

\*\* PLEASE PRINT OR TYPE \*\*

**CHURCH UNEMPLOYMENT PAY PROGRAM  
BENEFIT CLAIM FORM**

\_\_\_\_\_ Social Security No.

\_\_\_\_\_ Suffix

Name \_\_\_\_\_  
(first) (initial) (last)

Employer \_\_\_\_\_

Address \_\_\_\_\_  
(street)

Contact \_\_\_\_\_

(city) (state) (zip)

Street \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

City/Zip \_\_\_\_\_

Position held \_\_\_\_\_

Program brochure received?  Yes  No  
If 'yes', approximate date: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Indicate the number of hours per week on your regular schedule during the previous 52 weeks. \_\_\_\_\_

In how many different calendar weeks during the previous 52 weeks did you actually perform some 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, for a week not reported above. \$ \_\_\_\_\_

What was the last day that you actually performed wage-earning duties 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 reverse side.

If you are currently eligible for — or drawing — disability pay, worker's compensation, state unemployment compensation, pension, retirement or social security, or any wages, give details:  
Type \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Duration \_\_\_\_\_

In the past eighteen (18) months, if you have worked for any employer other than that indicated above, please check here  and indicate the name and address of the employer(s) and your dates of employment on the reverse side.

If you have refused any job interviews or job offers, please give details: \_\_\_\_\_

Change in employment status:  Quit  Non-renewed  Terminated  Laid off  Other  
Reason \_\_\_\_\_

\_\_\_\_\_ Reduction in pay: Reason \_\_\_\_\_  
Previous pay \$ \_\_\_\_\_ New pay \$ \_\_\_\_\_

Additional information or details may be indicated on the reverse side. Check here: \_\_\_\_\_

In filing for unemployment pay benefits, I hereby certify that I am available for 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 completed form to: UC Management Services  
Program Administrator  
P.O. Box 44635

Telephone numbers:  
(608) 273-8300