Arkansas Department of Workforce Services

YOUR UNEMPLOYMENT INSURANCE INFORMATION HANDBOOK

A STATEMENT OF YOUR RIGHTS AND RESPONSIBILITIES

DWS-ARK-500 (Rev. 09-15)

FRAUD: To willfully withhold information or deliberately give the wrong information is a crime and is punishable by law, which could include a fine and/or imprisonment. Pages 15-16

EARNINGS: Be sure to report your gross earnings during the week that you earn the wages regardless of when they are paid. Pages 11-16 & 29-35

SCHOOLING: If you are attending Approved training, make sure a school official signs the schooling certification in your Handbook each week. If you drop out of school, you must contact your local office immediately. Pages 7-9 & 42-47

WORK SEARCH: You must make your assigned work search contacts each week. If you have to report the contacts, be sure to list them in your Handbook. Pages 7-17 & 36-39
Required Number of Job Contacts _____

YOU SHOULD KEEP THIS HANDBOOK FOR 2 YEARS FROM THE DATE YOU FILED YOUR CLAIM.

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INTRODUCTION

This handbook provides information concerning your rights and responsibilities while filing for unemployment insurance benefits. The explanations included are intended only to help you understand the Benefits Provisions of the Department of Workforce Services Law and Policies and do not have the effect of Law.

Do not rely on advice from friends or relatives. If you do not understand something or have a problem with your claim that does not appear to be covered in this handbook, contact your Department of Workforce Services Local Office. A List of Local Offices is provided on page 4 for your convenience. You can also receive general information about unemployment insurance by calling **ArkLine**, our interactive voice response line. *(See page 15)* or accessing **ArkNet** @ www.arknet.arkansas.gov.

Unemployment insurance is not a welfare program. It is an insurance program. Unemployment insurance is temporary income to help workers who are unemployed through no fault of their own.

Unemployment insurance is taxable income and must be reported on your federal income tax return. The option to withhold taxes is offered. If you choose to have income tax withheld, federal income tax will be withheld at 10 percent. You will be permitted to change your withholding status one time during your benefit year, should you desire. In late January of each year, the Department will send you an IRS Form 1099-G which states the amount of benefits paid to you during the previous year. It is your responsibility to inform the Department of any address changes to ensure that the 1099-G is mailed to your correct address.

Due to the Privacy Act, we cannot discuss your claim with anyone other than you. (This includes your wife/husband, mother, or father.) Whenever you respond to this office, or any part of the department, please include your full name and Social Security Number.

IMPORTANT NOTICE

This handbook is provided to you and is available in electronic format via Internet @ www.dws.arkansas.gov/ARClaimHelp/ArkNet.htm for two reasons:

1. It contains vital information regarding your claim for Unemployment Benefits. You will be held responsible for reading this handbook and maintaining your claim as directed.

2. It will serve as a place for you to record certain information that you may be required to submit at a later date. You should keep this handbook for 2 years from the date you filed your claim.

It is very important that you read and remember this information. Be sure to ask questions if you do not understand any part of this material. Since you will use this handbook during the entire time you claim benefits, KEEP IT IN A SAFE PLACE.

Your claim will be processed as quickly as possible and we will help you find new employment, or give any other services our office provides.

LOCAL OFFICES

CITY ADDRESS	TELEPHONE
Arkadelphia, 502 S. 6th St. – P.O. Box 620, 71923	870 - 246 - 2481
Batesville, 396 Barnette Dr. – P.O. Box 2296, 72503	870 - 793 - 4156
Benton, 400 Edison Avenue – P.O. Box 2470, 72018	501 - 776 - 2974
Blytheville, 2825 S. Division – P.O. Box 1409, 72316	870 - 762 - 2035
Camden, 237 Jackson Street SW – P.O. Box 717, 71711	870 - 836 - 5024
Conway, 1500 No. Museum Rd., #111 – P.O. Box 189, 72033	501 - 730 - 9894
El Dorado, 523 East Sixth St. – P.O. Box 2038, 71731	870 - 862 - 6456
Fayetteville, 2143 West Martin Luther King Blvd. – P.O. Box 1205, 72702	479 - 521 - 5730
Forrest City, 300 Eldridge Road, Ste. 2 – P.O. Box 1059, 72336	870 - 633 - 2900
Fort Smith 616 Garrison Ave., Rm 101 – P.O. Box 1987, 72902	479 - 783 - 0231
Harrison, 818 N. Hwy. 62-65 – P.O. Box 280, 72602	870 - 741 - 8236
Helena, 819 Newman Drive – P.O. Box 279, 72342	870 - 338 - 7415
Hope, 205 Smith Road, Suite A, 71801	870 - 777 - 3421
Hot Springs, 2254 Albert Pike Suite A – P.O. Box 2278, 71914	501 - 525 - 3450
Jacksonville, #2 Crestview Plaza – P.O. Box 39, 72078	501 - 982 - 3835
Jonesboro, 2311 East Nettleton Ave – P.O. Box 16127, 72403	870 - 935 - 5594
Little Rock, 5401 South University – P.O. 4970, 72214	501 - 682 - 8030
Magnolia, 203 N. Fredrick St. – P.O. Box 369, 71754	870 - 234 - 3440
Malvern, 1735 E. Sullenberger St. – P.O. Box 788, 72104	501 - 332 - 5461
Mena, Northside Shpg Ctr., 601 C. Hwy. 71 N. – P.O. Box 230, 71953	479 - 394 - 3060
Monticello, 477 S. Main St. – P.O. Box 30, 71657	870 - 367 - 2476
Mtn. Home, 1058 Highland Circle #20 – P.O. Box 1945, 72654	870 - 425 - 2386
Newport, 7648 Victory Blvd, Ste. B, 72112	870 - 523 - 3641
Paragould, 1015 Linwood Dr Ste #4 – P.O. Box 336, 72451	870 - 236 - 8512
Pine Bluff, 1001 S. Tennessee St. – P.O. Box 8308, 71611	870 - 534 - 1920
Rogers, 100 N Dixieland Road – P.O. Box 99, 72757	479 - 636 - 4755
Russellville, 104 S. Rochester St. – P.O. Box 727, 72811	479 - 968 - 2784
Searcy, 501 W. Arch Ave. – P.O. Box 248, 72145	501 - 268 - 8601
Texarkana, TX, 1702 Hampton Road – 75503	870 - 216 - 4011
West Memphis, MSCC 2003 W. Broadway – P.O. Box 1928, 72303	870 - 400 - 2269

Department of Workforce Services Interstate Office ..... 501 - 683 - 2760

WHAT IS UNEMPLOYMENT INSURANCE?

Unemployment Insurance provides a protection against a loss of income during periods when you are involuntarily unemployed. Generally, employers having one or more workers in Arkansas are covered by this Law. Benefits are paid from a tax on the payrolls of Arkansas employers. Deductions are **not** made from your pay for any part of this tax.

HOW MUCH CAN I DRAW?

Benefits are not based on financial need, but on how much your employer paid you during a 12-month period referred to as a **Base Period.** The more money you earned during this base period the greater your Weekly Benefit Amount (WBA) will be, until you reach the maximum weekly benefit amount payable.

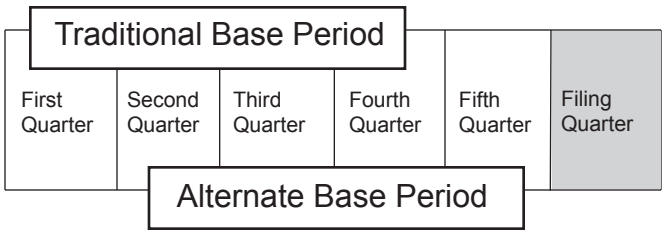
The Traditional Base Period is the first 4 of the last 5 completed calendar quarters prior to the quarter you file your initial claim for benefits.

In other words, if you file your initial claim in one of the months shown in the area shaded:

OCT NOV DEC	JAN FEB MAR	APR MAY JUN	JUL AUG SEP	←	JAN FEB MAR		
	JAN FEB MAR	APR MAY JUN	JUL AUG SEP	OCT NOV DEC	←	APR MAY JUN	
		APR MAY JUN	JUL AUG SEP	OCT NOV DEC	JAN FEB MAR	←	JUL AUG SEP
			JUL AUG SEP	OCT NOV DEC	JAN FEB MAR	APR MAY JUN	←	OCT NOV DEC

Your Base Period will be the 12 months (or 4 quarters) to the left of the arrows.

The Alternate Base Period is the four completed calendar quarter *immediately preceding* the quarter in which the initial claim is filed.



The Alternate Base Period was designed to assist low-wage or part-time workers to establish claims who would not otherwise be able to establish claims using our traditional base period. It is also designed to help those claimants who may have been unemployed for a longer period and recently (within the last two quarters) returned to work but are now unemployed.

