

### LABOR DISPUTE INFORMATION

Print or Type

Name (*Last, First, M.I.*): \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Address (*No., Street, City, State, ZIP*): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address of Last Job Site (*No., Street, City, State, ZIP*): \_\_\_\_\_

Last Day and Date Worked Day: \_\_\_\_\_ Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Number: \_\_\_\_\_ Badge Employee Payroll Union Local Number: \_\_\_\_\_

Reason for Unemployment: On Strike Honoring Picket Line Laid-Off

Designated Representative: My Union Myself Other: \_\_\_\_\_

**IN ALL MATTERS PERTAINING TO THIS UNEMPLOYMENT INSURANCE CLAIM**

Name (*Last, First, M.I.*): \_\_\_\_\_

Address (*No., Street, City, State, ZIP*): \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY LOCAL OFFICE DEPUTY**

Liable State: \_\_\_\_\_ Deputy's Name: \_\_\_\_\_

Deputy's Number: \_\_\_\_\_ Local Office No.: \_\_\_\_\_

**TO BE COMPLETED BY LOCAL DISPUTE DEPUTY**

BYE: \_\_\_\_\_ UB-110 Received: Yes No

LD Beginning Date: \_\_\_\_\_ LD Ending Date: \_\_\_\_\_ A-9 (*Date & Initial*): \_\_\_\_\_