



NEW HAMPSHIRE EMPLOYMENT SECURITY CONTINUED CLAIM FORM



**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:
NHES BAU 45 SOUTH FRUIT STREET, CONCORD NH 03301-4857**

Name _____

Address _____

City _____ State _____ ZIP _____

Check (✓) if this is a new mailing address

SS# - -

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FOR THE CALENDAR WEEK ENDING ON SATURDAY: _____ / _____ / _____ (Check One ✓)
YES NO

1. Were you **available** for work during the week being claimed? *(In other words were you available to start work or return to work for an employer, if asked?)*
If you were not available, provide a brief description why in the box provided *(vacation, car problems, etc.)* _____
2. Were you physically and mentally **able** to work without any restrictions during the week being claimed?
If you were not able, provide a brief description why in the box provided *(illness, hospitalization, etc.)* _____
3. Did you **start school or a new training program** during the week being claimed? _____
4. Did you file a **Workers Compensation Claim** due to a work-related injury during the week being claimed? _____
5. Did you file for **Social Security Benefits** during the week being claimed? *(These include Social Security Retirement and Social Security Disability Benefits)* _____
6. Did you **work or perform any services** during the week being claimed? *(This includes starting a new job, working part-time employment or working for yourself, regardless of whether you received payment)* _____
7. Did you receive, or will you receive, **holiday pay** for a holiday that occurred during the week being claimed? _____
8. Did you receive **any monies not previously reported** to this department, other than wages for hours actually worked during the week being claimed? _____
9. Did you **refuse any work** during the week being claimed?
If you refused work, provide a brief description of why in the box provided *(Hours, wage, family obligations, too far, etc.)* _____
10. Did you **fail** to follow up on a **job referral** from NH Employment Security during the week being claimed?
If you did not follow up on a job referral, provide a brief description of why *(forgot to investigate, did not want to investigate, ect.)* _____

Which of the following apply to your effort to search for work during the week claimed?

I looked for work.

I did not search for work because I returned to work for my previous employer.

Employer name: _____ Return to work date: _____

I did not search for work because I was hired by a new employer.

Employer name: _____ Employment start date: _____

I did not search for work.

DATE MO/DA/YR	EMPLOYER CONTACTED	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS
	Name: Street: City/town: State: Phone:			
	Name: Street: City/town: State: Phone:			
	Name: Street: City/town: State: Phone:			
	Name: Street: City/town: State: Phone:			
	Name: Street: City/town: State: Phone:			

CERTIFICATION: I understand that the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct. I certify that I am not claiming or receiving benefits from any other unemployment program for the above week. I certify that I have not previously provided false information or failed to disclose information, about employment history, employment status, earnings, availability for work, or other matters concerning my eligibility for benefits. I understand the law provides penalties for false statements.

_____ **Claimant Signature*** _____ **Date** _____ **Telephone Number**

***Your claim cannot be processed without your signature. Mail the completed form to this department using the address on the front of this document**

**NHES IS A PROUD MEMBER OF AMERICA'S WORKFORCE NETWORK AND NH WORKS.
NHES IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.
AUXILIARY AIDES AND SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES. TDD/TTY ACCESS: RELAY NH 1-800-735-2964**