So if you file your initial claim and cannot establish a Traditional Base Period claim, but have earnings in the fifth quarter immediately preceding the quarter you filed in, you may be eligible for an Alternate Base Period claim.

You cannot increase your Weekly Benefit Amount (WBA) by returning to work. The WBA is determined on earnings prior to filing your initial claim and does not change during the life of the claim, or **Benefit Year.** The Benefit Year is the 12-month period beginning with the first day of the calendar quarter in which a valid claim is filed. If you are paid all of your benefits before your Benefit Year ends, you cannot file another new claim until your benefit year ends. For example, if you filed a claim in the first quarter of the year (January, February, or March) your Benefit Year will begin on January 1, and end on December 31.

A **Valid Waiting Period Week** must be served in each Benefit Year before benefits can be paid to you. The waiting period cannot be served before you establish a valid benefit year and you must also file a claim for the week and meet all Eligibility Requirements and not have excessive earnings in order to receive credit for your waiting period. You will not be paid for the Valid Waiting Period Week.

WHAT IS MY MONETARY DETERMINATION?

When you file an Initial Claim, you will receive a form in the mail that is called a **Notice of Monetary Determination.** Examine this form carefully. It shows the wages that have been reported by your employers during all of the quarters of your Base Period. Be sure it includes all employers for whom you worked and all wages paid during the quarters shown. If an employer is missing, if any wages do not belong to you, or if the wages have not been reported correctly, you should immediately contact your local office to file a **Request For Reconsideration.** This request may be filed in person at any DWS local office, or by mailing a signed letter indicating the reason you are requesting a reconsideration. You must file this request within one year of the **Determination date** shown on the Monetary Determination. *(See page 27 for an example of this form.)*

To qualify you must have covered wages (wages on which your employer has paid UI tax) in at least 2 quarters of your base period; and your total Base Period wages must equal not less than 35 times the Weekly Benefit Amount (WBA).

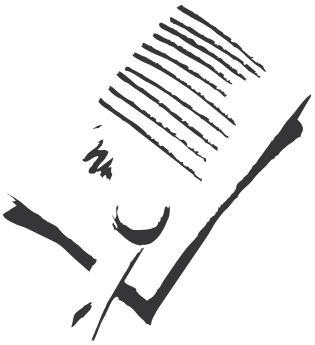
If your old claim expires, and you want to file for a new claim, in addition to the above requirements, you must also have Requalifying Work; covered work equal to 8 times your new Weekly Benefit Amount earned since the date you initially filed the old claim.

WHAT IF I HAVE MILITARY OR A FEDERAL EMPLOYER?

If you have federal or military wages in your Base Period, they will not be included on the first Notice of Monetary Determination you receive. These wages must be requested by the local DWS office from appropriate sources. You will be asked to provide proof of these wages and employment. If you are an ex-service person, you need to bring your DD-214, Member-4 *(covering military service during the 18 months prior to filing your initial claim)* and your Social Security Card when you report to the local office to file your claim.

If you are a federal civilian worker, you must present Form SF-8 to the local office when filing a claim. A record of the Federal wages will be requested and your Benefit Rights will be determined in the same manner as any other workers covered by Department of Workforce Services Law.

Being monetarily eligible does not automatically mean you will receive benefits.



WHAT ARE THE DIFFERENT TYPES OF CLAIMS?

When you file a new claim for Unemployment Insurance (UI), it is called an **Initial Claim.** This claim establishes a Benefit Year and generates a Notice of Monetary Determination.

If there is a break in claiming of one or more weeks and you had intervening employment since the filing of the Initial claim, you may file and Additional Claim if you wish to start claiming again. If you had no intervening work, you would file a **Reopened Claim.**

A **Continued Claim** is the request you will submit for a waiting period credit or weekly benefit payments.

WHAT ARE THE TYPES OF UNEMPLOYMENT?

You could be either totally unemployed or partially unemployed. **Totally unemployed** means that you are not working at all. You are considered to be **partially unemployed** if you are working less than full time *(40 hours)*, and your wages are less than 140% of your Weekly Benefit Amount. However, an individual who is on leave approved by an employer under the protection of the Family and Medical Leave Act (FMLA) is not considered to be unemployed.

WHAT ARE THE WEEKLY ELIGIBILITY REQUIREMENTS?

Certain conditions must be met each week in order for you to receive benefits. To be eligible you must be:

Unemployed *(either total or partial)*

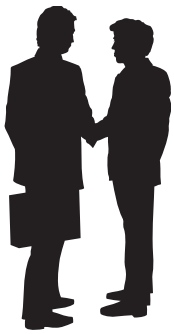
Able to Work: You must be mentally and physically able to perform suitable work *(similar to the work you have done in the past, or for other work for which you are fitted by experience and training to perform, and could reasonably expect to obtain.)*

Available for Work: You must be ready to report for work at once. There should be no circumstances, personal or otherwise, which would keep you from accepting suitable work. You should have transportation, made any family care arrangements necessary, and be properly dressed for the type of work you are seeking. If working part-time or reduced hours you must be able and available to work all the hours scheduled by the employer.

Remember!
Any situation that may affect your availability for work must be reported. Contact your local DWS office if you are:

- ✓ Self-employed, or beginning a new business.
- ✓ Working on a commission basis.
- ✓ Working on a contract basis.
- ✓ Attending school or training course.

Actively Seeking Work: You must be making a reasonable effort to find suitable work. This means making personal efforts to secure work by contacting persons with hiring authority, union local, etc., or doing those things reasonable for you to do in order to find employment as soon as possible.



You must also register with DWS Employment Services. You will be required to contact a specific number of employers each week. The number of contacts assigned to you should be entered on the inside cover of this handbook. If you have not been advised of the minimum number of contacts to make each week and it is not listed on the inside cover, contact your local office for work search instructions. If you file an application for unemployment benefits by computer, the required number of contacts will be shown on your confirmation page. If you receive notice to start recording your contacts and have either lost or did not receive a handbook, report to your local office to request one.

Unless you are exempt from the work search requirements, you will be required to report your job contacts beginning with the 13th or 19th week of unemployment compensation. A notice will be issued to you alerting you when it is time to begin recording your contacts. (The 13th week or 19th are assigned depending on the area where you live or work.) You will need to refer to the section at the back of this handbook entitled **Notice of Work Search Requirements** for complete instructions on the work search requirements.

You will be required to begin recording your job contacts as indicated on the Job Contacts Log located in the back of the handbook. This can be printed from the electronic version. If you are a union member, you may have chosen to allow your union hiring hall representative to make your job contacts for you. When you receive your notice to begin recording your work search, refer to the **Work Search**

Requirements for Union Members (Part B), also located in the back of this handbook. You must notify your union representative to begin keeping appropriate documentation of the weekly job contacts they make on your behalf.

Remember!
Failure to make the required work search contacts in any week may result in an ineligibility for benefits. Your work search activity is subject to audit by the DWS Benefit Accuracy Measurement (BAM) program as well as the DWS Benefit Payment Control (BPC) unit at any time during the life of your claim.

ARE THERE ANY EXCEPTIONS TO THE WORK SEARCH REQUIREMENTS?

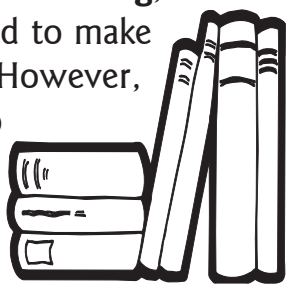
You may be exempt from work search requirements under the following conditions:

- ✓ If your work hours with your last employer have been reduced from full time to part time and you work at least 8 hours for this employer during the week.
- ✓ If a new employer offers you a full time job that will begin within 10 weeks from the date the job was promised, and you provide a written statement to DWS from the employer that states the job offer and the date the job will start.

  Remember!
  Until this written statement is provided, **you will have to make work search contacts.**
- ✓ If you are on layoff or your work hours have been reduced from full time to part time, and you will be returning to full time work within 10 weeks after your last week of full time employment, you may also be exempt from making weekly job contacts for that period of time.
- ✓ If you are currently a member in good standing of a trade union that maintains a full time hiring hall, you may be allowed to have your union hiring official act as your agent in helping you meet the work search requirements. Check with your local office to see if you qualify.
- ✓ When there is a death of an immediate family member (spouse, child, parent, brother, sister, grandchild, or grandparent), the requirement to seek work will be waived for the day of the death and 6 consecutive calendar days thereafter.
- ✓ If you are attending approved training.
- ✓ If you have received a lawful summons to appear for jury duty.
- ✓ If you are required to withdraw from the labor market for less than 4 days of the week because of a compelling personal emergency.

