

**WEEKLY CLAIM FORM FOR UNEMPLOYMENT INSURANCE
DESK CERTIFICATION**

C.C. No. _____ BYE _____

NAME: _____

COMPLETE THE FOLLOWING FOR THE WEEK THAT
BEGAN _____ AND ENDED _____

Did you work or earn wages? Yes No

If yes,
give employer's name _____
and total amount earned _____
(Caution: Wages must be reported when they are earned, not
when they are paid.)

Are you still working? Yes No

If no, check reason below:
Job Ended
Other

Social Security Number _____
WED

If you were not available for work, not able to work, did not look for work, or refused a job during this week, **do not mail this form**. Take it to the career center where you filed your claim.

Read this statement before signing and dating:

I certify that during this week I was able, available and actively seeking work and did not refuse any work offered. All information I have shown on this form is true to the best of my knowledge and belief. I understand the law provides penalties for making false statements on this form.

Claimant's Signature

Date

DOL-421 (R-11/02)

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