Unemployment Insurance Claim Application - Emergency Unemployment Compensation (EUC)

UI Claim Application - (EUC)

68-0245 (04-2011)

You may be eligible to receive Emergency Unemployment Compensation (EUC) benefits once you exhaust your regular Unemployment Insurance benefits. You must complete and return this form within 14 days to determine your eligibility. **Failure to do so could jeopardize future receipt of EUC benefits.**

Note: 1. Complete this application using **blue/black** ink pen.
2. Print legibly using all **capital letters**.
3. Fill only **one** letter in each box making sure that the letters/numbers written do not touch the edges inside the box.

Today's Date _____

(1) Social Security Number	(2) O.C. Date *(Office Use Only)*	(3) Are You	(4) Date of Birth	(5) Have you filed a claim in the last 12 months?
		☐ Female ☐ Male		☐ Yes ☐ No

(6) First Name	(7) MI

(8) Last Name Jr. etc.)

(9) County of Residence	(10) Are you a citizen or national of the United States?	(11) Your INS alien number is?
	☐ Yes ☐ No (if no, fill in your INS alien registration number in item 11)	

(12) What is your primary telephone number?	(13-16) What is your mailing Address?
( )	
(17) Iowa Employer Account Number *(Office Use Only)*	Number and Street (Please include apartment or lot number)
	City State Zip Code

(18-22) Business Name and Address of Most Recent or Current Employer	(23-24) Dates of Employment	
	Date you began work for this employer (Seniority Date)	
Name of business	Date you last worked for which you will be paid wages	
	(25-26) Pending Pay Due You	
Street Address	Severance ☐ Yes ☐ No Vacation ☐ Yes ☐ No	
	(25-26a) Last Date you Will Be Paid	
City State Zip Code	Date that you will be paid through including all severance and/or vacation pay	

(27) Reason for Leaving Your Job	(28) Work Search/Job Attachment	(29) Business Closed
Please check only one box	*Please check only one box that best describes your situation*	*Office Use Only*
☐ 1 Layoff/Lack of work/Job Eliminated		☐ No
☐ 2 Layoff Business Permanently Closed	☐ 2 Not likely to return to your most recent employer	☐ No, Under Investigation
☐ 3 Quit	☐ 3 On Temporary/Seasonal Layoff and likely to return to your most recent employer	☐ Yes, Closed
☐ 4 Fired for Misconduct	☐ 4 Refused to bump a less senior employee	☐ Yes, In Process of Closing
☐ 5 Labor Dispute/Strike/Lockout	☐ 5 Obtain work through a Union Hiring Hall and you are a member in good standing	**(30) Immediate Release**
☐ 6 Still Working/Reduced Hours		*Office Use Only*
		☐ Yes ☐ No

(31) In The Past 18 Months Have You?	(32) Are you Paid a Pension?	(33-34) Your Normal Occupation?	(35) Resume	(36) Highest Grade Completed in School?
☐ Yes ☐ No Worked Outside Of Iowa?	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Yes ☐ No Served in the Armed Forces?		Title		Grade
☐ Yes ☐ No Worked for the federal Government?				

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711

Instructions For Completing the Unemployment Insurance EUC Claim Application

Please enter today's date in the upper right hand corner of the application.

Box 1	Enter your social security number.
Box 2	This item is for office use only.
Box 3	Enter your gender.
Box 4	Enter your date of birth.
Box 5	If you have filed a claim during the last 12 months, check the yes box. If not, check the no box.
Box 6-8	Enter your first name, your middle initial and your last name.
Box 9	Enter the county in which you live.
Box 10	Check the box that fits your citizenship status. If yes, skip to box 12. If no, go to box 11.
Box 11	Enter your INS alien number. Send a copy of your card with this form.
Box 12	Enter your primary telephone number, including the area code, or a telephone number where you can be reached during the day.
Box 13-16	Enter your mailing address.
Box 17	This item is for office use only.
Box 18-22	Enter the business name and address of your most recent or current employer.
Box 23-24	Enter the date you began working for your most recent or current employer. Enter the last date you worked for your most recent or current employer.
Box 25-26	Check the box that fits your severance or vacation pay status.
Box 25-26a	Enter the last date you will be paid for including severance/vacation pay.
Box 27	Check the box that fits your reason for leaving your job.
Box 28	Check the box that applies to your attachment to your employer.
Box 29-30	These items are for office use only.
Box 31	Check the boxes that apply to income from other sources or work outside of Iowa during the past 18 months.
Box 32	Check the box that fits your pension status.
Box 33-34	Enter your normal job occupation or title.
Box 35	Mark yes if you normally use a resume when searching for work. Mark no if you normally apply for work in person.
Box 36	Enter the highest grade you completed in school.

Once you have completed this application, you must either:

Return this form to a Workforce Development Center; or

Mail to Iowa Workforce Development - UISC, PO Box 10332, Des Moines, IA 50306-0332

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