

ABLE AND AVAILABLE

Cost Center _____ Name _____ SS # _____

Your availability for work is in question because _____.

Information is needed about your eligibility for reemployment assistance benefits. Please answer all questions that apply to you.

Section I Employment Information

1. The type(s) of work I am seeking is (are): _____.
2. The lowest wage I will accept is: _____ per _____.
3. The hours and days I am available for work are: _____.
4. I have been unemployed since: (date) _____.
5. The type of work I am seeking is or is not available in the local area. I am / am not seeking this type of work in areas where it is available.
6. My customary workweek is _____ to _____, _____ hours per week.

Section II Ability To Work

1. A. I was ill or injured disabled during the period from _____ to _____.
B. I was was not able to work during this period.
C. If you did not seek work during this period, explain why _____.
2. If the above condition still exists, answer the following:
A. I will will not seek full time work.
B. I am physically able unable to work.
C. My physician has has not advised me to refrain from work. Explain: _____.
- D. I am am not able to perform another type of work, which is: _____.
3. My physician has or has not released me to work as of _____ (date).

Section III Availability To Work

Check all that apply to you.

- I did not make my recommended work search.
- I did not look for work from _____ to _____.
- I did make my recommended work search.
- I did not have transportation. (Explain below. Give usual methods of transportation, alternatives, ability to get a job.)
- I did not have child care from _____ through _____.
- I was out of the area from _____ through _____.
- I was incarcerated from _____ through _____.
- Other. (Explain below.)

Explain the efforts you made to remove the restriction affecting your availability for work. (Failure to remove this restriction may affect your eligibility for benefits.) _____

