



Working with you for a better future.

CLAIMANT SUPPLEMENTAL QUESTIONNAIRE CGS - 31-227(d) - EDUCATIONAL

IMPORTANTE TENGA ESTO TRADUCIDO INMEDIATAMENTE

Please fill out all the information requested on this form and return it to the office listed on the cover sheet (UC-840C OR IS-790C) following the instructions in that document. Thank you.

CASE #:

YOUR NAME YOUR SOCIAL SECURITY NUMBER

EMPLOYER NAME AND ADDRESS

I. PRIOR EMPLOYMENT HISTORY:

A. During your most recent period of employment:

- 1. What was your last day of work?
2. On what date did the academic year/term end?
3. What was your position?
4. Was the position: full time part-time per diem long term substitute?
5. What were the number of hours you worked per week?
6. Did you have a contract of employment? Yes No
7. What was your salary or hourly wage?
8. Have you worked for this employer in any other position during the past two years? Yes No

If "yes," please answer the following questions:

- a. What were the dates of your employment? From to
b. What was your position?
c. Was the position: full time part-time per diem long term substitute?
d. What were the number of hours you worked per week?
e. Did you have a contract of employment? Yes No
f. What was your salary or hourly wage?

B. If you held more than one position with the above employer during the past two years, please explain in the space below using the above questions as a guide.

Blank lines for explanation of multiple positions.

(Over)

CLAIMANT SUPPLEMENTAL QUESTIONNAIRE (CONTINUED)
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Case # :

II. FUTURE EMPLOYMENT INFORMATION:

1. Will you be returning to work when classes resume? Yes No

If "yes," please continue.

If "no," please explain. _____

2. How and when was the offer of work made to you? _____

3. On what date will the next academic year/term begin? _____

On what date will you return to work? _____

4. In what position will you return? _____

Is this position: full time part-time per diem long term substitute?

5. How many hours per week will you work? _____

6. What will your hourly wage be? _____

7. Is there a contract of employment? Yes No

8. Is the employment contingent upon any factors such as funding or enrollment? Yes No

If yes, please explain: _____

CERTIFICATION

Print your name _____ SS# _____

Signature _____ Date _____ Telephone # _____

I certify that the information I have provided above is true and correct, knowing 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 claim for unemployment compensation benefits 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.