

AVAILABILITY STATEMENT

K-BEN 32 (Rev. 3-21) Web



MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539

FAX: (785) 296-3249

UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name: _____ Social Security no: XXX-XX-_____

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.**

Are you looking for and willing to accept full-time work? YES NO If NO, explain: _____

How many hours per week, on average, did you work in the last 18 months? _____

What type of work are you seeking? _____

Do you have training or experience in this type of work? YES NO If YES, how much? _____

What days of the week are you willing and available to work for at least eight hours of work?

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

If you indicated fewer than five days, explain: _____

How many miles are you willing to travel for work? _____

What is the lowest hourly wage you will accept? \$ _____

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				
Application 2				
Other Activity				

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

Claimant name: _____

Social Security no: XXX-XX-_____

You indicated you have limitations that may prevent you from accepting work or may limit your availability to work. **Complete each section below that applies to you.** You may attach additional pages or documents if necessary.

Incarceration

Date your incarceration began: _____ Date you were released: _____

Out of town/area/state

To where did you travel? _____

Reason for travel: _____

Date you left home: _____ Return date: _____

Primary Care Giver

For whom are you acting as a primary care giver? _____

Can you work full time while still providing care for that individual? YES NO

If NO, could anyone else provide care if you are offered a full-time job? YES NO

Name of alternate care giver: _____

Phone of alternate care giver: _____

Date you began acting as primary care giver: _____

Transportation

Date you lost access to transportation: _____

Have you regained access to transportation? YES NO If YES, provide the date: _____

Other or Personal Reasons

Describe the other or personal reasons for why you were unavailable for work:

Date you became unavailable: _____

Are you still unavailable for this reason? YES NO

If NO, date unavailability ended: _____

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.

Signature: _____ Date: _____

Phone: _____ Email: _____