TIER II/TIER III

Failure to complete this entire form, including your name and social security number, will cause a delay in benefits!

Name: _____ **SSN:** _____

Please complete, sign and return this claim form after the second week-ending date. Your claim will automatically be reopened and you will not have to contact the call center. These forms must be **mailed** to:

ESD/UI
ATTN: Tier III Claim Form
500 E Third Street
Carson City NV 89713

-- DO NOT FAX IN THIS CLAIM CARD --

A payment date of these funds has not yet been determined.

Answer for each week claimed and write in the correct week ending date. Remember, you must list the dates that were indicated at DETR's website or telephone message, & they must be Saturday dates:

The first payable week is 11/14/09 During the Week(s) Ending: ___/___/09 ___/___/09

	1st week		2nd week	
	Yes	No	Yes	No
1. Were you able/available/looking for work as directed? ……	☐	☐	☐	☐
2. Did you start school or training during the week?.....	☐	☐	☐	☐
3. Did you refuse a job or a referral to a job? ……	☐	☐	☐	☐
4. Did you OR will you receive vacation pay, holiday pay, severance pay or wages-in-lieu of notice during the week claim? ……	☐	☐	☐	☐
If "Yes": Type of Payment _____ Amount $_____.00				
5. Did you work OR were you self-employed during the week claimed? …	☐	☐	☐	☐
If yes, enter the gross amount earned during each week: ……	$ _____		$ _____	

If you have performed **ANY** work since you last filed a weekly claim, you must report the following: employer's name, address & telephone number, dates of employment, and a brief explanation of why you are no longer working there. Please print.

Signature _____ **Date** _____

DID YOU SIGN YOUR CLAIM FORM?
Mail claims the Sunday after the second week-ending date!