

**WEEKLY REQUEST FOR PAYMENT
GEORGIA DEPARTMENT OF LABOR**

Claimant Name: _____

Claimant ID: ***-**-_____

Mailing Address: _____

Week Claimed: _____

Issue Date: _____

DO NOT MAIL UNTIL AFTER: _____

1. Did you work during the week, including self-employment? Yes No

If YES, complete the following:

Name of Employer: _____

If self-employed, describe the type of business and indicate the full business name:

Date(s) worked: _____

Number of hours worked: _____

Gross earnings paid: \$ _____

Reason for separation: Job ended Discharged Quit Still working

Other: _____

2. Did or will you receive vacation or holiday pay for the week? Yes No

If YES, amount of payment: \$ _____

Type of payment: _____

3. Were you physically able to work during the week? Yes No

If NO, explain: _____

4. Were you available for work during the week? Yes No

If NO, explain: _____

5. Did you complete any work search activities during the week? Yes No

If NO, explain: _____

6. Were you offered any jobs or referrals this week? Yes No

Did you refuse any job offers or referrals during the week? Yes No

If YES, explain: _____

7. Did you end a job or have a change in employment status during the week? Yes No

If yes, Employer Name: _____

Reason for separation: Job ended Discharged Quit Still working

Other: _____

IMPORTANT

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: _____

