

**REQUEST FOR CERTIFICATION OF
UNEMPLOYMENT COMPENSATION BENEFITS DUE**

I hereby request certification of my entitlement to Unemployment Compensation from New York State for week, or weeks ending:

WEEK # 1

MO. DAY YEAR

WEEK # 2

MO. DAY YEAR

NOTE: ENTER ONLY SUNDAY DATES

CHECK HERE FOR CHANGE OF ADDRESS

Local No.

S.S.A. No.

Name

Address

.....
Claimant's Signature (To be completed by claimant)

CERTIFICATION OF BENEFITS DUE

**NEW YORK STATE DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT**

This is to certify that the claimant identified in the left hand portion hereof has certified to Unemployment Compensation for the week(s) ending indicated in the amount of:

WEEK # 1 \$ _____ WEEK # 2 \$ _____

PLEASE CHECK IF ON EXTENDED BENEFITS

Based on information available this date, the claimant is entitled to payment in the above amount(s).

L.O. No. & Date

.....
Claimant Taker's Signature

(To be completed by Local Office)