

WEEKLY CLAIM FORM (B-6 STC) (9/09)
SHORT-TIME COMPENSATION (STC) PLAN

VERMONT DEPARTMENT OF LABOR
 P.O. Box 189, Montpelier, VT 05601-0189

Plan #	Participant Name	SSN	Week Ending Date
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Participant Instructions: You must complete this claim form immediately upon the week shown above ending. Timely payment of benefits that may be due you depend on complete and accurate information being provided by you and your STC employer. You must complete all questions, sign, and date this form. Once you have completed this form, it must be submitted to your employer representative handling this STC plan.

The term "wages" below means: All remunerations for services rendered by an individual, including commission, bonuses, gratuities, cash value of any non-cash items (such as board, rent, fuel, offset of a debt). Report GROSS WAGES before deductions, whether or not wages have been received.

The following information relates to YOUR activity beginning on **Sunday at 12:00 a.m. through 11:59 p.m.** for "the week" ending on the Saturday date indicated above. Put an "X" and/or required information in the box.

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: __

Yes	No
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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			
Initials of STC Representative who reviewed this claim for completeness _____	Did participant answer "Yes" to any of the above questions? (*Any "Yes" answers will require review by VDOL Representative)	Yes*	No

Sunday - Saturday for Week Ending above		
Hours	Mins	Total gross wages* EARNED
		\$

Yes	No
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Employment OTHER THAN STC employer:		
Sunday - Saturday for Week Ending above		
Hours	Mins	Total gross wages* EARNED

Yes	No	Sunday - Saturday for Week Ending above	
		Hours	Mins
			Total gross wages* EARNED

Yes	No
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Yes	No
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Yes	No
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Yes	No
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Yes	No
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