

**CONTINUED CLAIM**

ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, A Guide to Benefits and Employment Services.

**COMPLETE AND MAIL THIS FORM ON**

	Begins Ends	1ST WEEK		Begins Ends	2ND WEEK	
		YES	NO		YES	NO
1. Were you too sick or injured to work? .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes</b> , enter the number of days (1 through 7) you were unable to work. ....	> <input type="text"/>	(1 - 7)	<input type="text"/>	(1 - 7)	<input type="text"/>	
2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday? .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did you look for work? .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ← IF MARKED 'X', YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE.						
4. Did you refuse any work? .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did you <b>begin</b> attending any kind of school or training? .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did you work <b>or</b> earn any money, <b>WHETHER YOU WERE PAID OR NOT?</b> .....	> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(If yes, you MUST COMPLETE items a. and b. below.)</b>						
a. Enter earnings before deductions here. ....	> \$	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>
b. Report employment or 'source' of earnings information below:						

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK				
2ND WEEK				

7. If you want federal income tax withheld for the week(s) shown above, mark this block. .... >

8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse. .... >

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

**X**  
(your signature is required)

**DETACH AND DISCARD**

**Section A / Sección A** The following are examples of how to complete your answers to the questions on the front of this form.

Los siguientes son ejemplos de como completar sus respuestas a las preguntas en el frente de este formulario.

**MARK THE CORRECT ANSWER**

EXAMPLE: IF THE ANSWER IS "YES": Yes  No   
 IF THE ANSWER IS "NO": Yes  No

**MARQUE LA RESPUESTA CORRECTA**

EJEMPLO: SI LA RESPUESTA ES "SÍ": Sí  No   
 SI LA RESPUESTA ES "NO": Sí  No

Write numbers like this:

Escriba números como estos: 0 1 2 3 4 5 6 7 8 9

(b) \$ 3 4 2 5 8

EXAMPLE: Report earnings of: (a) \$76.10 (b) \$342.58 (c) \$1050.55, like this:

EJEMPLO: Reporte ingresos de: (a) \$76.10 (b) \$342.58 (c) \$1050.55 así:

(a) \$ 7 6 1 0 (c) \$ 9 9 9 9 9

**Section B / Sección B** If the box under Question 3 on the reverse is marked "X", you must complete the table below to show your work search for the weeks being claimed. / Si el cuadrado en la pregunta #3 en el reverso está marcado con una "X", usted debe de completar la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

**WORK-SEARCH RECORD / RÉCORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO**

Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain / Resultado: Por favor Explique

**Section C / Sección C** Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)

Aviso para La Institución Educacional (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Training Institution \_\_\_\_\_

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. \_\_\_\_\_

Si Ud. está en vacaciones/días feriados del semestre escolar; escriba la fecha en que regresará a la escuela: \_\_\_\_\_

**Section D / Sección D** New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica  
 ( )

Zip Code: / Zona Postal: \_\_\_\_\_