

New Jersey Department of Labor and Workforce Development Division of Unemployment Insurance Telephone No: FAX No:	SSN	PC	DATE OF CLAIM	FRD
	NAME			DATE OF MAILING
	REQUEST FOR WAGE SEPARATION INFORMATION			

EMPLOYER IDENTIFICATION NUMBER

SAMPLE

The above individual has filed a claim for unemployment insurance benefits. In order to properly determine benefit entitlement, please provided the requested wage and separation information on both sides of this form. Return your response by mail or fax to the address listed above within 10 calendar days form the date of this mailing. If you do not respond to this request, claim eligibility may be based on the claimant's affidavit wages.

SECTION A

1. Are you required to pay contributions on the above individual's wages? YES NO
 If no, state the reason and then go to Section B. Reason: _____

2. Is the Employer Identification Number printed above correct? YES NO
 If no, provide the correct NJ Employer Identification Number: _____

3. If your unemployment compensation coverage began at a later date than _____ enter the first date of coverage: _____. Provide wage information on the back of this form from the first date of coverage.

SECTION B

If you have already provided the following information, it is not necessary to complete Section B. Go to the back of this form and complete the wage request information.

1. Why is the above individual no longer working for you? Lack of Work Other
 If other, please explain: _____

2. Claimant's last day of work: _____ Date of separation (if different than last day of work): _____

3. Is the claimant receiving or has the claimant applied for a company pension, 401K, or other type of retirement benefits?
 YES NO
 If yes, did the claimant contribute? YES NO Monthly amount of pension: \$ _____
 If lump sum payment was issued, enter total amount: \$ _____ Date lump sum paid: _____

4. Was the claimant paid for a period **after** the last day of work? YES NO If yes, amount received: \$ _____
 Type of payment: Vacation Holiday Severance Payment in Lieu of Notice through _____ Continuation Pay through _____

Was the payment part of a contractual agreement? YES NO

5. Is this separation temporary? YES NO If yes, date claimant is scheduled to return to work: _____

Employer Identification Number	FRD	Claimant's Name	Social Security Number	PC	Date of Claim
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INSTRUCTIONS: For each week ending listed below, enter the amount of gross wages earned by this claimant during that calendar week. Include in this amount gratuities, holiday pay, vacation pay, sick pay, commissions, bonuses and the cash value of all compensation in any medium other than cash (lodging, meals, etc.). Provide total amounts where indicated.

Make sure you sign and date the form and provide your official position and telephone number.

QUARTER ENDING 09/30/04		QUARTER ENDING 12/31/04		QUARTER ENDING 03/31/05		QUARTER ENDING 06/30/05		QUARTER ENDING 09/30/05		PERIOD ENDING 12/17/05	
WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT
07/03/04		10/02/04		01/01/05		04/02/05		07/02/05		10/01/05	
07/10/04		10/09/04		01/08/05		04/09/05		07/09/05		10/08/05	
07/17/04		10/16/04		01/15/05		04/16/05		07/16/05		10/15/05	
07/24/04		10/23/04		01/22/05		04/23/05		07/23/05		10/22/05	
07/31/04		10/30/04		01/29/05		04/30/05		07/30/05		10/29/05	
08/07/04		11/06/04		02/05/05		05/07/05		08/06/05		11/05/05	
08/14/04		11/13/04		02/12/05		05/14/05		08/13/05		11/12/05	
08/21/04		11/20/04		02/19/05		05/21/05		08/20/05		11/19/05	
08/28/04		11/27/04		02/26/05		05/28/05		08/27/05		11/26/05	
09/04/04		12/04/04		03/05/05		06/04/05		09/03/05		12/03/05	
09/11/04		12/11/04		03/12/05		06/11/05		09/10/05		12/10/05	
09/18/04		12/18/04		03/19/05		06/18/05		09/17/05		12/17/05	
09/25/04		12/25/04		03/26/05		06/25/05		09/24/05			
TOTAL AMOUNT		TOTAL AMOUNT		TOTAL AMOUNT		TOTAL AMOUNT		TOTAL AMOUNT		TOTAL AMOUNT	
Agency Use Only Base Weeks		Agency Use Only Base Weeks		Agency Use Only Base Weeks		Agency Use Only Base Weeks		Agency Use Only Base Weeks		Agency Use Only Base Weeks	

I certify that the information submitted by me in this report is true and correct.

Signed: _____

Official Position: _____

Date: _____

Phone: _____

Ext: _____