Mail To: MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation - SPU
47-EB State House Station
Augusta, ME 04333-0047

Fax To: (207) 287-3395

EXTENDED BENEFITS (EB) WEEKLY CLAIM FORM

Claimant's Name:_____**SSN:**_____

Office: 14-00 BYE:_____

I CLAIM BENEFITS FOR THE WEEK ENDING SATURDAY_____

1. If work were available to you:
   A. Would you have been able, without restrictions, to work full-time or attend all scheduled approved training during the week claimed? ..... YES ☐ NO ☐
   B. Would you have been available for full-time work? ..... YES ☐ NO ☐
2. Did you look for work (at least 4 different employers; all contacts cannot be on the same day)? ..... YES ☐ NO ☐
   - If "Yes," you **must complete** your work search information on the reverse side
   - If "No," explain in the Remarks section below.

   A. Did you serve on jury duty? ..... YES ☐ NO ☐
   B. Were you hospitalized for treatment of an emergency or life threatening condition? ..... YES ☐ NO ☐
   C. Are you attending training approved by the Unemployment Insurance Commission (UIC)? ..... YES ☐ NO ☐
3. Do you have a written offer of work? ..... YES ☐ NO ☐

Employer's Name	Telephone No.	Start Date

4. During the week, did you refuse an offer of work, refuse a referral to work from the CareerCenter, or miss work that was scheduled for you? If "YES," explain in the Remarks Section. ..... YES ☐ NO ☐
5. Did you work during the week claimed? ..... YES ☐ NO ☐
   A. If "Yes," Employer Name and Address:_____
   _____
   B. Dates Worked_____Gross Earnings $_____
   You must provide verification of your earnings before benefits can be paid.
   C. Are you still employed? If not, explain why in the Remarks Section below. ..... YES ☐ NO ☐
6. Did you receive any of the following: Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Terminal Pay, Severance Pay, or Bonus for the week claimed? ..... YES ☐ NO ☐
   Type Pay _____Amount $_____Date Received _____
7. During this claim week, did you begin receiving a new pension, excluding Social Security, or, if you previously reported a pension, did the amount of the pension increase? YES ☐ NO ☐
8. Are you claiming benefits for dependent children? (If "YES," complete A, B, and C below.) ..... YES ☐ NO ☐
   A. Was your spouse employed **full time** during the week claimed? ..... YES ☐ NO ☐
   B. Does your spouse contribute some support for dependents? ..... YES ☐ NO ☐
   C. Explain any changes in number of dependents claimed in Remarks.
9. Has your address/telephone number changed? Please enter new information here:_____
   _____

Remarks:

Claimant Certification: I am not seeking unemployment benefits or allowances under Railroad, Canadian, or other Federal or State laws. I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim.

Claimant's Signature	Date

CONTINUED ON REVERSE SIDE > > > > > > >

WORK SEARCH (Please Print Clearly)

REQUIRED: At least 4 different employers on at least 2 different days during the week ending date listed on the front of this form

IMPORTANT: Please read the enclosed information regarding "Work Search" and "Suitable Work Requirements"

Contact 1:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____

Contact 2:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____

Contact 3:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____

Contact 4:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____

Contact 5:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In-Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____

Contact 6:

Date of Contact_____

Employer's Name_____

Employer's Address_____

Name & Title of Person Contacted_____

_____

Type of Work Sought?_____

How was Job Contact Made?

☐ In Person

☐ Phone – Phone Number Called_____

☐ Fax – Fax Number Used_____

☐ On-Line – Web Address_____

☐ Result of Job Contact_____

☐ Was Application Accepted?_____