WHAT IF I AM IN APPROVED TRAINING?

If you are in **Approved Training**, you will not be expected to make weekly job contacts. However, you will be required to have a representative at your training institution complete and sign a form each week that you claim for unemployment benefits. The approved training forms are provided in the back of this booklet *(See page 40)*. If you discontinue or change the course/program on which the approval was issued, you must contact your local office immediately. The work search exception is not in affect during a school break or recess unless you supply certification from the school that you will continue the training the next school period or term, meet their attendance policy, and are making satisfactory progress. If you are attending school or plan on attending school and want more information concerning Approved Training or its requirements, contact your local DWS office.



HOW DO I KNOW IF I AM ENTITLED TO RECEIVE BENEFITS?

Benefits can only be paid to you if you meet all state legal requirements, and you are not under a disqualification. The most common circumstances that can lead to a disqualification are:

- ✓ Quitting your job without good cause in connection with the work.
- ✓ Being fired or discharged for misconduct.
- ✓ Refusing to apply for or accept suitable work, or refusing recall after being laid off.

The circumstances of your separation from your last permanent job will be investigated by an DWS claims adjudicator. Both you and your employer will be asked to provide a statement regarding the facts. A **Notice of Agency Determination** will be issued advising you and your employer of the decision. If you are disqualified, the agency determination will explain the penalty imposed. Each section of law, such as *quit* or *discharge*, has its own penalty period.

WHAT IF I DISAGREE WITH THE DEPARTMENT'S DECISION?

If you disagree with any notice that denies benefits, you may file an appeal with the **Arkansas Appeal Tribunal.** You must continue to claim benefits each week, while you remain unemployed, in order to receive payment for those weeks if you win your appeal. Your former employer also has the right to appeal. If the employer wins the appeal and your benefits are denied, **you may have to repay the money you have already been paid**.

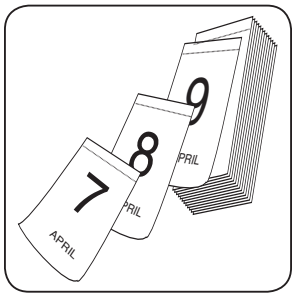
To file an appeal you may report to the nearest DWS local office to complete a form: use the appeal form found in the back of this handbook; or write directly to the **Arkansas Appeal Tribunal** at P.O. Box 8013, Little Rock, AR 72203. Your appeal must be submitted or postmarked within 20 days of the date the decision was mailed to you. If the 20th day falls on a Sunday; a Sunday before a legally recognized holiday; or on a legally recognized holiday, then the appeal will be considered timely if filed on the day after the Sunday or the holiday. All other appeals filed outside the 20 day period will not be considered unless it can be established that the appeal was filed late due to circumstances beyond the party's control. Be sure to clearly state your intent to appeal, include your correct name and address, social security number, and attach a copy of the determination being appealed. If you have filed an appeal and your address has changed, you should notify the Appeal Tribunal as soon as possible.

CAN I WORK PART TIME AND RECEIVE BENEFITS?

You may be eligible for reduced benefits for a week in which you work fewer than 40 hours and earn less than 140% of your Weekly Benefit Amount. You must report all earnings and hours of work whether you are working full time or part time.

Remember!
You must continue to look for and be available to accept work.

Important: Gross earnings *(before any deductions)* for all work performed for the week being claimed **must** be reported when filing your weekly claim for benefits. Wages are to be reported in the week earned, regardless of when you actually receive your pay from your employer. Earnings from commission sales are also reported in the week earned if the amount is known. If the amount cannot be determined at the time the week is claimed, it may be reported during the week received. If you work for more than one employer during the week, total the hours and the earnings from all employers and report these totals when claiming benefits. If you are claiming on **ArkLine**, you must also add to the gross total any vacation pay, paid time off, holiday pay, bonus pay, self-employment, and/or pay from military drill. If you are filing on **ArkNet**, you will be asked specific questions regarding pay. Deductions will be made from your Weekly Benefit Amount when your earnings are more than 40% of the Weekly Benefit Amount. For example, if your WBA is $200.00, and you earned $100.00 in part time wages in a week:



Weekly Benefit Amount $200.00
40% Earnings 40%
Maximum earnings without $80.00
deductions.

Earnings in excess of $80.00 will be deductible.

If you had ..... $100.00 earnings,
Subtract the ..... -80.00 from earnings
$20.00

The $20.00 is deductible from your Weekly Benefit Amount ($200.00).

WBA $200.00
earnings deductible ..... -20.00
Your UI check
for that week: $180.00

You will be considered fully employed and will not receive benefits for any week you work 40 or more hours, or if your gross earnings equal or exceed 140% of your Weekly Benefit Amount. If you disagree with any reduction of benefits and wish to file an appeal, contact your local office and request a written determination on which an appeal can then be filed.

WILL OTHER INCOME AFFECT MY BENEFITS?

There are other types of payments that can affect your weekly benefits. The following list includes most other types of income that have to be reported.

1. Report gross income earned by ***participating in military drill*** during the week being claimed - whether you have received payment or not.
2. Report gross ***Holiday Pay*** if you were off work for a holiday during the week being claimed – whether you have received payment or not.
3. Report gross ***Vacation Pay*** if you were off work on vacation during the week being claimed – whether you have received payment or not.
4. Report gross ***Sick Pay*** if you were off work on sick leave during the week being claimed – whether you received the sick pay or not.
5. Report ***Paid Time Off (PTO)*** if you were off work on PTO during the week being claimed – whether you have received the PTO pay or not.
6. Report gross ***Bonus Pay*** for any bonus payment actually received during week being claimed.
7. Report gross ***Lump Sum Separation Pay*** (this is the only separation pay you will receive) for any lump sum separation payment actually received during the week being claimed.
8. Report gross ***Periodic Separation Pay*** (your separation pay will be received in more than one payment) for any periodic separation pay actually received during the week being claimed. Stop reporting Periodic Separation Pay once the total amount of the periodic separation payments reported equal to eight weeks of your wages. If the payment received for the week will cause the total reported to exceed eight weeks of wages, only report the amount that will bring the total reported to equal eight weeks of wages.

If you are receiving or will receive ***Retirement Pay***, please contact your local DWS office for further instructions.

If you receive more than one of these types of payments during a week claimed, you must add the ***gross*** amounts of each payment together and report that grand total when prompted by ArkLine or ArkNet to enter the total amount of your ***gross*** earnings.

If you disagree with how the earnings are later applied to your claim, you must contact your local DWS office and ask that a determination be issued.

Failure to properly report your earnings can lead to a fraud investigation and possible criminal penalties. If you are unsure how to report your earnings, contact your local DWS office immediately.

PROCEDURE FOR FILING A CLAIM FOR UNEMPLOYMENT BENEFITS.

To activate your unemployment claim, you must first complete an "Application for Unemployment Insurance Benefits" which must be submitted through our web site at https://www.ezarc.adws.arkansas.gov. This is necessary when you are filing a new claim or re-activating an existing one. Instructions on how to file a claim through our web site are displayed on the EZARC Welcome Page. **Delays in submitting the Application for Unemployment Benefits could cause benefits not to be paid for weeks prior to the filing date of the claim**.

WHEN MUST I FILE THE APPLICATION TO ENSURE IT IS PROPERLY FILED?

The application should be submitted during the week you intend to claim unemployment benefits. The claim is activated the date the application is submitted through our EZARC claim filing system. However, in some instances you may be required to contact your Local Office before the claim will be submitted. In those instances, your claim will be activated the date you contact your Local Office. If filed late, you may request your claim be backdated (considered to have been filed in a prior week) and the Department will apply Arkansas Law to determine if backdating can be approved.

WILL I BE REQUIRED TO REPORT TO A LOCAL OFFICE AFTER FILING MY CLAIM?

There may be some circumstances in which you may still be required to report to your Local Office, although most items are handled online. Any action required on your part will be addressed on your claim's Confirmation Page where information and instructions regarding your "Application for Unemployment Benefits" are provided.

HOW DO I CLOSE OR REOPEN MY CLAIM?

Your claim becomes **inactive** when you do not claim benefits for one or more weeks. You should stop filing for benefits when you return to work full time. You may also stop filing for benefits when you do not meet eligibility requirements for such reasons as:

- ✓ You are sick or hospitalized.
- ✓ You go on vacation.
- ✓ You are incarcerated.
- ✓ You leave the country.

To reactivate your claim you must submit another application through EZARC which may be accessed through https://ezarc.adws.arkansas.gov.

Remember!
Calling in a weekly claim for benefits, filing via **ArkNet** or sending in a weekly claim form **will not** reopen a claim.

WHAT IF I AM AWAY FROM HOME OR MOVE?

