

INSTRUCTIONS FOR COMPLETING FORM VEC-B31, STATEMENT OF PARTIAL UNEMPLOYMENT

VIRGINIA EMPLOYMENT COMMISSION STATEMENT OF PARTIAL UNEMPLOYMENT

[Click Here for the VEC-B-31 Form](#)

WORKER'S NAME: **SAMPLE ONLY**

SOCIAL SECURITY NUMBER: **SAMPLE ONLY**

WEEK NUMBER ONE:	
Sunday: ____(1)____	Saturday: ____(1)____
GROSS WAGES:____(2)____	
HOLIDAY/VACATION PAY:____(3)____	
DATES ABSENT (BUT AVAILABLE WORK):	
DATE: ____(4)____	REASON ABSENT: ____(4)____

WEEK NUMBER TWO:	
Sunday: ____(1)____	Saturday: ____(1)____
GROSS WAGES:____(2)____	
HOLIDAY/VACATION PAY:____(3)____	
DATES ABSENT (BUT AVAILABLE WORK):	
DATE: ____(4)____	REASON ABSENT: ____(4)____

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

Employer _____(5)_____ VA Acct # _____(6)_____ Date to Worker _____(7)_____

By _____(8)_____ Title _____(9)_____ Contact Ph# _____(10)_____

EMPLOYER SECTION

1. ENTER THE CALENDAR DATES (SUNDAY THROUGH SATURDAY) OF THE WEEKS BEING REPORTED. **DO NOT COMPLETE AND ISSUE TO THE WORKER UNTIL THE WEEK ACTUALLY ENDS AND ALL WAGE AND ATTENDANCE INFORMATION IS FINAL.**
2. ENTER THE GROSS AMOUNT BEFORE ANY DEDUCTIONS FOR EACH WEEK.
3. ENTER THE AMOUNT OF ANY HOLIDAY OR VACATION PAY PAID DURING THE WEEK BEING CLAIMED.
4. ENTER THE DATES AND REASONS ABSENT FOR ANY DAYS THE CLAIMANT HAD WORK AVAILABLE BUT DID NOT WORK
5. ENTER THE NAME OF THE COMPANY.
6. ENTER THE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER.
7. ENTER THE DATE FORM WAS ACTUALLY ISSUED TO THE WORKER.
8. ENTER THE NAME OF THE PERSON COMPLETING THE FORM FOR THE EMPLOYER.
9. ENTER THE TITLE OF THE PERSON COMPLETING THE FORM FOR THE EMPLOYER.
10. ENTER THE BUSINESS CONTACT PH#.

WEEK NUMBER ONE:	
Employer/Address ____(11)____	Wages ____(12)____
____	____
____	____
____	____

WEEK NUMBER TWO:	
Employer/Address ____(11)____	Wages ____(12)____
____	____
____	____
____	____

I hereby file claim for partial unemployment benefits for the week(s) above. I certify that I have earned no wages other than those shown above during the week(s) covered by this statement. I understand that the law provides a penalty for false statements to obtain or increase benefits.

Worker's signature _____(13)_____ Signed at _____(14)_____ Date signed _____(15)_____
City or County & State

NOTICE TO WORKER SECTION

11. THE WORKER IS TO ENTER THE NAME AND ADDRESS OF ANY OTHER EMPLOYER FOR WHOM HE WORKED DURING THE WEEKS SHOWN.
12. THE WORKER IS TO ENTER THE GROSS AMOUNT OF EARNINGS FROM OTHER EMPLOYMENT DURING THE PERIOD.
13. THE WORKER IS REQUIRED TO SIGN THE FORM AS SOON AS RECEIVED FROM EMPLOYER.
14. THE WORKER IS TO ENTER THE LOCATION WHERE THE FORM WAS DATED AND SIGNED.
15. THE WORKER IS TO ENTER THE DATE THE FORM WAS SIGNED.

THE WORKER IS TO MAIL THE FORM TO THE VIRGINIA EMPLOYMENT COMMISSION AT THE ADDRESS PROVIDED VIA INSTRUCTIONS TO PARTIAL CLAIMANTS.

VIRGINIA EMPLOYMENT COMMISSION

**P.O. Box 2249
Richmond, Virginia 23218-2249**

NOTIFICATION OF CLAIM(S) FILED FOR BENEFITS

EMPLOYER NAME and Address:

The employees of your company whose names appear on this form have filed for Partial Unemployment Benefits and are entitled to the Weekly Benefit Amount as shown, provided they meet the eligibility criteria for partial claimants. A Partial Claimant is an individual, who during a particular week, (1) had earnings, but less than his weekly benefit amount, and (2) was employed by a regular employer, and (3) worked less than his normal and customary hours for such employer. Please read the back of this letter for additional information concerning your responsibility for providing affected workers with Statements of Partial Unemployment.

CLAIMANT INFORMATION:

<u>SSN</u>	<u>Name</u>	<u>Claim Effective Date</u>	<u>Weekly Benefit Amount</u>	<u>Benefit Year Ending</u>
------------	-------------	-----------------------------	------------------------------	----------------------------

If the claim was backdated (see Claim Effective Date) to include calendar weeks already ended: Within seven(7) days of this notice you are required to prepare a *Statement of Partial Unemployment, Form VEC-B-31*, (accessed, with instructions included, from the Virginia Employment Commission website <http://www.vec.virginia.gov>, Forms/Publications/Employer) for each employee listed whose earnings were less than his weekly benefit amount during any calendar week ending since the effective date of the claim. If the gross pay of the employee was reduced for any reason other than lack of work (vacation, holiday, sickness, injury, refusal of available work, failure to report, etc.), enter this information by the date of the occurrence.

Subsequent statements, accessed as shown above, are to be provided to each affected worker no later than 14 days of pay period ending dates. The statements are to reflect gross earnings in calendar weeks and may or may not coincide with your pay periods.

Partial claimants are instructed to submit the statement within 14 days to Virginia Employment Commission, and further, that failure to report as instructed may result in a denial of benefits for the weeks claimed.

Please keep in mind that:

- Employees whose work schedules are interrupted due to weather related conditions shall not be deemed to be partially unemployed. They are therefore, to be instructed to file Total unemployment claims.
- "Show Up Pay" may only be reported for employees who actually show up at the workplace and it is determined that there is no work available, and the "show up pay" is equal to the worker's hourly rate of pay.
- Employers should not use "Show Up Pay" as a means for allowing employees to receive unemployment benefits while not working at all. Employees in total layoff status should be instructed to file a "Total" claim for unemployment benefits.

Thank you for your cooperation. Additional information about partial benefits or additional forms may be obtained online at <http://www.vec.virginia.gov> or by contacting Virginia Employment Commission at 1-866-354-5579.