## **ABLE AND AVAILABLE**

Cost	Center	Name			S	S#
Your	availability for	work is in question bec	ause _			
		· · · · · · · · · · · · · · · · · · ·	-		s. Please answe	er all questions that apply to you.
			Section I Employ	ment Infor	rmation	
	The forest 100 of					
۱.	The type(s) of work I am seeking is (are):					
. ·	The lowest wage I will accept is: per					
3.	The hours and	l days I am available for	work are:			
<b>l</b> . 1	I have been ur	nemployed since: (date)				
	The type of wo where it is ava		is not□ available in the	local area.	I am□ / am not[	seeking this type of work in areas
S. 1	My customary	workweek is	to		,	hours per week.
			Section II Ab	ility To Wo	ork	
	A. I was⊟ ill	or iniured☐ disabled	during the period from			
		was not ☐ able to wor				
			s period, explain why			
		ondition still exists, answ				
	A. I will ☐ will not☐ seek full time work.					
	B. I am physically able□ unable□ to work.					
		-	advised me to refrain from	n work Evr	olain:	
	o. Wy priyoto	nan nas not 🗀	advised the to remain not	ii work. Exp	Julii	
ļ	D. Iam⊟ a	am not 🗌 able to perfor	m another type of work, v	hich is:		
3. I	My physician h	nas□ or has not □ rele	ased me to work as of		(date).	
	, , ,		_			
			Section III Avai	ability To	Work	
	ck all that apply I did not make	y to you. my recommended work	search.			
]	I did not look fo	or work from	to			
		recommended work sea	arch. below. Give usual metho	ds of transo	ortation alternat	ives, ability to get a job.)
	I did not have	child care from		through		·
]   ]	I was out of the	e area from		through		
₫ ;	Other. (Explai	n below.)		unougn _		·
			e restriction affecting your			e to remove this restriction may affect

Section	on IV Seeking Part	-time Work Only					
		boxes: I have not worked full time during the past two through					
The days and hours I am available for part time work are:							
3. Part-time work usually is $\square$ or is not $\square$ a	vailable in my occu	pation and local area.					
Claimant Certification: I make this statement for the reemployment benefits, knowing the law provides statements. The above facts are true to the best of my	s penalties for false	Interviewer Certification: The statements contained on this form were read to the parties who made them. An opportunity to amend the statement was provided and each party concurred that information contained in the statement was accurate and true as written.					
Claimant's Signature	Date	Interviewer's Signature					
	FOR OFFICE US	SE ONLY					
	Section V Rer	marks					
	*PRIVACY ACT ST	ATFMENT					
1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, a Security numbers will be used by the department to rep accordance with the Federal Deficit Reduction Act, an a provide is subject to verification through computer matc	nd s. 443.091(1)(h), F.S. ort the benefits you rece mendment to the Federa hing programs and inforr	uired to process your claim. Pursuant to the Internal Revenue Code of , disclosure of your Social Security number is mandatory. Social ive to the Internal Revenue Service as potential taxable income. In al Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you mation about your wages and claim may be provided to other federal, her government programs to ensure benefits have been properly paid					
An equal opportunity employer/program. Auxiliary aids a	nd services are available	e upon request to individuals with disabilities					
arrequal opportunity employer/program. Advantary aldo a	na services are available	s apon request to marriadale war disabilities.					
	UCB-45 WORK	SHEET					
Adiodicata	laimant CON	Olaira Effectiva Data					
		Claim Effective Date					
		e Issue End Date					
Weeks Denied Claimant Add		et					
Fundamen Number		p					
Employer Number Add		et					
M/DA Doduction Amount ©		p					
WBA Reduction Amount \$ E	wasad Darana Mari	I Na I I Empelación Objecto de la Illatica Caralica					
Namahanna Data Darasas		☐ No ☐ Employer Chargeability Code					
		End (optional)					
Noncharge Date Range: Start  Copy to: Claimant		End (optional)					

Date Entered