If you leave the state temporarily to look for work, you can continue to file for benefits for up to 2 weeks. Your notices will continue to be mailed to your Arkansas address. If you are going to be out of state longer than 2 weeks, or if you move out of state, you must contact the nearest Unemployment Insurance office in that state to continue your claim.

If you move your residence to another area within Arkansas, you should call your local DWS office to have your address changed to your new residence. You must also go to the nearest Department of Workforce Services or Workforce Center in the area to register for work. If you have any questions about this procedure, call your nearest DWS office for information.

WHAT IS AN INTERSTATE CLAIM?

An **Interstate Claim** is a claim being paid by Arkansas even though you live in another state. To file an Interstate Claim you must first complete an "Application for Unemployment Benefits" through our web site at www.ezarc.adws.arkansas.gov. This is necessary when you are filing a new claim or re-activating an existing one. Instructions on how to file a claim through our web site are displayed on the EZARC Welcome Page. **Delays in submitting the Application for Unemployment Benefits could cause benefits not to be paid for weeks prior to the filing date of the claim.**

WHAT IF I WORKED IN MORE THAN ONE STATE?

If you have worked in more than one state during your base period, wages from any other state will not appear on the first monetary determination you receive. You may combine your wages from all states into a combined wage claim as long as you have at least one quarter of Arkansas wages in the Traditional or Alternate Base Period. Advise your local office if you have worked in another state and they will assist with combining your wages into one claim. Doing this may increase the Weekly Benefit Amount of your Arkansas claim. If you do not have any Arkansas wages to combine with, you will be advised of which states you can file in.

WHAT IS SEASONAL EMPLOYMENT?

Some employers operate only during part of the year and are designated as seasonal. If you have base period wages earned from a seasonal employer, you cannot receive benefits based on these wages except during the normal operating season of that industry. Your **Notice of Monetary Determination** will show if any of your wages are seasonal, as well as the amount and period during which these benefits may be paid. Some examples of seasonal industries are race tracks, income tax preparers, amusement parks, grain storage and cotton gins.

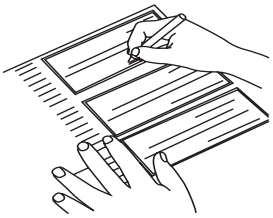
WILL MY CLAIM BE AUDITED FOR ACCURACY?

DWS conducts periodic reviews of claims to insure accurate payment of benefits. If your claim is selected for review, you will be notified and certain information will be requested. For instance, if you are required to keep a written record of your job contacts, you will be asked to produce this record for a specific week, and those employers listed will be contacted for verification. Use the **Job Contacts Log** in the back of this handbook to record your contacts. Any employers for whom you may have worked will be contacted for verification of earnings reported by you while drawing benefits.

Remember!
It is your responsibility to report all earnings correctly and maintain accurate records of your job contacts as instructed.

WHAT IF I AM OVERPAID?

Occasionally, claimants receive benefits to which they are not entitled, causing an overpayment. Some reasons for overpayments are:



- ✓ Benefits are denied due to not being available for work.
- ✓ Benefits are denied for not making an active search for work.
- ✓ Failure to report earnings correctly.
- ✓ Benefits are denied due to an appeal decision.
- ✓ Inaccurate or late reporting of a payment received, such as vacation pay, holiday pay, or bonus.

You will be notified in writing if you have been overpaid. In some circumstances, overpayments may be waived *(forgiven)*. If your overpayment is not waived you will be required to repay it, either from current benefits you are receiving, or by making arrangements for repayment. If an overpayment is not repaid, court action may be used to collect these monies. Deductions may also be made from your State Income Tax Return and Federal Income Tax Return to repay Unemployment Insurance overpayments.

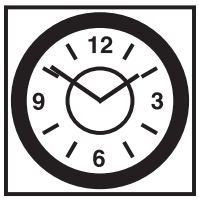
If you deliberately make a false statement or withhold information to receive benefits, you are committing **an act of fraud.** Such an act requires that serious penalties be assessed such as, but not limited to, lengthy penalty periods, reduction in benefits, overpayments, and prosecution.

In addition, you could be prosecuted, fined, and/or imprisoned for acts of fraud.

HOW DO I GET PAID?

The Department of Workforce Services provides a quick and convenient way to file your weekly claim for benefits via the Internet. **ArkNet** can be accessed by logging on to www.arknet.arkansas.gov. In addition, you may call **ArkLine** to claim your week by phone. Both methods can be used to verify when your UI benefits were added to your Debit Card or directly deposited into your bank account.

ArkLine is available Sunday 12:01am to 6:00pm and Monday through Friday 6:00am to 6:00pm, in both English and Spanish.



To file your weekly for benefits access www.arknet.arkansas.gov or call 1-501-907-2590

You may:

- obtain general information,
- get payment information,
- or file your weekly claim.

To claim weekly benefits by telephone you will need:

- ✓ Your Social Security Number.
- ✓ Your Personal Identification Number (called your PIN).
- ✓ Your total gross earnings and hours if you worked during the week you are claiming.

Remember!
A claim week for unemployment insurance purposes is a **calendar week,** beginning on Sunday and ending at midnight the following Saturday.

WHAT IS MY PIN?

Your Personal Identification Number (PIN) will be any 4-digit number you choose that will be easy for you to remember. As you select your PIN you should not use your birthday, numbers of your address or the last 4 digits of your social security number since these numbers may be known by others who might try to access your records. Do not try to use numbers in a sequence (such as 1234), or the same 4 numbers (such as 2222). The first time you call to claim weekly benefits, the system will ask for your social security number which you will key in using the numbers on your telephone key pad. You will then be asked to enter the 4 digit number you have chosen to be your PIN. Use this number each time you call to claim weekly benefits, or to inquire about your claim. Do not give your PIN to anyone, including family members or DWS personnel. This protects your claim from others.

Your PIN is your <u>legal signature</u> for accessing your claim by telephone.

CAN I CHANGE MY PIN?

Yes, if you want to change your pin you may do so at any time. Just access your file using your old PIN, then follow the instructions to key in your new PIN. If you forget your PIN you should contact your local DWS office for assistance. DWS personnel do not have access to your PIN, but can reset your claim to accept a new PIN.

HOW DO I FILE MY WEEKLY CLAIM?

You can access **ArkNet** by going to www.arknet.arkansas.gov. You will enter your social security number and date of birth. If you have not established a PIN, you will enter a 4-digit PIN and check the box indicating that you have not established a PIN. The system will bring the same log in screen back up and you will need to re-enter your social security number and the 4-digit PIN to confirm it with our system.

Please be sure and have all of the relevant information that you will need to enter into **ArkNet**. **ArkNet** is a timed program. You will have 15 minutes to complete the questions after you have logged in. Any delay beyond the 15 minutes will time out your session and you will be required to start over again.

You can access **ArkLine** by dialing 1-501-907-2590, once you have entered your social security number and PIN, the computer will respond. Listen carefully. It will tell you the claim week ending date to be filed, and it will ask you questions which can be answered "yes" or "no" by keying a number on the telephone pad; 1 for "yes" and 2 for "no". After each answer the system will repeat your answer to you and ask if this is correct. You will respond again with 1 for "yes" or 2 for "no".

1 = YES

2 = NO

If you have worked during the week you are claiming you will enter the hours and gross earnings using the telephone pad numbers. When keying in your hours you will key in the whole number of hours only. For example, if you worked 14 $^1/_2$ hours, you would key in 14. However, you must key in both the exact dollars and cents when reporting your gross earnings for the week. If you earned $253. 20, you would key in 25320; or if you earned $30.00, you would key in 3000. Also, if you have earnings of $1000.00 or more, the highest amount you can enter in the **ArkLine** system is $999.99, or 99999.

Remember!
If you worked during the week you are claiming, report your total gross earnings for that week even if you have not received your pay yet.

Failure to report your total gross earnings can result in prosecution for <u>fraudulently claiming benefits.</u>

Important:
Do not hang up until **Arkline** tells you that your claim was accepted or instructs you to call your local office. If you disconnect before confirming your answers, there is no record that you called.

WHEN DO I FILE MY WEEKLY CLAIM?

Before a weekly claim can be submitted, you must have filed an "Application For Unemployment Benefits." Look under "Procedure for Filing a Claim for Unemployment Benefits" in this booklet for instructions.

Your weekly claim for benefits must be filed within the 7-day period immediately following the Saturday of the week claimed. If for some reason you are unable to file weekly claims for a period of 14 days, your option to file by telephone will be suspended. You will be instructed to report in person to reactivate your claim before you are allowed to resume filing by telephone. Any week filed after these deadlines is considered late and may be disallowed.

