

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	WAGES PAID BEFORE DEDUCTIONS	VERIF.	SOURCE DOCUMENT(S)

SECTION III

C2 C4

Social Security Number _____ Claimant Name _____

Issue Code _____ Issue ID (C2) _____

Deputy ID _____ PGM _____ Issue Status _____

Resolution _____ Count _____ Untimely _____ 1st Affected BWE _____

REDET Reason (C2) **4** Disqualification Start _____ Disqualification End _____

Statement 1 _____ Statement 2 _____ ER Charge Statement **N/A** C5 _____

NEEDED TO REQUALIFY		TOTAL VERIFIED		REQUALIFIED	
Amount	Weeks	Amount	Weeks	Yes	No
\$		\$			

Deputy's Name _____ Date _____

Reimbursement Employer? **Yes** **No** **If yes, send UB-083 #54** **ER#** _____