



**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:  
NHES BAU 45 SOUTH FRUIT STREET, CONCORD NH 03301-4857**

Check (✓) if this is a new mailing address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SS#

--	--	--	--	--	--	--	--	--	--

**FOR THE CALENDAR WEEK ENDING ON SATURDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

\*1 Were you **available** for work last week? In other words, were you **available to start or return to work** for an employer, if asked?  Yes  No  
If you were not available, provide a brief description why on the line provided (*vacation, car problems, etc.*) \_\_\_\_\_

\*2 Were you physically and mentally **able** to work without any restrictions last week?  Yes  No  
If you were not able, provide a brief description why on the line provided (*illness, hospitalization, etc.*) \_\_\_\_\_

\*3 Last week, did you **start school or a new training program**?  Yes  No

\*4 Do you file a **Workers Compensation Claim** due to a work-related injury last week?  Yes  No

\*5 Did you file for **Social Security benefits** last week?  Yes  No  
(These include **Social Security Retirement** and **Social Security Disability** benefits)

Last week, **did you work or perform services**?  Yes  No  
(This includes starting a new job, working part-time employment, or working for yourself, **regardless of whether you have received payment**)

\*7 For last week, did you receive, or will you receive, any **wage replacement pay, and/or holiday pay** from any employer?  Yes  No

\*8 Last week, did you receive **any monies not previously reported** to this department, other than wages for hours actually worked?  Yes  No

\*9 Did you **refuse any work** last week?  Yes  No  
If you refused work, provide a brief description why on the line provided (*hours, wage, family obligations, too far, etc.*) \_\_\_\_\_

\*10 Did you **fail** to follow up on a **job referral** from NH Employment Security last week?  Yes  No  
If you did not follow up on a job referral, provide a brief description why on the line provided (*forgot to investigate, did not want to investigate, etc.*) \_\_\_\_\_

**Which of the following apply to your effort to search for work during the week claimed?**

- I looked for work.
- I did not search for work because I returned to work for my previous employer.  
Employer Name: \_\_\_\_\_ Return to work date: \_\_\_\_\_
- I did not search for work because I was hired by a new employer.  
Employer Name: \_\_\_\_\_ Employment start date: \_\_\_\_\_
- I did not search for work.

DATE MO / DA / YR	EMPLOYER CONTACTED	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS
	NAME: _____ ADDRESS: _____ PHONE: _____			
	NAME: _____ ADDRESS: _____ PHONE: _____			
	NAME: _____ ADDRESS: _____ PHONE: _____			
	NAME: _____ ADDRESS: _____ PHONE: _____			
	NAME: _____ ADDRESS: _____ PHONE: _____			

CERTIFICATION: *I understand that the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct. I certify that I am not claiming or receiving benefits from any other unemployment program for the above week. I certify that I have not previously provided false information or failed to disclose information, about employment history, employment status, earnings, availability for work, or other matters concerning my eligibility for benefits. I understand the law provides penalties for false statements.*

\_\_\_\_\_

**Claimant Signature\***

**Date**

**Telephone Number**

**\*Your claim cannot be processed without your signature. Mail the completed form to this department using the address on the front of this document**

NHES IS A PROUD MEMBER OF AMERICA'S WORKFORCE NETWORK AND NH WORKS.  
NHES IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.  
AUXILIARY AIDES AND SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES. TDD/TTY ACCESS: RELAY NH 1-800-735-2964