

1. Name (First) (Middle) (Last)	2. Social Security Number	3. For Payroll Week Ending (Month/Day/Year)
4. Mailing Address (No. Street or Rural Route) (City or Town) (State - Zip Code)	5. Town of Residence	6. Telephone <input type="checkbox"/> Check if Message Phone
6A. E-Mail Address:		

**Employer Information and Certification**

**INSTRUCTIONS TO EMPLOYER: THIS FORM CANNOT BE USED:**

(a) for part-time employees or homeworkers; (b) if the employee has been terminated because of a discharge or voluntary quit; (c) if there is more than one week of no work and no earnings unless the Department authorizes use for more than one week. Item 3, Payroll Week: Enter the ending date for the calendar week covered by this claim. If payroll week does not end on Saturday the claim will be adjusted to the closest Saturday when the unemployment claim is processed.

7. Gross earnings before deductions. (Earnings include salaries, commissions, and gratuities.) Report earnings and other payments separately.

Earnings	Vacation Pay	Holiday Pay
\$ <u>0</u>	\$ _____	\$ _____

8. Has the above worker separated from employment after the Payroll week indicated in item 3?  Yes  No

If answer to item 8 is "Yes," please give date of separation and reason:

- a. Date of Separation \_\_\_\_\_
- b. Reason for Separation \_\_\_\_\_

9. If claimant has not been employed over 6 consecutive work weeks, enter date of hire: \_\_\_\_\_

10. Employee did not work Full-Time because: CHECK ONE  
 Lack of Work  Other Reason (Explain) \_\_\_\_\_

**Employer's Information:**

Maine Tax I.D. Number 00-57551-00  
Name LEDGEMERE/HUDSON BUS LINES  
Address 62 GODDARD RD  
LEWISTON, ME 04240  
Date Issued \_\_\_\_\_  
By Jim Derocker Tel. # (207) 783-2033

**INSTRUCTIONS TO CLAIMANT**

- (a) If the employer's certification shows NO EARNINGS you should mail this claim to the nearest Unemployment Insurance Claim Center *within 10 days of the week claimed* unless you have returned to work during the week following that covered by the claim. In that case, this claim may be filed by mail within 10 days of commencing work.
- (b) If this claim shows earnings, it will be invalid unless *mailed within 4 weeks from the date appearing in item 3* unless you can show good cause for late filing.
- (c) Each item, 11 through 21, must be completed **otherwise this form will be returned to you to be completed**. This will mean a delay in payment to you.
- (d) COMPLETE ITEMS 23 thru 25 ONLY IF APPLICABLE
- (e) **If you wish to claim for dependent children**, you must complete all items under question 25 on the back of this form.

A Personal Identification Number (PIN) will be needed in order to access some Department of Labor services. This number identifies you as the person filing the claim. It is very important that you keep this number confidential, as you will be held responsible for any unauthorized use of your PIN to file claims for unemployment benefits. Please enter a 4-digit number **that does not begin with a Zero (0)** in this box. (PIN #)

**Claimant's Certification**

- 11. >> I attest, under penalty of perjury, that I am: <<  
 US Citizen  
 Alien lawfully admitted for permanent residence  
(Enter Alien Number A- \_\_\_\_\_)  
 Alien authorized by the Immigration and Naturalization Service to work in the U.S, please enter the following:  
Alien No. \_\_\_\_\_ or Admission No. \_\_\_\_\_  
Exp. Date of Authorized Employment \_\_\_\_\_  
(Please attach a front & back copy of your Alien Registration Form)
- 12.  Married,  Single,  Other \_\_\_\_\_
- 13. Family Responsibility:  
 Primary Wage Earner,  Secondary Wage Earner,  Live Alone
- 14. Number of People in your Family (count yourself; include spouse and children, if any) \_\_\_\_\_
- 15. Date of Birth \_\_\_\_\_  Male  Female
- 16. Number of School Years you completed \_\_\_\_\_
- 17. Were you able to work each day of the week?  Yes  No
- 18. Were you available for work each day of the week?  Yes  No
- 19. Are you receiving a retirement pension?  Yes  No  
If yes,  Employer,  U.S. Military,  U.S. Government,  Other \_\_\_\_\_
- 20. During the week claimed, did you work for any employer other than the one completing this form?  Yes  No  
If yes, give name and address of the employer(s) and gross amount(s) earned. **Gross Amount Earned**  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
(Please provide **written wage verification**, such as check stubs)
- 21. If no earnings are shown in item 7, have you returned to work?  Yes  No
- 22. **OPTIONAL - Ethnic Group:**  White  Black  Hispanic  Asian  Indian/Alaskan Native

**CERTIFICATION:** I claim benefits for the week shown on this form knowing that it is a criminal offense to make false statements to obtain benefits. I am not receiving/seeking benefits under any other State or Federal Unemployment Insurance law. I hereby certify that my answers to the questions on this form are true. If I do not have a benefit year established, this is my Request for Determination of Insured Status.

Signature \_\_\_\_\_ Date \_\_\_\_\_