



North Carolina Department of Commerce

Division of Employment Security

Unemployment Insurance



Claimant: _____
 Social Security Number: _ - - _____

<i>For DES Use Only</i>	
Reviewer: _____	
Date Received : _____	
Date Keyed: _____	

Instructions: This form must be received by the Division of Employment Security within (14) days of the week ending date of the week for which you are claiming benefits. It must be postmarked after midnight on Saturday, _____. Failure to return your claim within (14) days of the week ending date will require you to reopen your claim and serve a non-payable waiting period week.

The following questions apply only to the 7-day calendar week ending at 11:59 midnight on Saturday, _____	Week Ending _____				
1. Did you end a job; complete an on call or temporary job assignment during the week?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
2. During the week, did you work?					
3. If you did work, enter earnings before deductions.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>				
4. If you did work, enter total hours worked.	<input type="text"/> <input type="text"/>				
5. Did you look for work?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
6. Were you able to work?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
7. Were you available for work?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
8. Did you refuse any job offer or referrals?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
9. Did you attend school or training?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
10. Would you be willing to quit school or training or change your schedule to accept a job?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
11. Did you receive a pension or retirement?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
12. Did your retirement or pension amount change?	<table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
13. Did you receive severance, separation or vacation pay? If YES, enter gross amount in the boxes to the right.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>				

14. Did you receive holiday or bonus pay? If YES, enter gross amount in the boxes to the right.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
15. Did you apply for or begin receiving any of the following: disability pay, workers' compensation, or unemployment insurance from another government agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Claimant's Certification: I _____, certify the above answers are true and accurate to the best of my knowledge. I am aware that I may be prosecuted in a court of law for giving false statements and/or withholding information.
(Print Name)
Claimant's Signature _____ Date: _____

Please upload completed form to your Claimant Self Service Portal at des.nc.gov or

Mail or fax completed form to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.715.7642

Help us prevent UI Fraud
by responding accurately and timely
to requests for information