Note: If you live in another state and file a late claim, you will need to contact the **Interstate Office** for instructions. The telephone number of the Interstate Office is provided in the directory in the front of this handbook. *(See page 4)*

WHEN CAN I EXPECT PAYMENT?

Payment of benefits is made by debit card or direct deposit. You will be able to choose between these methods of payment when you file an Initial, Additional or Reopened claim with the local office or by accessing **ArkNet** if you have been claiming each week and decide to change your method of payment.

If you choose to have your benefits directly deposited into your checking account, please have your banking information available at the time you file your Initial, Additional or Reopened claim or at the time you are selecting the Direct Deposit method through **ArkNet**.

Each time a payable week is claimed, either a deposit will be made to your Debit Card or to your checking account. If for some reason benefits cannot be paid due to a problem with your claim, a message card will be mailed to you telling you why benefits cannot be paid.

Weekly claims are processed the night you file your weekly claim. Any messages are mailed the day after you submit your weekly claim, except when the day after is Saturday or a holiday. You may call **ArkLine** or access **ArkNet** to inquire about a previously filed weekly claim. Please wait until Friday of the week in which you filed your claim before calling the local office about your unemployment insurance payment.

The following chart illustrates when you should receive your benefits after filing your weekly claim:

Week is claimed on:	Benefits deposited to the Debit Card or bank account on:
Sunday	Tuesday
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Should you choose to receive your benefits with a Debit Card, please note that after you have claimed your first payable week, it will take 5-7 business days from the date that weekly claim was processed in order to receive your Debit Card.

If a holiday falls within one of the time periods shown above, the deposit date could be delayed.

HOW DO I CHANGE MY ADDRESS?

The system will ask you if you had a change of address. If you respond "yes," you will be instructed to call your local DWS office to report the change. If you do not report the change to your local office **within 7 days, your weekly claim will not be processed.**

WHAT IF I CAN'T FILE BY TELEPHONE?

If you are hearing impaired, or do not speak English or Spanish, or if there is no touch-tone telephone service in your area, you may file via Internet. You should contact your local DWS office for instructions and forms on which you may file for weekly benefits if you are unable to file either by phone or Internet.

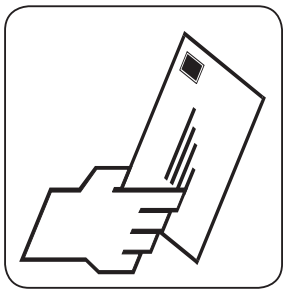
WHAT ELSE IS AVAILABLE BY INTERNET/TELEPHONE?

You may receive general information about unemployment insurance such as requirements for eligibility, waiting period and work search, and how and where to file an appeal.

WHAT IS A JOB SEARCH WORKSHOP?

Federal Law requires the Department of Workforce Services to offer extra job search assistance to some claimants. This assistance is provided through a Job Search Workshop which helps sharpen your skills in arranging job interviews, filling out applications and much more. The workshop and materials are free, and if you complete the workshop it will count as a job contact for that week.

If you are selected to attend a Job Search Workshop you will receive a "Letter to Report for a Workshop," giving the date, time and location of the workshop. If you are scheduled for the workshop and refuse or fail to attend or complete the workshop without justifiable cause, you will be denied benefits for that week.



WHAT IS SHARED WORK?

The **Shared Work Unemployment Compensation Program** allows employees to "Share the Work" available from their employer rather than have some employees laid off while others continue to work full-time. Employees who "Share the Work" under an approved Shared Work Plan can collect a portion of their unemployment insurance benefits while continuing to work a reduced number of hours each week. Under a Shared Work Plan, unemployment insurance benefits are reduced in the same proportion as the weekly hours of work are reduced.

WHAT IS APPROVED TRAINING?

If you are currently enrolled in school or if you are going to enroll in school within 30 days of filing your Initial, Additional or Reopened claim, you could be eligible to participate in our Approved Training program. This program could excuse you from having to look for work and making job contacts while you are in school and drawing unemployment insurance benefits.

Before you can be considered for this program, there are forms you and your school are required to complete. Contact your local DWS office for more information and to obtain these forms.

WHAT IS TAA?

Trade Adjustment Assistance (TAA) provides a variety of reemployment services and benefits to workers who have lost their jobs or suffered a reduction of hours and wages as a result of increased imports or shifts in production outside the United States. The TAA program aims to help program participants obtain new jobs, ensuring they retain employment and earn wages comparable to their prior jobs.

A trade affected worker certified by the Department of Labor as eligible for TAA may receive one or more of the following services and benefits:

- **Reemployment Services:** Employment Registration, Employment Counseling, Case Assessment, Job Development, Supportive Services, and Self-Directed Job Search Services.
- **Job Search Allowances:** For cost of a job search outside of the local commuting area.
- **Relocation Allowances:** For costs of relocating to a job outside the local commuting area.
- **Trade Readjustment Allowances (TRA):** Based on the petition number, up to 130* weeks of income support for eligible workers enrolled in approved full-time training.
- **Training Services:** Up to 104* weeks of approved training, including classroom training, on-the-job training, employer-based customized training, and Basic or Remedial education.

* Up to 26 additional weeks are available to workers who required remedial education or up to 13 weeks for workers to complete training who are meeting specific benchmarks.

- **Establishing Eligibility for TAA.**

In order to obtain TAA benefits and services, trade-affected workers must follow the process below:

- A plant closes, threatens a lay-off or lays off Workers.
- Workers visit their local Arkansas Workforce Center One-Stop Center to learn about programs available to help them return to work.
- A group of three (3) or more workers, a company official, a union or other duly authorized representative, or a One-Stop Operator or partner files a petition with the U.S. Department of Labor's Division of Trade Adjustment Assistance (DTAA) and the Dislocated Worker Unit of the state in which the plant is located.
- Petitions are available from: (a) The Trade Act Program's website (http: //www.doleta.gov/tradeact/ petitions asp); (b) a local One-Stop Workforce Center; (c) a state "Rapid Response Team"; (d) a State Employment Services office; or (e) the DTAA at the following address: United States Department of Labor, Employment and Training Administration, Division of Trade Adjustment Assistance, Room C-5311, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

- DTAA investigates the petition. Investigations typically take 40 days.
- After investigating the petition, DTAA certifies the petition, or denies eligibility to apply for TAA benefits and services. DTAA notifies the petitioners and company official of the determination. If the petition is certified, the state notifies the worker group.
- Workers covered by a certified petition are eligible to apply individually for services through Arkansas Workforce Centers.
- Workers whose petition are denied may appeal.
- Workers whose petition is certified, must be enrolled in training within the required deadline after certification of their petition or after the last qualifying separation to receive Trade Readjustment Allowances (TRA), unless a waiver of the training enrollment is granted by the state.

- **Applying For TAA Benefits When Your Group Has Been Certified:**

Certified workers who apply for TAA services and benefits may be eligible for the following:

Reemployment Services – offers worker assistance in finding a new job. To ensure workers are referred to appropriate job openings and placed in jobs that utilize their highest skills, the following services are generally provided through local One-Stop Workforce Centers:

- Employment Counseling
- Supportive Services
- Case Assessment
- Job Development
- Job Search Programs
- Job Referrals

Job Search Allowances – may be payable to cover expenses incurred in seeking employment outside a certified worker's normal commuting area if a suitable job is not available in the area.

Relocation Allowances – may reimburse approved expenses when certified workers must move to a new area of employment outside their normal commuting area.

Training – Certified workers who require retraining in order to obtain suitable employment may receive up to 104 weeks of approved occupational training in a demand occupation. Individuals who require remedial education in order to meet entry level requirements of a training program may receive up to an additional 26 weeks of training for a maximum of 130 weeks.

Training Waivers Under TAA – Under certain circumstances, Eligible workers may be waived from participating in training and still receive Basic TRA. One of the following conditions must exist for training to be determined not feasible or appropriate and thus, waived:

- The worker is unable to participate in or complete training due to the health of the worker;
- Immediate enrollment is not available;
- No training program is available.

Waivers are usually issued just once, but are reviewed every thirty (30) days. Additional TRA is not payable during waiver status (the worker must be in training).

Alternative Trade Adjustment Assistance – ATAA is an alternative assistance program for older workers certified eligible for Trade Adjustment Assistance. Petitioners who request that workers be certified for the ATAA program must do so at the time the petition is filed. ATAA is designed to allow TAA eligible workers for whom retraining may not be appropriate and who find reemployment to receive a wage subsidy to help bridge the salary gap between their old and new employment. To receive ATAA benefits, workers must be TAA and ATAA Certified.

- **Employment Services and Benefits Appeal Rights:**

All TAA reemployment services and benefits have different deadlines and individual eligibility criteria. Certified workers must meet the criteria under each benefit to receive that reemployment service or benefit.

