


STATEMENT OF LATE FILING

	<u>CLAIMANT INFORMATION</u>		
	Name: _____	Social Security Number: _____	_____
Date last worked: _____	Telephone Number: _____	_____	

Please answer all questions and sign after reading the certification box - incomplete questionnaires will not be processed.

The following information is needed to determine your eligibility for benefits.

- Please complete both pages of this form, sign and return it by fax to this number **860-706-5772**

You requested that your initial/reopened claim for unemployment benefits (UI) be made effective prior to the week that you actually filed your application for benefits. Pursuant to Conn. Agencies Regs. Section 31-222-13 (a)(1), the effective date of your claim may be backdated only if you can establish “good cause” for late filing in accordance with section 31-222-13 (a)(4) of the regulations. Good cause includes, but is not limited to, (A) failure of the employment security division to discharge its responsibilities, (B) failure of the employer to comply with verification or other requirements relating to unemployment, including failure to issue the unemployment notice and employee information packet, (C) coercion or intimidation which prevented the prompt filing of a claim, or (D) good faith error, provided the individual acted with due diligence in the filing of the claim once he was appropriately notified of his rights to benefits or once the reason which provided good cause for his failure to file ceased to exist. Good faith error may be found only so long as there is (a) no prior history of late filing, (b) the claim is not excessively late and (c) there is no prejudice to any adverse party.

Connecticut Unemployment Regulation 31-222-13(c)(1) states:

An initiating claim... filed during the week of unemployment... shall be effective as of the commencement of the week within which it is filed...

1. What is the effective date you are requesting? **(MUST BE A SUNDAY DATE)** _____

2. Explain your reasons(s) for the delay in filing your claim. What prevented you from filing your claim immediately upon separation from employment? (Attach additional sheet if necessary)

3. Once you realized the claim was late, how quickly did you try to file?

4. Did you contact the Connecticut Department of Labor about initiating or reopening your claim for unemployment benefits? Yes No
 If Yes, when did you inquire and what were you told? _____

5. Did anyone try to discourage you from filing for benefits in a timely manner? Yes No
 If Yes, who? _____

6. Did your employer provide you with a separation notice or separation packet? Yes No
 If yes, on what date did you receive one of those documents? _____
 If possible, attach a copy of the document with this form.

CERTIFICATION OF WEEKS

Please answer all of the following questions to be considered for a backdating of your claim. **These questions cover the entire timeframe that you are looking to collect.**

1. Were you able to work, available for work and actively seeking full-time work?

If "NO", why not?

Yes No

2. Did you refuse an offer of work or rehire, quit a job or get discharged from a job?

Yes No

3. Did you receive your first payment from a pension, other than Social Security, that you have not already reported or was there a change in the amount previously reported?

Yes No

4. Did you start school, college or training, which you have not already reported to the Department of Labor?

Yes No

5. Did you receive vacation pay, severance pay, or workers' compensation benefits, not previously reported to the Department of Labor?

Yes No

6. Did you work full-time or part-time for an employer or in self-employment or return to full-time work during the week ending last Saturday? If yes, please provide your hours and gross (before taxes) wages for the four weeks after your requested effective date (Question 1).

Yes No

	Sunday date	Saturday date	Hours worked	Gross Wages
Date, Question 1:	_____	_____	_____	_____
Following Sunday:	_____	_____	_____	_____
Third Sunday:	_____	_____	_____	_____
Fourth Sunday:	_____	_____	_____	_____

Name and Address of employer: _____

7. Did you change your mailing address since you last filed a claim? Answer "yes" to this question only if you have not yet notified the Labor Department of this change.

Yes No

CERTIFICATION

I understand that a decision will be made based on the information I have provided. I certify that the information I have provided is true and correct, knowing that the law provides penalties for false statements or the withholding of facts. I understand that a copy of the document may be given to any interested party upon request. If my request for backdating is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts for which it is determined I am not eligible. I have received/reviewed my benefits rights booklet and understand that I am responsible for the information within the booklet. I understand that I am required to be able and available and actively seeking full time work in suitable employment for all weeks that I file a claim for unemployment benefits. I understand that I am required to make at least three job search efforts for each week that I am filing for unemployment benefits and keep a dated log. I understand that I must file my weekly UI claims timely as required.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Conn. Agencies Regs Section 31-222-13

The claimant has shown good cause for late filing of his/her claim.
 has not shown good cause for late filing of his/her claim.

APPROVED:

- Good faith error.
- Failure of the employer to issue unemployment notice.
- Coercion or intimidation by employer or another party.
- Other: _____

DENIED:

- Failed to act with due diligence.
- Claim filed excessively late.
- Prior history of late filing.
- Other: _____

Adjudicator's Signature: _____ Date: _____