ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Administration

ESTE DOCUMENTO AFECTA SU ELEGIBILDAD PARA SEGURO POR DESEMPLEO. SI USTED NO LEE INGLES COMUNIQUESE CON SU OFICINA LOCAL.

Date:

Claim NBR:

You previously filed an unemployment insurance claim beginning In order to qualify for your new claim, A.R.S. 23-771(A) (7) provides that you must have worked and earned $ (8 times the new weekly benefit amount), between the beginning date of your prior claim and the beginning date of your new claim.

Wages you have earned for services performed as an employee may be used to meet the above requirement. Earnings from self employment; or payments for worker's compensation, severance, vacation, holiday, or sick pay may not be used. On the table on the reverse side of this form enter any work performed between and

It is your responsibility to provide proof that you have earned the requalifying wages. Check stubs, pay slips, W-2 forms, or other documents may be used to establish proof of earnings.

Mail the completed listing and proof of earnings to the address shown above as soon as possible, but no later than 30 days from the date of this form.

DATES WORKED From	DATES WORKED To	EMPLOYER'S NAME	EMPLOYER'S ADDRESS *(No., Street, City, State, ZIP)*	GROSS WAGES BEFORE DEDUCTIONS	LOCAL OFFICE USE ONLY VER	LOCAL OFFICE USE ONLY TYPE OF PROOF
				$		
				$		
				$		
				$		
				$		
				$		
			TOTAL	$		

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I WORKED AND EARNED WAGES FROM THE EMPLOYERS DURING THE PERIODS SHOWN ABOVE.

CLAIMANT'S SIGNATURE	DATE

LOCAL OFFICE USE ONLY

TOTAL VERIFIED: $			**VALID CLAIM - COMPLETE** ☐ **A3**		
INVALID CLAIM - COMPLETE ☐ C1 ☐ C2 ☐ C4		SOCIAL SECURITY NUMBER		CLAIMANT'S NAME CHECK	
ISSUE CODE **67**	DEPUTY ID	PROGRAM	ISSUE STATUS	RESOLUTION CODE **67**	COUNT **N**
(RE)DETERMINATION REASON (C2)		DISQUALIFICATION START		DISQUALIFICATION END	
STATEMENT NO. 1		STATEMENT NO. 2			