1. Enter required details for work performed during "the week" for the STC employer ONLY. * Gross wages must be reported even if they have not yet been paid.

2. Did you work for ANOTHER employer or earn wages during "the week" being claimed from ANOTHER source? (NOT the STC employer.)

If you answered "Yes" to question 2, you are required to provide the total number of hours and minutes WORKED and the total GROSS wages you EARNED from employment OTHER THAN the STC employer here. * Gross wages must be reported even if they have not yet been paid.

3. Will you receive vacation, sick, or holiday pay for hours NOT worked during the week being claimed? If "Yes", circle pay type and indicate required details.

4. Were there any hours your employer(s) had available for you to work, but you were either NOT able to work or available for? If you answered "Yes", you must explain why: ________________________________

5. Did you refuse any offer of work or referral to work? .................................................................

6. Did you quit a job? .................................................................

7. Were you fired from a job? .................................................................

8. Did you receive any back pay or settlement of wages? .................................................................

9. Have you changed your name, mailing address or telephone number, since you last filed a weekly claim? If "Yes", you must complete VDOL form B-2 and submit it with this claim. .................................................................

10. Certification: I understand that the law prescribes PENALTIES for FALSE STATEMENTS to obtain or increase benefits and that I will have to repay any benefits falsely obtained. I hereby certify, signified by signature below, that the information contained in this claim is true and correct.

Claimant's Signature (Must be original signature - not a copy) Date claim signed (Cannot be BEFORE week ends)

Completed by STC Employer

<table>
<thead>
<tr>
<th>Initials of STC Representative who reviewed this claim for completeness</th>
<th>Did participant answer &quot;Yes&quot; to any of the above questions? (*Any &quot;Yes&quot; answers will require review by VDOL Representative)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes*</td>
</tr>
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</table>