

SAMPLE- WEEKLY CLAIM FOR STATE EXTENDED BENEFITS (SEB)

STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING and REHABILITATION
EMPLOYMENT SECURITY DIVISION
500 E. Third St.
Carson City, NV 89713

Check if your address has changed and provide new address.

Indicate the **Week Ending Date** you are filing:

(Must be a Saturday date) ←
Do not return until after the week has expired.

The first week ending date you are eligible to file for will be the first Saturday after the effective date of your claim. See below.

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

A. SAMPLE - ANSWERS FOR CLAIM FOR BENEFITS

- Were you able to work **AND** actively seeking work as required for the benefit week claimed above? . . . [] YES [] NO
If "NO", explain: _____
- Did you start school **OR** attend training during the week? [] YES [] NO
- Did you refuse work **OR** did you fail to apply for a job as directed by a Nevada Job Connect office? . . . [] YES [] NO
If "YES", explain: _____
- Did you **OR** will you receive vacation pay, holiday pay, severance pay, or wages in lieu of notice during the week claimed? [] YES [] NO
If "YES", type of payment _____, Employer's Name _____
and gross amount (before taxes) paid \$ _____
- Did you work **OR** were you self-employed during the week claimed? [] YES [] NO
If "YES", gross amount (before taxes) earned, plus tips. \$ _____
Employer's Name _____
Reason for separation: Lack of work Discharge Voluntary Quit **OR** On Call Part-time Full-time

You must answer questions 1 – 5 in this section.

B. SAMPLE WORK SEARCH ACTIVITY

List the employers you contacted to seek employment during the week. Complete all information and record this information in your work search records. Work search records for all State Extended Benefits will be verified. **Failure to complete this section or listing unverifiable contacts will result in a delay or denial of benefits.** (Please print the information below)

Date	Employer's name, contact name and title	Employer Address & Phone Number or website address	Type of Work	Method/Results
05/04/10	ABC Electric Co., John Smith, owner	1 Main Street, Reno NV 775-123-4567	Electrician	Telephoned, not accepting applications
05/05/10	XYZ Systems Electric Co., Jane Doe, HR Rep	203 First St, Carson City, NV 775-456-1238	Supervisor	Filled out application in person & left resume
05/07/10	Smith & Sons Electric Co., Lucy Ball, secretary	smithsons@sbcglobal.web	Electrician	e-mailed resume, not hiring
<p>The examples shown in these boxes are for example only, and to show you how to complete these sections.</p>				

You must provide your complete work search activity for each week. All sections must be completed.

I hereby claim benefits under Nevada law and certify my answers are true. I understand the law provides penalties for making false statements to obtain or increase benefits. A SIGNATURE IS REQUIRED FOR PROCESSING. THE FORM WILL BE RETURNED INCOMPLETE. Please return this form to DETR- Employment Security Division, Attn: SEB Weekly Claim Filing, 500 E. Third St., Carson City, NV 89713, or by fax to (775) 687-3444, Attn: SEB Weekly Claim Filing.

Signature of claimant _____ Date _____

You must sign and date your weekly claim form before you mail it in.

If you are uncertain what Saturday week ending date to write in the "Week ending date" box at the top right-hand side of page, refer to verbal instructions received when you established your claim or call the Telephone Claim Center.



WEEKLY CLAIM FOR STATE EXTENDED BENEFITS (SEB)

<p align="center">STATE OF NEVADA DEPARTMENT OF EMPLOYMENT, TRAINING and REHABILITATION EMPLOYMENT SECURITY DIVISION 500 E. Third St. Carson City, NV 89713</p> <p><input type="checkbox"/> Check if your address has changed and provide new address.</p>	<p>Indicate the Week Ending Date you are filing:</p> <p>_____</p> <p>(Must be a Saturday date) Do not return until after the week has expired.</p>
NAME (Last, First, Middle)	SOCIAL SECURITY NO.

A. CLAIM FOR BENEFITS

1. Were you able to work AND actively seeking work as required for the benefit week claimed above? . . . [] YES [] NO If “ NO ”, explain: _____	
2. Did you start school OR attend training during the week?..... [] YES [] NO	
3. Did you refuse work OR did you fail to apply for a job as directed by a Nevada Job Connect office? . . . [] YES [] NO If “ YES ”, explain: _____	
4. Did you OR will you receive vacation pay, holiday pay, severance pay, or wages in lieu of notice during the week claimed? [] YES [] NO If “ YES ”, type of payment _____, Employer’s Name _____ and gross amount (before taxes) paid \$ _____	
5. Did you work OR were you self-employed during the week claimed? [] YES [] NO If “ YES ”, gross amount (before taxes) earned, plus tips. \$ _____ Employer’s Name _____ Reason for separation: <input type="checkbox"/> Lack of work <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit OR <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	

B. WORK SEARCH ACTIVITY

List the employers you contacted to seek employment during the week. Complete all information and record this information in your work search records. Work search records for all State Extended Benefits will be verified. Failure to complete this section or listing unverifiable contacts will result in a delay or denial of benefits. (Please **print** the information below)

Date	Employer’s name, contact name and title	Employer Address & Phone Number or website address	Type of Work	Method/Results

I hereby claim benefits under Nevada law and certify my answers are true. I understand the law provides penalties for making false statements to obtain or increase benefits. A SIGNATURE IS REQUIRED FOR PROCESSING. THE FORM WILL BE RETURNED IF INCOMPLETE. Please return this form to DETR- Employment Security Division, Attn: SEB Weekly Claim Filing, 500 E. Third St., Carson City, NV 89713, or by fax to (775) 687-3444, Attn: SEB Weekly Claim Filing.

Signature of claimant _____ Date _____