

PARTIAL CLAIM FORM - GEORGIA DEPARTMENT OF LABOR

DO NOT USE THIS FORM UNLESS employee is a full-time employee, the unemployment was caused by a lack of work only with the claimant working all hours available. ALSO claimant has all wages reported to Georgia, with no out of state, federal or military employment in the last 18 months. If these conditions are not met, the claimant must report to a career center with a DOL-408 for assistance with a claim for unemployment benefits.

FILING INSTRUCTIONS: The top portion is completed by the employer and the bottom portion is completed by the employee. If the address is a P. O. Box, residence street address must be given. The employer will mail the form to Partial Claims, P.O. Box 3433, Atlanta, GA 30302-3433 no later than three days after the end of the week for which payment is requested.

Employer Name and Complete Address

SSN _____

Name _____

GA DOL Account No _____

Did the employee earn at least \$7300.00 in your employment?

Yes No If NO, how much? _____

PAYROLL WEEK ENDING DATE	HOURS WORKED	GROSS EARNINGS

I certify that this individual worked less than full-time due to lack of work only and earned the amount indicated above.

Signature Title Telephone Number, Ext. E-mail Address

Unemployment benefits can be received by Direct Deposit or Debit Card. Individuals can enroll, update or cancel direct deposit information at www.dol.state.ga.us. If no direct deposit information exists or there has been no direct deposit activity for 90 days, benefit payments will be deposited to a Georgia UI Way2Go Debit MasterCard®, operated by the Go Program® and issued by Comerica. The debit card is valid for three years. Please call UI Debit MasterCard® at 1-888-929-2460 if your card is not received within 7 days or to report your card as lost or stolen.

EMPLOYEE IS TO COMPLETE EACH ITEM BELOW AND SIGN

- Did you work for any OTHER EMPLOYER or in SELF-EMPLOYMENT during the pay week above? Yes No
If YES, gross amount earned \$ _____
- Do you want the Department to deduct federal and/or state income taxes from your unemployment insurance payments?
FEDERAL Yes No STATE Yes No If not answered, taxes will not be deducted.
- Other name or different Social Security number you have used during the past two years. _____
- I have applied for, or am receiving, a retirement pension (other than Social Security)? Yes No
If yes, Name of Employer _____ Amount \$ _____ per _____

TYPE OR PRINT LEGIBLY EMPLOYEE'S PERSONAL MAILING ADDRESS. If P. O. Box, residence street address must be given.

MAILING ADDRESS

RESIDENCE STREET ADDRESS, IF DIFFERENT

CITY STATE ZIP CODE

COUNTY OF RESIDENCE

- Sex Male 1 Female 2
- Ethnic Hispanic/Latino Yes No
- Race White 1 Black 2 Asian 3
American Ind / Alaskan Native 4 Hawaiian / Pacific Isl 5
- Date of Birth _____
Mo DAY YEAR
- Do you have a disability? Yes No
- Are you a citizen of the United States? Yes No
If NO, attach an enlarged, legible copy of both sides of your unexpired authorization.

I claim unemployment insurance for the above week and certify that I was able and available for full-time work, that I was not working due to lack of work only. All my wages were earned in Georgia in the last 18 months. 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 Signature Date

Partial claims forms may be submitted for employees who meet the following criteria:

- Laid off due to a lack of work only
- Expect to be recalled for full-time work within 4 to 6 weeks of lay off date
- Considered to be full-time workers

DO NOT SUBMIT FORMS for employees who:

- Had employment in another state in the last 18 months
- Had employment with the federal government or active military service in the last 18 months
- Are considered to be seasonal workers
- Are on a scheduled vacation

Unemployment is paid on a weekly basis. All weekly earnings over \$50.00 are deducted dollar for dollar from the weekly entitlement of the check.

Any employer found to be abusing the purpose and intent of the partial claims program will be restricted from using the partial claims system for a period of three (3) years from the time of discovery of the violation.

Save time! Have your employees paid sooner by using the Internet or diskette filing.

Request a PIN for Internet filing by contacting the Partial Claims Unit or using the Internet at www.dol.state.ga.us. When you file on the Internet, payments are generally released the next work day.

Request the format to create a diskette using your own spreadsheet or word processing software by contacting the Partial Claims Unit. Claims filed by diskette will generally be paid no later than 2 days after diskette is received.

Georgia Department of Labor
Partial Claims Unit
P. O. Box 3433
Atlanta, GA 30302-3433
(404) 232-3050
PartialClaims@gdol.ga.gov