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https://uiassistance.getkansasbenefits.gov

REASONABLE ASSURANCE STATEMENT- CLAIMANT

K-BEN 3136 Web (Rev. 11-23)

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

Claimant name: _____ Social Security number: XXX-XX-_____

List any school districts, colleges or educational contractors you have worked for in the past 18 months:

School District/College/Contractor	Street,City,State, ZIP	Job Position Last Term	Dates of Employment During Most Recent School Term		Do you have a reasonable assurance of returning to work for this school during this school term?	
			Begin Date	End Date	YES	NO

Are you currently on break? YES NO If YES, type of break: _____

Do you expect to return to work for any school district, college or educational contractor when the break ends? YES NO

If YES, date you expect to return (mm/dd/yyyy): _____ Position: _____

If NO, explain: _____

Are you seeking and willing to accept work other than substitute positions? YES NO

Type of work you are presently seeking: _____

Do you have experience in this type of work? YES NO

If YES, how much? _____

List the work search activities you performed **last week** (Sunday through Saturday):

	Date	Employer name/address or type of activity	Job sought	Result of activity
Application 1				
Application 2				
Other Activity				

If you did not make any work search activities last week, explain: _____

BUS DRIVERS: Answer the following:

Does your job involve transporting people to or from **non-school-related** functions or activities? YES NO

If YES, how often do you transport people for **non-school-related** functions or activities? _____

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 the Kansas Employment Security Law. If I **do not** have reasonable assurance, I understand that I must notify this office when work is offered to me for the next school term, whether verbal or in writing, and whether I accept or refuse the work offered. I agree to provide such notification as soon as the work is offered.

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

Claimant phone: _____