

Oklahoma Employment Security Commission
Job Attached Unemployment Claim
(See below for instructions)

B.Y.E. _____

TO BE COMPLETED BY EMPLOYER:

1. Oklahoma Account Number		2. Employer Name			3. Employer Telephone Number					
4. Employer Address		Street		City		State		ZIP		
5. Weekly pay period begins and ends (name day of week)		6. Reason Claimant is not working: Lack of work <input type="checkbox"/> If Other, Explain				7. Employee Job Title				
8. Claimant Social Security Number		9. Claimant Name First		MI		Last				
10. Claim for Week-Ending (mm/dd/yyyy)		11. Employee's Hourly Salary \$			12. Gross Earnings for Week \$					
		Sun		Mon	Tues	Wed	Thurs	Fri	Sat	Total
13. Day(s) and hours worked during the one week period:										

Employer Certification: During the week shown in Item 10, the above claimant earned the amount shown in item 12 from this firm, and worked less than full time. I certify this information is true and correct.

14. Authorized Rep Signature _____ 15. Title _____ 16. Date Prepared _____

TO BE COMPLETED BY CLAIMANT:

17. Local Mailing Address (if post office box, complete line 22)			18. City		19. State		20. ZIP		21. County	
22. Residence Address (Street Address or Directions)			23. City		24. State		25. ZIP		26. County	
27. Telephone No.	28. Date of birth (mm/dd/yyyy)	29. Ethnic Code (See instructions)	30. Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Sex <input type="checkbox"/> M <input type="checkbox"/> F	32. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Alien Registration Number				
						A				
33. I wish to have Federal tax (10%) withheld from my weekly unemployment. <input type="checkbox"/> Yes <input type="checkbox"/> No										
34. I wish to have State tax (3%) withheld from my weekly unemployment. <input type="checkbox"/> Yes <input type="checkbox"/> No										
35. Have you worked for any other employers during the above claimed week in <u>Item 10</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enter gross earnings from other employer(s) for which you were or will be paid. \$ _____ Number of hours worked during the week _____ Hours										
36. Did you miss work for any non-work related reasons for the above claimed week in <u>Item 10</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", why? (give reason) _____ Days missed: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday										
37. Are you currently receiving, have already received or applied for retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No										
38. Have you worked for any other employer in the past 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", complete the following: Name Employer _____ Address of Employer _____										
Dates worked from (mm/dd/yyyy) _____ Through _____					Work Location _____					

Claimant Certification: I certify that I hereby claim benefits for job attached unemployment under the Oklahoma Employment Security Act, and during the week shown in Item 10, I was able to work and available for full-time work; I worked less than full-time due to lack of work; I have only earned wages for the amount entered for the week of this report; I did not receive any pension or retirement pay based on previous work; I have not applied for, and I am not receiving a subsistence allowance for rehabilitation training, or a war orphans', windows' or related educational allowance from the Veterans Administration. I have not received and I am not claiming benefits under another State or Federal Unemployment Insurance System, except as indicated hereon. I have provided true and correct facts relating to my claim for unemployment benefits. I understand the Act provides penalties for false statements or failure to disclose material facts in order to obtain or increase unemployment benefits.

39. Claimant's Signature _____ 40. Date _____

Equal Opportunity Employer/Program. Auxiliary Aids and Services are Available upon request.

**Oklahoma Employment Security Commission
Job Attached Unemployment Claim**

Employer Instructions

- A claim for “job attached unemployment” may be filed for workers ONLY at the request and assistance of the workers regular employer.
- An employer who places regular, full-time workers on a temporary reduced work week schedule in order to retain the services of such workers until full-time work can be resumed, may assist the worker(s) in filing claims for unemployment compensation in “job attached unemployment” for each calendar week in which work is performed on a reduced schedule.
- **An initial or additional claim for job attached unemployment shall not be filed for a worker who was employed during the calendar week for his/her normal, customary, full-time working hours, or who did not perform any work or have no earnings payable for the week.**
- A claim for job attached benefits must be initiated by the claimant’s employer and must be delivered by the employer to the partially unemployed individual **immediately following the week ending date of partial unemployment**. For this purpose, a “week” is either a calendar week beginning Sunday at 12:01 AM and ending the following Saturday at midnight, or a “flex week” based on the employer’s payroll week.
- It is the employer’s responsibility to complete **items 1 through 16** on form OES-526-P. Initial /Additional Claim for Job Attached Benefits” in triplicate and the claimant’s responsibility to complete **items 17 through 40**. Once the form is completed by both the employer and claimant, it must be submitted to the Oklahoma Employment Security Commission (OESC).
 - The first claim filed (which is known as the “Initial Claim”) must include earnings of a minimum of one hour. After the first claim is filed, the Commission will forward to the employer form OES-532, “Notice of Determination of Partial Benefits,” which will list the claimant’s weekly benefit amount, maximum benefit amount, and claim expiration date.
 - Thereafter, the employer will file a form, OES-527-P, “Claim for Job Attached Benefits” for each week of job attached unemployment which claimant’s work was reduced to less than his/her normal, customary, full-time work hours and has earnings for such week less his/her weekly benefit amount plus one hundred dollars (\$100). Please report the gross amount.
 - A worker may only file **four (4) consecutive weeks** during which he or she has no wages payable from his or her regular employer. The fourth consecutive week of no earnings from the regular employer indicates the worker must then file for subsequent weeks under “Claims for Total Unemployment Benefits.” If there has been a break in filing due to the employee returning to work, the OES-526-P should be used to reopen the job attached claim.

This form must be faxed to (405) 962-7524 within 14 days from the week ending in item 10.

Claimant Instructions

- The employer will complete items 1 through 16 of the form OES-526-P and YOU must complete items 17 through 40.
- **Items 22 through 26** MUST be completed if you have a post office box as your local mailing address in **item 17**. Residence address would be the physical address of where you live.
- **Item 29** – Ethnic Code –
 - 1. - White
 - 2. - Black
 - 3. - Asian
 - 4 - American Indian/Alaskan Native
 - 5 - Hawaiian/Pacific Islander
 - 6 - Info not Available
- **Item 32** if you are **not** a US Citizen, **please provide your Alien Registration number and a copy of you card.**
- **Item 33 and 34** MUST be completed if you choose to have Federal or State taxes deducted from you weekly unemployment benefits.
- **Item 35** MUST be completed if you have worked for someone other than your regular employer (listed in Item 2) during the week in **item 10**. Report GROSS earnings (earnings before any deductions) from which you were or will be paid.
- **Item 37** is to be completed if you are receiving or have applied for retirement benefits

This form must be faxed to (405) 962-7524 within 14 days from the week ending in item 10.