

Suffix:

(Office use only: To be completed by CUPP administrator)

**PLEASE PRINT OR TYPE
CHURCH UNEMPLOYMENT PAY PROGRAM**

Social Security Number:

Name (First, Initial & Last):

Resident Street Address:

City, State & Zip:

Phone Number:

Position Held:

Employer:

Contact:

Contact Street Address:

City, State & Zip:

Phone Number:

Program Brochure Received From The Employer? Yes No Approximate Date:

Number of regularly scheduled hours worked weekly during the previous 52 weeks:

In how many different calendar weeks during the previous 52 weeks did you actually perform wage earning services for the employer?

What were the combined gross wages earned by you during the weeks reported above? Do **NOT** report any payments such as vacation pay.

What was the last day that you actually performed wage-earning services for the employer?

If you received any payments such as vacation, severance, sick or holiday pay after your last day of work, please check here and provide details on the reverse side.

If you are currently eligible for or drawing disability pay, worker's compensation, state unemployment insurance, Archdiocesan pension, or any wages, give details:

Type:

Amount

(weekly)

Duration

In the past 18 months, if you have worked for any employer other than that listed above, please check the box and indicate the name and address of the employer(s) and your dates of employment on the reverse side (and on an attached additional sheet, if necessary).

Other Employer:

Contact:

Contact Street Address:

City, State & Zip:

Phone Number:

Dates of Employment

If you have refused any job offers, please provide dates and details:

Change in employment status: Quit Non-renewed Terminated Layoff Other
Reason:

Did you receive a reduction in pay? Yes No
Reason:

Previous Pay New Pay

Additional information or details may be included below (and on an attached additional sheet, if necessary):

In filing for unemployment pay benefits, I hereby certify that I am available and seeking work, with at least a comparable number of hours, that I am physically able to work in qualified employment, and that the above information is true and correct to the best of my knowledge.

Signature: Date:

Mail or fax completed form to: UC Management Service
 Program Administrator
 PO Box 44635
 Madison, WI 53744-4635
 Email: ucms@att.net

Telephone Number: (608) 273-8300
 (800) 728-4635
 Fax: (608) 273-8301
<http://www.wisconsinatholic.org/CUPP.cfm>

You cannot save data typed into this form. Please print the completed form to mail, fax, or scan your data. Please keep a copy for your records.