**New Hampshire Employment Security**

CONTINUED CLAIM FORM

**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:**

**NHES BAU 45 South Fruit Street, Concord NH 03301-4857**

|  |  |  |
| --- | --- | --- |
|  | SS# |  Check () if this is a new mailing address |
| Name |  |
|  |  |  |  |  |  |
| Address |  |  |  | - |  |  | - |
|  |
| City State ZIP |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***FOR THE CALENDAR WEEK ENDING ON SATURDAY:*** |  | / |  | / |  |  | (Check One ) |
| **YES** | **NO** |
|  |  |  |
| 1. Were you ***available*** for work during the week being claimed? *(In other words were you* ***available to start work or return to work*** *for an employer, if asked?)* |  |  |
| If you were not available, provide a brief description why in the box provided *(vacation, car problems, etc.)* | \_\_\_\_\_\_\_\_\_ |
| 2. Were you physically and mentally ***able*** to work without any restrictions during the week being claimed? |  |  |
| If you were not able, provide a brief description why in the box provided *(illness, hospitalization, etc.)* | \_\_\_\_\_\_\_\_\_ |
| 3. Did you **start school or a new training program** during the week being claimed? |  |  |
| 4. Did you file a **Workers Compensation Claim** due to a work-related injury during the week being claimed? |  |  |
| 5. Did you file for **Social Security Benefit**s during the week being claimed? *(These include Social Security Retirement and Social Security Disability Benefits)* |  |  |
| 6. Did you **work or perform any services** during the week being claimed? *(This includes starting a new job, working part-time employment or working for yourself, regardless of whether you received payment)* |  |  |
| 7. Did you receive, or will you receive, **holiday pay** for a holiday that occurred during the week being claimed? |  |  |
| 8. Did you receive **any monies not previously reported** to this department, other than wages for hours actually worked during the week being claimed? |  |  |
| 9. Did you **refuse any work** during the week being claimed? |  |  |
| If you refused work, provide a brief description of why in the box provided *(Hours, wage, family obligations, too far, etc.)* | \_\_\_\_\_\_\_\_\_ |
| 10. Did you **fail** to follow up on a **job referral** from NH Employment Security during the week being claimed? |  |  |
| If you did not follow up on a job referral, provide a brief description of why *(forgot to investigate, did not want to investigate, ect.)* | \_\_\_\_\_\_\_\_\_ |

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATEMO/DA/YR | EMPLOYER CONTACTED | METHOD OF CONTACT  | TYPE OF WORK SOUGHT | RESULTS |
|  | Name:Street:City/town: State:Phone: |  |  |  |
|  | Name:Street:City/town: State:Phone: |  |  |  |
|  | Name:Street:City/town: State:Phone: |  |  |  |
|  | Name:Street:City/town: State:Phone: |  |  |  |
|  | Name:Street:City/town: State: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***