If certified workers are dissatisfied with the determinations of their individual applications for reemployment services or benefits, they have the same appeal rights as those provided under their state UI law. The determination notice that certified workers receive after filing their applications for each benefit will explain their appeal rights and time limits for filing appeals.

- **Other Training Opportunities and Reemployment Services.**

Adversely affected workers who do not qualify for TAA reemployment services and benefits may be eligible for services under WIA Dislocated Worker program, or other programs which may be accessible through a local Arkansas Workforce Center.

Trade Readjustment Allowances

Trade Readjustment Allowances (TRA) are a form of **Trade Adjustment Assistance (TAA)** that is paid to an eligible adversely affected worker on a weekly basis after he/she exhausts entitlement to regular unemployment compensation, including state and federal extensions.

There are three types of **TRA** paid to adversely affected workers – **basic, additional** and **remedial or completion.**

Basic TRA is generally paid for a total of 27 weeks as workers are allowed to receive a total of 52 weeks minus their maximum entitlement to regular unemployment insurance on the parent unemployment insurance claim. The basic TRA benefits may be reduced by the amount of Emergency Unemployment or Extended Benefits received. A Payment of **Basic TRA** occurs during a 104-week eligibility period to adversely affected workers who have exhausted their entitlement to regular unemployment insurance benefits, including extended benefits.

Additional TRA provides additional weeks of **TRA** payments to complete **TAA** approved training. The amount of Additional TRA weeks that can be paid varies based on TRA amendments from 2002, 2009, 2011 and Reversion 2014.

Remedial TRA (an additional period of up to 26 weeks of income support) is payable only if worker is required to take remedial education or prerequisite coursework as part of their TAA-approved training program.

Completion TRA is available for certain petitions 80,000 and above and provides up to 13 more weeks of TRA payments in order to complete a training plan once Basic and Additional TRA benefits have become exhausted. To be eligible for Completion TRA benefits workers must be meeting specific training benchmarks.

Qualifying Requirements for TRA Benefits

If you qualify, the weekly amount of your TRA will generally be the same amount of the regular UI benefit you received. Any earnings or other income you receive will reduce your TRA benefits in the same manner as it did on your regular UI claim. Your TRA will also be reduced by the amount of any other Federal Training Allowance you are entitled to for the same week, except a Pell Grant.

For Petitions below 70,000 and (certain 80,000 - 80,999*) and petitions 85,000 and above: To qualify you must be:

- Enrolled in training 8 weeks after certification or 16 weeks after layoff, whichever is later or
- Have completed a training program approved by TAA, or
- Have a waiver of the training requirement

For Petitions 70,000 through 79,999 (certain petitions 80,000 - 80,999) and petitions 81,000 through 84,999:To qualify you must be:

- Enrolled in training 26 weeks after certification or layoff, whichever is later or
- Have completed a training program approved by TAA, or
- Have a waiver of the training requirement

Also:

- If enrolled in full-time approved training and working part-time you are allowed to earn up to your weekly benefit amount before a deduction is made for earnings.
- **Election of TRA or UI. You will be allowed to elect to receive TRA instead of UI for any week where you meet two conditions:**
  - You are entitled to receive UI as a result of a new benefit year based in whole or part upon part-time or short-term employment in which you earned after your most recent total separation from the adversely affected employment.

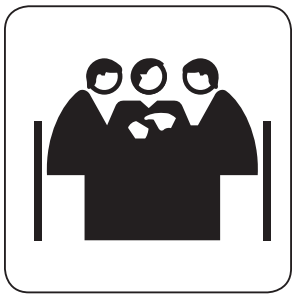
    And;
  - You are otherwise entitled to TRA.

If you are not enrolled in TAA approved training your TRA benefits will be reduced by any earnings or other income you receive in the same way that such earnings and income would have reduced your weekly unemployment benefits. However, in limited circumstances earnings may not affect your TRA benefits. Your TRA will also be reduced by the amount of any other Federal training allowance you are entitled

to for the same week, except a Pell Grant. If you have questions regarding whether your earnings and income will specifically affect your TRA benefits, contact your local DWS office.

Your Appeal Rights

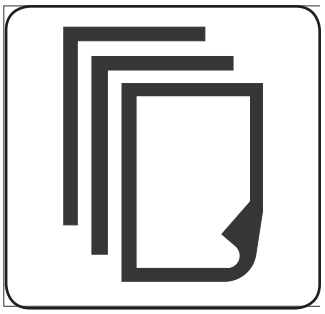
You have the right to file an appeal on any individual denial of TAA services during the 20 day period following the date the determination is issued.



Administrative reconsideration of a petition denial by US Department of Labor may be made within 30 days after publication of the petition determination. Requests must be made in writing and contain specific information or reason for the determination to be in error.

If you have questions, contact your local DWS office.

IMPORTANT:



The final pages of your hand book are very important. They include a copy of **Notice of Monetary Determination** and explanation; your **Weekly Claims Record;** your **Earnings Log; Job Contacts Instructions; Job Contacts Log; Approved Training Certifications Log, and Petition For Appeal To Appeal Tribunal.** Please use them as needed, or as instructed by the local office.

ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

NOTICE OF MONETARY DETERMINATION

Date Filed	Determ. Date	Local Off.	Fund	WSR	LCW	CoR	Social Security No.

Claimant

(1) WEEKLY BENEFIT AMOUNT
Full WBA: WBA/No School:

(2) BENEFIT YEAR
Begins: Ends:

(3) MAXIMUM BENEFIT AMOUNT
Total MBA: MBA/No School:

(4) DETERMINATION OF SEASONAL BENEFITS
Code: Maximum Amount Industry: Seasonal Period

(5) SHARED WORK
40% 30% 20% 10%

(6) MESSAGES:

(7) QUARTERLY BASE PERIOD WAGES

Qtr	Yr	Qtr	Yr	Qtr	Yr	Qtr	Yr	Employer Name	Employer Number	Reim	Seasonal Code

(8) Quarterly Totals **(9) BP Total** **(10) Base Period**
Begins: Ends:

(11) REASON YOU ARE NOT ELIGIBLE FOR MONETARY BENEFITS

(12) RECONSIDERATION

If some of your wages are not shown or do not appear to be correct, provide your local office with proof of earnings such as a W-2 form, check stub(s), or any other proof of earnings and file a written request for reconsideration. A request for reconsideration of this monetary determination must be filed during the 1-year period starting with the Determination Date shown above.

(13) APPEAL RIGHTS

You have the right to appeal this determination by filing an appeal during the 20-day period following the Mailing Date of _____. You need to submit weekly claims for benefits while an appeal or reconsideration is pending to protect your potential right to benefits.

IMPORTANT: If you receive benefits to which you are not entitled for any reason, you may be held liable to repay them.

DWS-AR-508
(REV. 05/09)

EXPLANATION OF MONETARY DETERMINATION

ELIGIBILITY:

This is a monetary determination only. It does not establish your eligibility. It does however, establish the amount of benefits you may draw during your benefit year providing you meet all eligibility requirements of the Department of Workforce Services Law. Your eligibility and/or any disqualification will be determined each week for which you claim benefits. If a redetermination is issued due to a wage correction and lowers the amount of benefits payable, an overpayment of benefits could result. You may be required to repay the Department of Workforce Services for such an overpayment or the amount may be recovered from future benefits payable to you.

EXPLANATION OF ITEMS ON THE FRONT:

(1) WEEKLY BENEFIT AMOUNT:

FULL WBA: This is the weekly benefit amount payable based on all the wages in your base period. The weekly benefit amount will be the same for a Federal /State Extension.

WBA/NO SCHOOL: This is the weekly amount payable based on the wages in your base period except the wages earned from educational institutions. This amount would be payable to you for any week that you were not eligible for benefits based on educational wages.

(2) BENEFIT YEAR:

This is the twelve (12) consecutive month period beginning the first day of the calendar quarter in which you first filed a valid claim for benefits.

(3) MAXIMUM BENEFIT AMOUNT:

TOTAL MBA: This is the maximum benefit amount payable on your claim. It is equal to the lesser of twenty (20) times the WBA or one-third (1/3) of the total base period wages.

MBA NO SCHOOL: This is the maximum amount payable based on all of the wages in your base period except those earned from educational institutions. The maximum benefit amount paid on a Federal/State Extension is a percentage of the Regular Benefit Claim.

(4) DETERMINATION OF SEASONAL BENEFITS:

If there is an entry in this area, you worked for a seasonal employer during the base period of your claim. Benefits based on seasonal wages are payable only during the seasonal dates listed.

(5) SHARED WORK DETERMINATION:

If you are applying for Shared Work benefits, you will have information in this area which shows the breakdown of your Weekly Benefit Amount based on the percentage that your work week has been reduced.

