I certify that actively see All information of my know penalties for			actively seeking work and did not refuse any work offere	
Are you still working?   If no, check reason below:     Job Ended	ũ			
Other			Claimant's Signature Date	
Social S	Security Number	WED	DOL-421 (R-11/0	
	WEEKLY CLAI		UNEMPLOYMENT INSURANCE	
C.C. No	_BYE			
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	MPLETE THE FOLLOWING FOR THE WEEK THAT GAN AND ENDED		this form. Take it to the career center where you filed your claim.	
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give employer's name and total amount earned (Caution: Wages must be rewhen they are paid.)  Yes  Are you still working?			actively seeking work and did not refuse any work offere	
Job Ended 🔲 Other 🔲			Claimant's Signature Date	
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If yes, give employer's name and total amount earned (Caution: Wages must be repeated they are paid.)  Yes Are you still working?  If no, check reason below: Job Ended □			I certify that during this week I was able, available ar actively seeking work and did not refuse any work offere All information I have shown on this form is true to the be of my knowledge and belief. I understand the law provide penalties for making false statements on this form.	
Other			Claimant's Signature Date	
Social S	Security Number	WED	DOL-421 (R-11/0	