



DEPARTMENT OF LABOR

EMPLOYER'S VERIFICATION OF UNEMPLOYMENT

TYPHOON MAWAR DISASTER UNEMPLOYMENT ASSISTANCE

EMPLOYEE INFORMATION

Name (Last, First, Middle Initial): _____ Date of Birth: _____
Last 4 of SSN: _____ Home Phone: _____ Cell Phone: _____
Address: _____ City _____ State _____ Zip _____
Employee Date of Hire: _____ Employee Date Last Worked: _____
Date Returned to Work: _____ Recall Hours: Full Time Part Time Refused Recall: Yes No
(after Typhoon)

EMPLOYER INFORMATION

Company Name: _____ Contact Number: _____
Representative Name: _____ Title: _____
Address: _____ City _____ State _____ Zip _____
Email: _____

REASON FOR BUSINESS CLOSURE

- Company remained closed after COR4 due to the effects of Typhoon Mawar. No employees reported to work from _____ to _____.
Company remained closed after COR4 due to the effects of Typhoon Mawar. Company partially reopened on _____ and some employees were recalled to work.



EMPLOYER'S VERIFICATION OF UNEMPLOYMENT

TYPHOON MAWAR DISASTER

UNEMPLOYMENT ASSISTANCE Pg. 2

EXPLANATION

Provide explanation for business closure (e.g., damages [describe], power/water outage, lack of customers):

I certify that the information provided is true and correct and understand that providing false information in connection with a Disaster Unemployment Assistance claim is fraud and such fraud may be prosecuted under local and/or federal regulations.

Employer / Title (Print)

Signature

Date