## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Unemployment Insurance Program

## **RECORD OF EMPLOYMENT**

Complete **Sections I and III** if the claimant is providing information to requalify on a voluntary quit, discharge or refusal of work qualifications.

Complete Sections II and III if the claimant is providing information to requalify on an Extended Benefit disqualification.

SECTION I							
EMPLOYER NAME AND ADDRESS		DATES WORKED		WAGES PAID BEFORE DEDUCTIONS		VERIF.	SOURCE DOCUMENT(S
SECTION II							
EMPLOYER NAME AND ADDRESS		DATES WORKED		В	GES PAID EFORE UCTIONS	VERIF.	SOURCE DOCUMENT(S
SECTION III							
C2 C4							
Social Security Number Claimant Name							
ssue Code	Issue ID (C2)						
Deputy ID	Issue Status						
Resolution Count			Untimely 1st Affected BW				≣
REDET Reason (C2) 4	Disqualification End						
Statement 1	ent 2 ER Charge Statement N/A C5						
NEEDED TO REQUALIFY			TOTAL VERIFIED				REQUALIFIED
Amount \$	Weeks		Amoun \$	t	Weeks		Yes No
Deputy's Name				Dat	e		
Reimbursement Employer? Yes No If yes, send UB-083 #54 I							#

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.