

Palau WIOA Office

VERIFICATION OF PARTIAL UNEMPLOYMENT STATUS

Employer Name:

Address:

Mail Date:

Claimant's Name:

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The above claimant has filed a partial claim for unemployment benefits because of temporary reduced work hours. Please complete and return this form within five working days from the mail date above. Payments may be held or delayed pending your compliance with this form. If the form is not returned, the claimant will have to change his/her status to totally unemployed, register for other work, or make three job contacts every week. Please call the local office shown below for questions or assistance in completing this form.

- 1. Prior to the reduction in work hours, was the claimant a full-time worker? Yes \_\_\_ No \_\_\_ (If "No," stop here and return the form.)
2. Reason the claimant is not working full-time hours presently? Not enough work \_\_\_ Other \_\_\_ If other, explain:
3. Will the claimant be regularly scheduled/offered reduced hours each week? Yes \_\_\_ No \_\_\_
4. Is the employer: (a) paying for medical insurance; or (b) maintaining the claimant's sick leave or vacation credits? Yes \_\_\_ No \_\_\_ (Check "No" if the vacation credits or medical insurance is being maintained)
a) If "Yes" provide the date, if any, the employer will end medical coverage or stop maintaining the claimant's sick leave or vacation credits. (mm/dd/yy)
5. If "No" to questions 3 and 4, do you plan to call the claimant back to work soon? Yes \_\_\_ No \_\_\_
a) If "Yes", "Define Return to Work Date" \_\_\_/\_\_\_/\_\_\_; or
b) If not definite, the expected time period or number of weeks before he/she returns to work (Note: The claimant must be converted from partial to totally unemployed claim status if there is no definite or expected return to work date.)

I certify that the above information is true and correct to the best of my knowledge.

Employer/Representative Signature: \_\_\_\_\_
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_
Title: \_\_\_\_\_

Return form to:

Palau WIOA Office
P. O. Box 100
PCC Keskas Building
Koror, Palau 96940
Tel: (680) 488-2513