



REDETERMINATION/AFFIDAVIT

Claimant's Name: (Last) _____ (First) _____ (Middle Initial) _____

Social Security Number: _____

Claimant's Telephone Number: _____

Regular Base Period: _____

Filing Date: _____

SECTION A.

There are missing wages/no wages, although work history shows base period/alternate base period employment.

Other (Specify): _____

SECTION B. Employer Details

Employer's Name/DBA: _____

Employer's Business Address (if different from work site) _____

(City) _____ (State) _____ (Zip Code) _____

I worked for the above Employer from: _____ (Date) to _____ (Date) as _____ (Job Title)

The job site address where I actually worked was: _____ (Address)

(City) _____ (State) _____ (Zip Code) _____

Supervisor's Name and Phone Number: _____

____ Quarter ____	____ Quarter ____	____ Quarter ____	____ Quarter ____
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CERTIFICATION

I, THE CLAIMANT, UNDERSTAND: 1) THAT PENALTIES ARE PROVIDED BY LAW FOR AN INDIVIDUAL MAKING FALSE STATEMENTS TO OBTAIN BENEFITS; 2) THAT ANY DETERMINATION BASED ON THIS AFFIDAVIT IS NOT FINAL; 3) THAT IT IS SUBJECT TO CORRECTION UPON RECEIPT OF WAGE AND SEPARATION INFORMATION FROM THE EMPLOYER FOR WHOM I WORKED; 4) THAT BENEFIT PAYMENTS MADE AS A RESULT OF SUCH DETERMINATION MAY HAVE TO BE ADJUSTED ON THE BASIS OF INFORMATION FURNISHED BY THE EMPLOYER; 5) THAT ANY AMOUNT OVERPAID MAY HAVE TO BE REPAID OR OFFSET AGAINST FUTURE BENEFITS.

I, THE CLAIMANT, SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS, TO THE BEST OF MY KNOWLEDGE OR BELIEF, ARE TRUE AND CORRECT.

Claimant's Signature

Date (mm/dd/yyyy)

Results of Investigation:

Representative's signature

Date (mm/dd/yyyy)