



State of Utah  
Department of Workforce Services  
Unemployment Insurance  
**STATEMENT REGARDING CLAIMS FOR BENEFITS**

On the claim for unemployment benefits you recently filed, you advised this Department that you received or will receive severance and/or vacation pay. You must complete this form and **return it within 10 days** in order for a decision to be made on your claim. **RETURN TO: Utah Department of Workforce Services, P.O. Box 45266, Salt Lake City, UT 84145-0266, Phone 801-526-4400 or Fax 801-526-4402. Please do not send a cover sheet.**

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: \_\_\_\_\_ Hours worked during last week of employment: \_\_\_\_\_

I usually worked the following days:  S  M  T  W  TH  F  S

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 Payment: \_\_\_\_\_

(Do not include wages for work already performed.) This amount represents \_\_\_\_\_ hours.

**NOTE:** We may be able to make a decision more promptly if you attach a copy of your check stub showing the severance, vacation, and/or other separation payment.

I CERTIFY the information above 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 materials facts.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 Numbers of SSN: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: /s/ \_\_\_\_\_

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Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

**DO NOT WRITE BELOW THIS LINE**