



WEEKLY CLAIM FOR STATE EXTENDED BENEFITS (SEB)

<p align="center">STATE OF NEVADA DEPARTMENT OF EMPLOYMENT, TRAINING and REHABILITATION EMPLOYMENT SECURITY DIVISION 500 E. Third St. Carson City, NV 89713</p> <p><input type="checkbox"/> Check if your address has changed and provide new address.</p>	<p>Indicate the Week Ending Date you are filing:</p> <p>_____</p> <p>(Must be a Saturday date) Do not return until after the week has expired.</p>
NAME (Last, First, Middle)	SOCIAL SECURITY NO.

A. CLAIM FOR BENEFITS

1. Were you able to work AND actively seeking work as required for the benefit week claimed above? . . . [] YES [] NO If “NO” , explain: _____
2. Did you start school OR attend training during the week? [] YES [] NO
3. Did you refuse work OR did you fail to apply for a job as directed by a Nevada Job Connect office? [] YES [] NO If “YES” , explain: _____
4. Did you OR will you receive vacation pay, holiday pay, severance pay, or wages in lieu of notice during the week claimed? [] YES [] NO If “YES” , type of payment _____, Employer’s Name _____ and gross amount (before taxes) paid \$ _____
5. Did you work OR were you self-employed during the week claimed? [] YES [] NO If “YES” , gross amount (before taxes) earned, plus tips \$ _____ Employer’s Name _____ Reason for separation: <input type="checkbox"/> Lack of work <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit OR <input type="checkbox"/> Still working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

B. WORK SEARCH ACTIVITY

List the employers you contacted to seek employment during the week. Complete all information and record this information in your work search records. Work search records for all State Extended Benefits will be verified. Failure to complete this section or listing unverifiable contacts will result in a delay or denial of benefits. (Please **print** the information below)

Date	Employer Name	Employer Address & Phone Number or website address	Type of Work & Results

I hereby claim benefits under Nevada law and certify my answers are true. I understand the law provides penalties for making false statements to obtain or increase benefits. A SIGNATURE IS REQUIRED FOR PROCESSING. THE FORM WILL BE RETURNED IF INCOMPLETE. Please return this form to DETR- Employment Security Division, Attn: SEB Weekly Claim Filing, 500 E. Third St., Carson City, NV 89713.

Signature of claimant _____ **Date** _____