

Mail/Fax information to:

Vermont Department of Labor
Claim Center
P.O. Box 189
Montpelier, VT 05601-0189
Fax: 802-828-9191

Notification of Available Work

Please provide the following information regarding the work you **currently have available** for:

Name of Claimant: _____ Last four digits of SSN: _____

Current Date: _____

Your Business Name and Address:

Your Business Telephone Number: _____

Name of Person to Contact for Job Information: _____

Job Title: _____ Rate of Pay: _____ (Hourly / Salary)

Full-Time Part-Time = ____ hours per week

Printed Name of Person Completing Form

Telephone Number

Title of Person Completing Form