(6) MESSAGE FIELD ON PENDING WAGES:

Requests for wages or responses to wage Requests from military service, federal government, or other states will be noted in this area. If this is a redetermination of benefits, it will be noted in this area.

(7) QUARTERLY BASE PERIOD WAGES:

Wages for all covered employers who have reported wages on you during the base period of your claim are shown in the quarter the employer paid the wages.

(8) QUARTERLY TOTALS

Each quarter is totalled with all wages reported from all employers.

(9) BASE PERIOD TOTAL:

This is the total of all wages in the four (4) quarters of your base period.

(10) BASE PERIOD:

Your base period is the first four (4) of the last five (5) calendar quarters prior to the quarter in which you filed your claim. If an alternate base period was used, your base period is the last four (4) of the last five (5) calendar quarters prior to the quarter in which you filed your claim.

(11) REASON NOT ELIGIBLE FOR BENEFITS:

If you are not monetarily eligible, the reason will be printed in this area. If you do not understand this reason, contact the Department of Workforce Services for assistance.

(12) RECONSIDERATION:

If any wages are reported in the base period of your claim or wages are reported that do not belong to you, you need to file a written request for reconsideration. Discuss this with your local office. Proof of wages is helpful to the investigation but a request for reconsideration can be filed without proof of wages.

EX-SERVICEMEN: If you believe that any of the information shown on this form or on the form ES-970 with respect to your MILITARY SERVICE obtained from a FEDERAL MILITARY AGENCY or VETERANS ADMINISTRATION is incorrect or omits a material fact, you may request the ORIGINATING AGENCY to reconsider and correct such information.

FORMER FEDERAL CIVILIAN EMPLOYEE: Findings with respect to whether you performed Federal Service, the amount of your federal wages during your base period and the reason for separation from Federal Agency shown on the from ES-931 are made by the Federal Agency. You may request the Federal Agency to give additional information or to reconsider and correct any findings if you feel they are incorrect. Your request with any supporting data should be filed through your nearest local Department of Workforce Services Office within 20 days after receipt of this notice.

(13) APPEAL RIGHTS:

This is an explanation of your rights to appeal this monetary determination if you do not agree with it. An appeal may be filed by either completing a written appeal form *(which may be obtained from any Department of Workforce Services Office)* or by writing to the Arkansas Appeal Tribunal, P.O. Box 8013, Little Rock, AR 72203.

WEEKLY CLAIMS RECORD

USE THIS SECTION TO KEEP A RECORD OF YOUR WEEKLY CLAIMS

Wk #	Week Claimed (ends on Sat.)	Date You Called in Claim	Earnings Reported (if any)	Date You Received Payment or Message Card	Amount of payment received (if applicable)	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

WEEKLY CLAIMS RECORD (CONTINUED)

USE THIS SECTION TO KEEP A RECORD OF YOUR WEEKLY CLAIMS

Wk #	Week Claimed (ends on Sat.)	Date You Called in Claim	Earnings Reported (if any)	Date You Received Payment or Message Card	Amount of payment received (if applicable)	Comments
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						

EARNINGS LOG

USE FOR CALCULATING AND RECORDING YOUR EARNINGS

IMPORTANT: Be sure to report earnings on your claim for the week in which they are earned. If additional space for records is needed you may use this same format on a separate sheet.

1. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

2. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

3. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

4. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

EARNINGS LOG

USE FOR CALCULATING AND RECORDING YOUR EARNINGS

IMPORTANT: Be sure to report earnings on your claim for the week in which they are earned. If additional space for records is needed you may use this same format on a separate sheet.

1. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

2. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

3. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

4. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

EARNINGS LOG (Continued)

5. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

6. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

7. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

8. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

EARNINGS LOG (Continued)

5. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

6. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

7. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

8. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

EARNINGS LOG (Continued)

5. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

6. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

7. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

8. Week Ending Saturday: _____

Date: ➤	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs Per Job	Pay Rate	Gross Pay
Hrs. Job 1									x $	= $
Hrs. Job 2									x $	= $
Employer 1:			Address:				Total Hrs ➤		Total Earnings ➤	$
Employer 2:			Address:							

The Department of Workforce Services Law establishes work search requirements for all claimants who file claims for Unemployment Insurance benefits. All claimants, unless they are exempt from making job contacts under the law or regulations will be required to make weekly job contacts. You will not be required to keep a written list of your job contacts until you are advised in writing by DWS. A **Job Contacts Log** has been provided in this handbook to record your work search efforts. This record will be subject to review at any time following notification that you must begin recording your contacts.

Department of Workforce Services

Notice of Work Search Requirements

(500S A - Non-Reportable Status
500S B - Reportable Status)

You may be exempt from making weekly job contacts under the following conditions:

1. If your hours of work with your last employer have been reduced from full time to part time, you may be exempt from making job contacts during the weeks that you work at least eight (8) hours for that employer.
2. If an employer definitely promises you a full time job that will begin within ten (10) weeks from the date it was promised, you will be exempt from the work search requirements for that period of time, provided you submit a written statement from the employer substantiating the job offer and a date you are to start to work.
3. If you are on layoff or your hours of work have been reduced from full time to part time and you will be returning to full time work within ten (10) weeks from the date you were either laid off or your hours were reduced, you may be exempt from making weekly job contacts for that period of time, provided you submit a written statement from your employer substantiating the date you are to return to full time work. You will be required to make the assigned number of work search contacts until you provide the written statement from your employer.
4. If you are enrolled in or attending a training program approved by the Director of the Department of Workforce Services, you may be exempt from making job contacts during the time you are in an approved training program as long as you provide evidence to our agency of your continued attendance and satisfactory progress. This handbook provides a section *(see Certification by Training Institution)* to maintain a weekly record from the school certifying you have met these requirements. This record is subject to review at any time during your claim.

PART A: THE FOLLOWING RULES APPLY UNTIL YOU ARE REQUIRED TO START RECORDING YOUR WEEKLY JOB CONTACTS

1. Make your assigned number of job contacts each week that you claim benefits. You will be required to state whether or not you made your assigned number of job contacts each time you claim weekly benefits.
2. At least one (1) contact must be in person each week unless you are exempt.
3. You must register for work with DWS Job Service and come in to the local office when you are advised to do so.

PART B: THE FOLLOWING RULES APPLY BEGINNING WITH THE FIRST WEEK THAT YOU ARE REQUIRED TO RECORD YOUR WEEKLY JOB CONTACTS

1. Make your assigned number of job contacts each week that you claim benefits.
2. At least one (1) of your contacts must be made in person with an employer unless it is customary for workers in your occupation to apply for work by telephone or through correspondence or unless you are applying for a job with an employer located outside the labor market area where you live.
3. If you make a repeat contact with an employer, it cannot be accepted as one of your weekly work search contacts, unless it is reasonable to believe that the repeat contact will result in a job for you, or unless the employer has asked that you come back at a later date.
4. If you are not registered with DWS Job Service, you must register with the Job Service when you are advised to do so by the local office staff. You must come in to the local office when you are advised to do so by the local office staff.
5. Contacts you make with the Job Service can be counted as work search contacts in the following manner: (1) One contact for the week in which you fill out your work application; (2) One contact for any week in which you report to the Job Service as a result of a call-in from them; (3) One contact per month if done in accordance with instructions provided to you by the local office.
6. Contacts you make for work through a private employment agency can be counted in the following manner: (1) Registration with a private employment agency will be counted as one job contact for each such agency, but will be counted only one time in any one continuous period of unemployment, and (2) Each job contact made as a result of a referral by a private employment agency will be counted as a job contact, provided it is listed in your Job Contacts Log with the items of information required for a job contact.
7. Any efforts you make to find work other than those described in items #2 through #6 may be acceptable. However, only one (1) such effort will be accepted as one of your weekly work search contacts for the week being claimed.
8. You should record your work search activities each week. You have been given a Job Contacts Log (located in this handbook) for you to record all job contacts. You must document the following information each week: 1) Show date of each contact; 2) Show name and address of employer contacted; 3) Show method of contact; 4) Name of person contacted; 5) Type of work sought; 6) The result of the contact; and 7) Application or resume on file. FAILURE TO RECORD ALL ITEMS WILL CAUSE YOUR BENEFITS TO BE DELAYED OR DENIED.
9. Be sure that the information you enter regarding your job contacts is accurate and complete. Your work search contacts may be checked by the local office or our Quality Control Department.
10. As your length of unemployment increases and you have been unable to find work in your customary or secondary occupation, you may be required to seek other types of work for which you are qualified and for which job openings exist and you may be required to increase your job contacts.

