



WEEKLY TRADE ACT BENEFIT REQUEST
Questions? Call (800) 436-6191

CAT 832

Name: _____ Social Security # or Customer ID # _____ BYE: _____

I am claiming unemployment insurance benefits for the week ending: _____

1. Did you attend all scheduled classes during the week? Yes No

A. If "No" please explain: _____

B. If you are within 30 days of your approved Trade Act Training what is the start date of your approved training? _____

C. If you are on a scheduled break in training:

Start date of break: _____ End date of break: _____

2. Did you work last week, received or will receive vacation or holiday pay? Yes No

If "yes" enter the number of hours and your gross earnings (before deductions).

Number of hours worked: _____ Gross earnings for this week: \$ _____

3. Did you quit a job or were you fired or suspended from a job last week? Yes No

4. Did you receive a pension not previously reported to us? Yes No

5. Were you away from your permanent residence for more than 3 days last week? Yes No

I certify the answers above are true and to the best of my knowledge. I am aware I may be penalized for giving false information or for withholding information.

Signature: _____ Date: _____

When complete please fax: (503) 947-1833 or (877) 353-7700 or mail to: PO Box 14518, Salem, OR 97309	Email: EMP.TRA@state.or.us
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EB Work Search – complete if on Trade Act Basic UI, while not in training

Name: _____ Social Security # or Customer ID #: _____

I am claiming unemployment insurance benefits for the week ending: _____

- 1. Did you fail to apply for work when referred by the Employment Department or fail to accept work last week? Yes No
- 2. Were you away from your permanent residence for more than 3 days last week? Yes No
- 3. a. Were you physically and mentally able to perform the work you sought last week? Yes No
- b. Each day last week were you willing to work and capable of accepting and reporting for full-time, part-time or temporary work, while not imposing conditions that reduce the opportunities to work? Yes No
- c. Did you actively look for work last week? Yes No

Work Search Record

Date	Company Name	Location	Contact method: (in person, phone, resume)	Type of Work Sought	Results (hired, not hired)

I certify by my signature below that I understand the above requirement as it pertains to the receipt of my unemployment insurance benefits.

Signature: _____ Date: _____

When complete please fax: (503) 947-1833 or (877) 353-7700 or mail to: PO Box 14518, Salem, OR 97309	Email: EMP.TRA@state.or.us
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