

PROMISE OF FULL-TIME EMPLOYMENT

If an employer guarantees you a full-time job for the future, please have the employer complete and return this form.

Claimant Name: _____ Last four digits of SS#: _____

Start Date: _____ Company Name: _____

Company Address: _____

Company Telephone Number: _____ Unemployment Account Number: _____

A valid return to work date is a guaranteed date that is not contingent or weather dependent. By completing this form, the employer is certifying under the penalties of perjury that the date provided is guaranteed and will not be removed or changed. Providing false information to the department to circumvent unemployment program requirements can result in employer audits and penalties of up to \$5,000 per false report.

Return to work date submissions without signed certification will not be accepted.

Signature of Hiring Official: _____

Print Name of Hiring Official: _____

Hiring Employer must return completed form to:

VERMONT DEPARTMENT OF LABOR

P.O. Box 189

Montpelier, VT 05601-0189

Email: Labor.UIClaimsCenter@Vermont.gov

Fax: 802-828-9191