

# Florida Agency for Workforce Innovation

## Application for Emergency Unemployment Compensation

The Unemployment Compensation Extension Act of 2008 (Public Law 110-449), signed by the President on November 21, 2008, amended the Emergency Unemployment Compensation Act of 2008 (Public Law 110-252) by increasing the amount of benefits an individual may be paid on a claim. The original law, which was effective July 6, 2008 created an entitlement of 50% of the regular state unemployment claim for up to a maximum of 13 weeks of benefits. The amended law increases the eligibility to 80% of the regular state claim or up to a maximum of 20 weeks of additional benefits, whichever is less, for weeks of unemployment beginning November 23, 2008.

**To be eligible for this additional extension of benefits, you must have:** (1) established a claim for regular benefits on or after May 2, 2006 **AND** (2) exhausted all rights to regular unemployment compensation benefits under state or federal law **AND** (3) have no rights to regular or extended UC in any other state or Canada.

**November 29, 2008 is the first week for which the additional benefits can be paid. DO NOT QUIT A JOB FOR THE PURPOSE OF FILING A CLAIM FOR EUC BENEFITS.**

You may file a claim for Emergency Unemployment Compensation benefits or the additional extension by completing and mailing this form to the Agency for Workforce Innovation; Special Claims; P O Drawer 5350; Tallahassee FL 32314-5350.

**YOU MUST INCLUDE YOUR SOCIAL SECURITY NUMBER, NAME, HOME ADDRESS, AND PHONE NUMBER.**

Name: _____	SS#: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Alien #: _____
Home Address: _____	County: _____	
City: _____	State: _____	Zip: _____
E-Mail Address: _____	Phone #: _____ ( ) _____	Alternate #: ( ) _____

**What is your normal occupation?** \_\_\_\_\_

**Are you disabled as defined in Section 504 of the Rehabilitation Act of 1973?**  YES  NO

Definition: A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. NOTE: This information will be used for statistical purposes only; is requested on a voluntary basis; and will be kept confidential.

**Check one of the following two boxes and include any requested information:**

**I have NOT worked or earned any money since last claiming unemployment benefits and I am now totally unemployed.**  
I wish to file a claim for Emergency Unemployment Compensation. In doing so, I certify that I have not worked since I last claimed unemployment compensation benefits, that I am currently unemployed and that I am not seeking or receiving unemployment benefits under any other state or Federal System. **READ AND SIGN THE CERTIFICATION BELOW.**

**I HAVE worked or earned money since last claiming unemployment benefits and I am now totally or partially unemployed.**  
I wish to file a claim for Emergency Unemployment Compensation. In doing so, I certify that I have worked since I last claimed unemployment compensation benefits, that I am currently totally or partially unemployed and that I am not seeking or receiving unemployment benefits under any other state or Federal System.

Please provide the information required below. List **all** employment since last claiming benefits, using the back of this form or additional sheets of paper if necessary. If additional sheets are used, be sure to write your name and Social Security Number on each additional page. **THEN READ AND SIGN THE CERTIFICATION BELOW**

Employer Name: _____		
Mailing address: _____		
City: _____	State: _____	Zip: _____
Date Started to Work: _____	Last Date Worked: _____	Employer Phone # ( ) _____
Type of Business: _____		
Total Gross Earnings with this Employer: _____	Total Gross Earnings since Sunday of this week: _____	
Reason for Job Separation (Check one box):		
<input type="checkbox"/> Permanent/Temporary Layoff	<input type="checkbox"/> Quit	<input type="checkbox"/> Working Reduced Hours
<input type="checkbox"/> Discharged	<input type="checkbox"/> Other (Please explain): _____	
Occupation or Title _____		

**Is there any reason why you cannot accept a job now (caring for a family member, lack of transportation, personal illness or disability, etc?)**  YES  NO If yes, Reason: \_\_\_\_\_

**CERTIFICATION**

**I understand the Florida Unemployment Compensation Law and Public Law 110-252 provide penalties for knowingly making false statements for the purpose of obtaining benefits not otherwise due. I declare that the statements made in connection with this claim are true to the best of my knowledge and belief.**

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Information you provide to this agency is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(g), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Agency to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.