

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE STATEMENT
PO Box 45266, Salt Lake City, UT 84145-0266
FAX: (801) 526-4402

REGARDING CLAIMS FOR BENEFITS - VACATION/SEVERANCE PAY

Claimant's Name _____ Social Security No. _____

According to the Utah Employment Security Act, ALL severance and accrued vacation payments are attributable to the period of time following the last day worked. Unemployment benefits are denied for that period of time.

I usually worked _____ hours per week. My rate of pay was \$ _____ per _____

COMPANY: _____ PHONE: _____

LAST DAY WORKED: _____ Number of hours worked final week: _____

I have received or will receive the following:

1. **Severance or Separation Pay:** Gross Amount \$ _____ Date Received (if known) _____

This amount represents _____ hours.

2. **Accrued Vacation Pay:** Gross Amount \$ _____ Date Received (if known) _____

This amount represents _____ hours

3. **Other Payments:** Gross Amount \$ _____ Date Received (if known) _____

(Type of pmt. _____) (Do not include wages paid for work already performed)

This amount represents _____ hours.

I CERTIFY the information on these pages is true, correct, and complete. I have made these statements to obtain unemployment benefits, knowing that the law provides penalties for false statements or withholding material facts.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

[] Allowed [] Denied Sec. _____ Eff. _____

Reasoning statement: _____

Dept. Repr. _____ Employee # _____ Date _____