

A. SOCIAL SECURITY NUMBER

NAME (Print) _____
 (First) (Middle) (Last)

MAILING ADDRESS _____
 (No.) (Street or Route) (Apt. No.)

 (City) (State) (Zip)

HAVE YOU CHANGED YOUR MAILING ADDRESS WITHIN THE LAST TWO WEEKS? YES NO

Previous Occupation _____

If you need more forms, please check this block

TAW # _____ / _____ - _____

INSTRUCTIONS

1. Complete Sections A, B, C and D.
2. Answer all questions. Sign, date and provide your telephone number at the bottom of this form.
3. Mail this form to: TRA, PO Box 395, Trenton, NJ 08625-0395 on the Sunday following the end of the 2nd week you are claiming.

B. During the week(s) claimed: (Circle your answers)

- | | | | | | |
|---|-----|----|--|-----|----|
| 1. Were you able and available for work? | YES | NO | 6. Are you now receiving or have you applied for a pension or other retirement pay (not including social security benefits)? | YES | NO |
| 2. Were you actively seeking work? | YES | NO | If yes, has there been any change in the amount since you last filed for benefits? | YES | NO |
| 3. Were you offered any jobs that you refused? | YES | NO | 7. Did you work or receive vacation pay, holiday pay, commissions or have earnings from self-employment? | YES | NO |
| 4. Were you attending school or job training? | YES | NO | If yes, you must complete Section E on reverse. | | |
| 5. Did you receive or claim unemployment benefits under any Act of the Federal government or other State? | YES | NO | | | |

C. You must show four (4) work search contacts for each week claimed. Two (2) of the contacts must be in person.

Work contacts made during the 7 day period ending _____

Name and Address of Place Contacted	Person Contacted & Phone Number	Method of Contact		Type of Work Sought	Result of Contact
		In Person	By Resume		

Work contacts made during the 7 day period ending _____

Name and Address of Place Contacted	Person Contacted & Phone Number	Method of Contact		Type of Work Sought	Result of Contact
		In Person	By Resume		

D. I certify that my statements on both sides of this form are true. I realize that the Law provides penalties for making false statements to obtain benefits.

SIGN HERE X _____ (Written Signature of Claimant) _____ (Date) _____ (Area Code) _____ (Telephone No.)

SIGN AND DATE THIS FORM AFTER THE END OF THE WEEK(S) YOU ARE CLAIMING

E. Complete this section ONLY if you answered "Yes" to question 7 in Section B.

(BC-260)

1.

YOUR PRESENT EMPLOYMENT	
NAME OF FIRM	OCCUPATION
STREET ADDRESS	EMPLOYER TELEPHONE NO.
CITY STATE ZIP CODE	

2. Did you return to work full time? Yes No If "Yes," enter date and day of week _____

3. Enter in the boxes below your daily earnings, before deductions, for each day you worked, earned wages or received holiday and/or vacation pay. Explain reason for payment in Remarks below. Start with the first day you worked and complete each box through Saturday. Enter "NONE" for each day you did not work.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1	\$	\$	\$	\$	\$	\$	\$
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 2	\$	\$	\$	\$	\$	\$	\$

4. Are you still working? Yes No If "No," give reason for separation.

REMARKS

Before Mailing This Form:

- **Review** this form to make sure it is properly completed.
- **Sign and Date** the form after the end of the second week you are claiming.
- **Notify** us if there is any change in your mailing address by checking "Yes" to the question in Section A on the front of this form. The Post Office will not forward your check.
- **Enclose** this form in the self-addressed envelope provided.
- If you are claiming **Partial Benefits**, mail your pay stub, signed by your employer, along with this form.