New Hampshire Employment Security

Pathway to Work
Continued Claim Form

Last 4 digits of SS#: _____

MAIL COMPLETED FORM TO:
NH Employment Security
Operations Section
32 South Main Street
Concord, NH 03301-4857

☐ Check here if new mailing address

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

For The Calendar Week Ending

On Saturday: ____/____/____

Provide number of hours devoted to building your business, going to classes, or training for your business and/or working in your business

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Training							
Other efforts							

1. If you did not participate in all scheduled training activities and/or did not devote full-time efforts to establishing your business, explain why:

2. Provide the total gross income of your business this week: $ _____
3. Provide the amount you took as personal income from your business this week: $ _____
4. Do you have employee(s) other than yourself? Yes ☐ No ☐ If Yes, how many? _____

If yes, provide gross amount paid these employees this week. $ _____

5. Did you work any hours this week for an employer other than your self-employment? Yes ☐ No ☐

If yes, provide the name of the company: _____

Number of hours worked: _____ Gross earnings: $ _____

6. Will you receive or did you receive any other type of pay from this employer, such as holiday or vacation pay this week? Yes ☐ No ☐
7. Did you voluntarily quit this work or were you fired from this work this week? Yes ☐ No ☐

CERTIFICATION: I understand the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct, and I am not claiming any benefits from any other unemployment program for the above week. I understand the law provides penalties for false statements.

_____ ____ / ____ / ____ _____

Claimant Signature* Date Telephone Number

Your Claim cannot be processed without your signature.

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 aids and services are available upon request of individuals with disabilities.

TDD/TTY ACCESS: RELAY NH 1-800-735-2964