



MAIL COMPLETED FORM TO: NHES, 426 Union Avenue, Suite 3 Laconia, NH 03246

Check (✓) if this is a new mailing address

Name _____

Address _____

City _____ State _____ ZIP _____

SS# - -

FOR THE CALENDAR WEEK ENDING ON SATURDAY: _____ / _____ / _____

(Check One ✓)
YES NO

1. Were you *available* for work? *(Being available for work means you could start new work or, if on temporary layoff, could return to work for your employer if/when asked.)*

2. Were you physically and mentally *able* to work?

3.
 - a. Did you refuse work or a referral to work?
 - b. Did you quit employment?
 - c. Were you discharged (fired) from employment?

4. Did you receive, or will you receive, holiday pay for a holiday that occurred during the week claimed?
 - a. If YES, please provide the total gross amount of the holiday pay. *(If you do not know your gross amount of holiday pay, leave blank, but your claim will not be paid until this department receives this information.)* \$

5. Did you work or perform any services, including self-employment, during the week claimed, regardless of whether or not you have yet been paid for the work or services?
 - a. If YES, provide the number of hours worked. hrs
 - b. Provide your gross earnings (before taxes and deductions) for the week claimed. *(If you do not know your gross earnings, leave blank, but your claim will not be paid until you provide this information to this department.)* \$
 - c. Does the earnings amount you provided include the earnings from all employers you worked for during the week claimed? *(If you have not provided all earnings from all employers you worked for this week, your claim will not be paid until this department receives all information.)*

6. During the week claimed, did you receive any monies not previously reported to this department, other than wages for hours actually worked?

CERTIFICATION: *I understand the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct, and I am not claiming any benefits from any other unemployment program for the above week. I understand the law provides penalties for false statements.*

Claimant Signature*
 Date
 Telephone Number

***Your claim cannot be processed without your signature. Mail the completed form to the address above.**