

BACK PAY AWARD – EMPLOYER

K-BEN 3112 (Rev. 4-20)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
EMAIL*: KDOL.UICC@ks.gov

*See important email notice on website.

Claimant Name: _____	SSN: _____
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Failure to complete and return this form by the due date noted above may result in an improper payment of benefits to the claimant and corresponding charges to your employer experience rating account.

Did the claimant receive a back pay award from your company? YES NO

If YES, what was the gross amount of the back pay award? \$ _____

On what date did the claimant receive the back pay award? _____

What weeks does the back pay award cover? _____ to _____

IMPORTANT
Attach a copy of the back pay agreement or order.

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand that the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____

Phone: _____ Email: _____

If completed by a TPA or other employer representative, also include the following information:

Printed name: _____

Company name: _____