

Guide to EB Work Search Reporting on the Internet

(If current program = EB, user will be directed here prior to accessing weekly claim form.)



Department of Labor
State of Vermont



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Are you currently working part-time THAT IS EXPECTED to become full-time?

Required

Format: Yes/No Buttons

Meaning: Required fields are indicated by the * next to the form field.

For further assistance please contact the Claimant Assistance Line toll-free at 1-877-214-3332 for help from Monday through Thursday from 8:00a.m. to 4:00p.m. and Friday from 9:00a.m. to 4:00p.m., except holidays.

Our records indicate you are currently receiving State Extended Benefits, otherwise known as EB. While this is a state program, there are mandated Federal requirements. One of those mandates includes the necessity to provide proof of a systematic and sustained effort to find suitable work, which efforts will be periodically validated.

Warning: Failure to document work search or failure to accept suitable work will result in a disqualification until you have worked in at least four calendar weeks and have earned wages not less than six times your weekly benefit amount.

Once you have provided the required information, you will be automatically moved to the application for filing your weekly claims over the internet.

Your claim is NOT filed until you answer questions on this page, click 'continue' to provide work searches on the next page, click 'continue' to answer all weekly claim questions, and then click 'Submit'. After you 'Submit' your claim, please print and retain your confirmation page that will appear at the end of your filing

Are you currently working part-time THAT IS EXPECTED to become full-time? Yes No *

Do you belong to a Labor Union? Yes No *

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TIPS:

Individuals working part-time in a job expected to become full-time: When reporting your work searches on the next page, do NOT include your part-time employer.

Individuals belonging to a Labor Union: When reporting your work search on the next page, do NOT include your Labor Union hall.



Date of contact
Required

Format: Date
(mm/dd/yyyy)

Meaning: Enter the date you applied for the position.

Required fields are indicated by the * next to the form field.

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Enter your work search contacts for the week ending 06/06/2009

Date of contact *

Type of work *

Employer Name *

Employer Address *

Person Contacted *

Phone Number *

Method of Contact (in person, resume, telephone, e-mail, etc.) *

Results of Contact *

Date of contact *

Type of work *

Employer Name *

Employer Address *

Person Contacted *

Phone Number *

Method of Contact (in person, resume, telephone, e-mail, etc.) *

Results of Contact *

Date of contact *

Type of work *

Employer Name *

Employer Address *

Person Contacted *

Phone Number *

Method of Contact (in person, resume, telephone, e-mail, etc.) *

Results of Contact *

I CERTIFY THE INFORMATION ABOVE IS ACCURATE

[Continue](#)

TIPS:

The number of contact fields will change depending on answer to previous two questions.

After user clicks "Continue" button, he/she will automatically be routed to weekly claims form.

Weekly claim will NOT be filed until the "Submit" button on the claim page has been clicked.