

WEEKLY CLAIMS REQUEST FOR INFORMATION - WORKED FULL TIME

K-BEN 230 Web (Rev. 10-17)

MAIL:	Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539
FAX:	(785) 296-3249
EMAIL:	Submit

Claimant name: _____ Social Security number: _____

You reported on your weekly claim for unemployment insurance benefits that you worked 40 or more hours during the week being claimed. Additional information is required to determine your eligibility to receive benefits for this week.

Complete and return this form so that it is received within **seven days** of the date you filed your claim. Provide complete details below concerning the work you did during the week claimed. Without the requested information, a determination of your eligibility for benefits for the week claimed will be based upon information presently available. **This may result in the denial of benefits for the week. Payment of benefits for the week claimed have been suspended pending receipt of this information.**

Employer for whom you worked: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date you began employment (mm/dd/yyyy): _____

Number of hours worked during the week claimed: _____ Hourly wages: \$ _____

Are you working for this employer? YES NO If NO, indicate below the reason you are no longer working:

Quit Fired Leave of Absence Lack of work Labor Dispute

If you have left this employment, you will need to file an unemployment application before you will be able to claim any more weekly benefits. You must work less than full time and earn less than your weekly benefit amount to be eligible to claim weekly benefits. If you wish to file an unemployment application, you may do so at **www.GetKansasBenefits.gov** or through the Unemployment Contact Center (phone numbers below).

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under Kansas Employment Security Law. If submitted electronically, your form will be considered to be signed.

Signature: _____ Date (mm/dd/yyyy): _____

Phone: () _____