

# RETURN TO WORK NOTIFICATION

**When you return to work**, you should complete this form, sign and mail it to:

Vermont Department of Labor  
Attn: Claims Center  
P.O. Box 189  
Montpelier, Vermont 05601-0189

Or fax the completed form to the department at (802) 828-9191.

Name: \_\_\_\_\_

Last four digits of your SS#: \_\_\_\_\_

I have started work for  my last employer  a new employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Date I started work: \_\_\_\_\_

Occupation: \_\_\_\_\_

**CAUTION: If you file a claim for benefits after your start date, you MUST report earnings when you call in your claim. Report GROSS WAGES EARNED Sunday through Saturday of that week, whether or not you received payment.**

I expect this work to be:  Full-Time  Part-Time

Starting Wage: \$ \_\_\_\_\_ per (*circle one*) hour day week month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_