YOU ARE REQUIRED TO BEGIN RECORDING YOUR WEEKLY JOB CONTACTS IN THE JOB CONTACTS LOG PROVIDED IN THIS HANDBOOK UPON WRITTEN NOTIFICATION BY DWS.

The Department of Workforce Services Law establishes work search requirements for all claimants who file claims for Unemployment Insurance benefits. All claimants, unless they are exempt from making job contacts under the law or regulations will be required to make weekly job contacts. You will not be required to keep a written list of your job contacts until you are advised in writing by DWS. A **Job Contacts Log** has been provided in this handbook to record your work search efforts.

Department of Workforce Services

Notice of Work Search Requirements For Union Member Claimants

You may be exempt from making weekly job contacts under the following conditions:

1. If your hours of work with your last employer have been reduced from full time to part time, you may be exempt from making job contacts during the weeks that you work at least eight (8) hours for that employer.
2. If an employer definitely promises you a full time job that will begin within ten (10) weeks from the date it was promised, you will be exempt from the work search requirements for that period of time, provided you submit a written statement from the employer substantiating the job offer and a date you are to start to work. You will be required to make the assigned number of contacts until you provide a written statement from your prospective employer.
3. If you are on layoff or your hours of work have been reduced from full time to part time and you will be returning to full time work within ten (10) weeks from the date you were either laid off or your hours were reduced, you may be exempt from making weekly job contacts for that period of time.

Your authorized union hiring hall representative may act as your agent in carrying out your work search requirements under the following conditions:

1. You must provide evidence to your local Department of Workforce Services office that you are a member of a union hall, that your union dues are currently paid, and that the union local maintains a full time hiring hall.
2. You must provide the name and address of the union hiring official who will act as your agent.

You will be required to make your own job contacts if your union local notifies the Department of Workforce Services that you are no longer a member in good standing with the local or if for any reason your union local does not make the required number of weekly contacts for you.

PART A: THE FOLLOWING RULES APPLY UNTIL YOU ARE REQUIRED TO START RECORDING YOUR WEEKLY JOB CONTACTS

1. Your union agent must make the assigned number of job contacts each week that you claim benefits. You will be required to state whether or not your union representative made your assigned number of job contacts each time you claim weekly benefits.
2. You must register for work with DWS Job Service and come in to the local office when you are advised to do so.

PART B: THE FOLLOWING RULES APPLY BEGINNING WITH THE FIRST WEEK THAT YOU ARE REQUIRED TO RECORD YOUR WEEKLY JOB CONTACTS

1. You or your union agent must make the assigned number of job contacts each week that you claim benefits. As your length of unemployment increases and you have been unable to find work in your customary or secondary occupation you may be required to seek other types of work for which you are qualified and for which job openings exist and you may be required to increase your job contacts.
2. You must register for work with DWS Job Service and come in to the local office when you are advised to do so by the local office staff.
3. Be sure that your union agent keeps an accurate and complete list of all job contacts he makes on your behalf, including the names and dates of each contact. The union's record of work search contacts is subject to review and may be checked by the local office or our Quality Control Department at any time. Failure to provide the union's record of job contacts when required may result in delay or denial of benefits.
4. If your union local notifies the Department of Workforce Services that you are no longer a member in good standing or if for any reason your union local does not make the required number of weekly contacts for you, you will be required to keep a written list of your job contacts. Record your job contacts on the Job Contacts Log provided in this handbook.

JOB CONTACTS LOG

USE THIS SECTION TO KEEP A RECORD OF YOUR JOB SEARCH CONTACTS

IMPORTANT: Failure to keep an accurate record of your job contacts may cause denial of benefits. You may be required to produce this record of job contacts at any time. *If you need additional space for records you may use this same format on a separate sheet.*

Date of Contact (Mo, Day, Yr)	Employer Name, Address and Phone #	Method of Contact (In Person, Phone, Mail or Fax, Resume)	Person You Contacted Name & Position	Type of Work You Were Seeking	Results of the Contact (Not Hiring, Pending, Hired, etc)	Application or Resume Filed with Employer?
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No

JOB CONTACTS LOG (Continued)

USE THIS SECTION TO KEEP A RECORD OF YOUR JOB SEARCH CONTACTS

IMPORTANT: Failure to keep an accurate record of your job contacts may cause denial of benefits. You may be required to produce this record of job contacts at any time. *If you need additional space for records you may use this same format on a separate sheet.*

Date of Contact (Mo, Day, Yr)	Employer Name, Address and Phone #	Method of Contact (In Person, Phone, Mail or Fax, Resume)	Person You Contacted Name & Position	Type of Work You Were Seeking	Results of the Contact (Not Hiring, Pending, Hired, etc)	Application or Resume Filed with Employer?
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No

JOB CONTACTS LOG (Continued)

USE THIS SECTION TO KEEP A RECORD OF YOUR JOB SEARCH CONTACTS

IMPORTANT: Failure to keep an accurate record of your job contacts may cause denial of benefits. You may be required to produce this record of job contacts at any time. *If you need additional space for records you may use this same format on a separate sheet.*

Date of Contact (Mo, Day, Yr)	Employer Name, Address and Phone #	Method of Contact (In Person, Phone, Mail or Fax, Resume)	Person You Contacted Name & Position	Type of Work You Were Seeking	Results of the Contact (Not Hiring, Pending, Hired, etc)	Application or Resume Filed with Employer?
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No

JOB CONTACTS LOG (Continued)

USE THIS SECTION TO KEEP A RECORD OF YOUR JOB SEARCH CONTACTS

IMPORTANT: Failure to keep an accurate record of your job contacts may cause denial of benefits. You may be required to produce this record of job contacts at any time. *If you need additional space for records you may use this same format on a separate sheet.*

Date of Contact (Mo, Day, Yr)	Employer Name, Address and Phone #	Method of Contact (In Person, Phone, Mail or Fax, Resume)	Person You Contacted Name & Position	Type of Work You Were Seeking	Results of the Contact (Not Hiring, Pending, Hired, etc)	Application or Resume Filed with Employer?
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No

CERTIFICATION BY TRAINING INSTITUTION

IMPORTANT: For each week you are in Approved Training and claim benefits, you must have the school complete a certification below. **Failure to maintain this record may result in a denial of benefits and an overpayment.** You may be required to produce this list at any time. *If additional forms are needed, contact your local DWS office.*

Claimant: _____ Social Security No. _____

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

CERTIFICATION BY TRAINING INSTITUTION (Continued)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

CERTIFICATION BY TRAINING INSTITUTION (Continued)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

CERTIFICATION BY TRAINING INSTITUTION (Continued)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

_____ _____

Signature of Training Official Name of Training Facility

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

TO BE COMPLETED BY TRAINING INSTITUTION

WEEK ENDING SATURDAY _____

1. During the training week shown above, did this individual make satisfactory progress In training? ..... ❑ Yes ❑ No
2. Did this individual meet your attendance requirements during the above week? ..... ❑ Yes ❑ No
3. Was training terminated during the above week? ..... ❑ Yes ❑ No

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DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

CERTIFICATION BY TRAINING INSTITUTION (Continued)

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DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

CERTIFICATION BY TRAINING INSTITUTION (Continued)

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Signature of Training Official _____ Name of Training Facility _____

DWS-ARK-CTI (CERTIFICATION OF TRAINING INSTITUTE) (REV. 7-05)

PETITION FOR APPEAL TO APPEAL TRIBUNAL	ARKANSAS APPEAL TRIBUNAL Post Office Box 8013 Little Rock, Arkansas 72203

1. CLAIMANT'S NAME:		2. SOCIAL SECURITY NUMBER:	
3. ADDRESS (STREET OR BOX NUMBER):	(CITY):	(STATE):	(ZIP CODE):
4. TELEPHONE NUMBER: ❑ PRIVATE ❑ PARTY ( )		5. ISSUE(S) APPEALED:	

6. I/We appeal from the determination of the Department of Workforce Services for the following reason(s):
(Please attach a copy of the determination).

_____

_____

_____

_____

_____

7. APPELLANT SIGNATURE:	8. DATE:

NOTE TO CLAIMANT FROM DWS: To protect your potential rights to benefits, you should continue to claim benefits by calling Arkline or submitting a paper claim form each week.

ESD-ARK-213 (A)

You may detach and use this form to file an appeal to the Appeal Tribunal. It may be mailed to the address on the form or faxed to (501) 682-7734. Please complete items 1 through 8 and attach a copy of the determination you are appealing. The explanation in item #6 need not be in great detail since you will be given an opportunity to give a detailed statement when the hearing is conducted.

If you have documentation that is relevant to your appeal that has not already been supplied to your local office, attach a copy to this document.

Arkansas Department of Workforce Services
PO Box 2981
Little Rock, AR 72203-2981

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300