



**VERIFICATION OF EMPLOYMENT
DISASTER UNEMPLOYMENT ASSISTANCE (DUA)
DISASTER RELIEF ACT OF 1974**

Office No.: EO 082
Disaster No.: 4562
Disaster Declaration Date: 09/15/2020
Disaster Period Start Date: 09/13/2020
Disaster Period End Date: 03/20/2021

Verification of Employment / Prospective Employment

APPLICANT: To avoid loss of benefits, both sides of this form must be completed and signed by the employer you were working for or the employer you were scheduled to begin working for at the time of the major disaster. If you were scheduled to work for more than one employer, photocopy this document and have each employer complete one.

THIS FORM SHOULD BE RETURNED WITH FORM ETA 81.

Applicant Name:

Applicant Social Security Number:

Other Names Used:

Dear Employer:

The individual named above has filed a claim for Disaster Unemployment Assistance (DUA) and has stated that he or she couldn't start work or continue working for you as a direct result of the major disaster.

The following information is needed to figure out the individual's eligibility for DUA benefits.

1. Employer Name: _____

2. Was this individual working or scheduled to work for you at the time of the disaster? No Yes

If **No**, skip to #11, sign, and return this form to the applicant.

If **Yes**, continue completing this form.

3. Describe the type of work performed or scheduled to be performed:

4. Rate of Pay: _____ per _____

Average number of actual or anticipated hours of work per week: _____

Fulltime? No Yes

5. Address where the work was being done, or where it was scheduled to be performed:

Street/Rural Route No.: _____
City: _____ State: _____ County: _____

6. Anticipated duration of the work in normal circumstances (if no disaster):

Start Date: _____ End Date: _____

7. If the individual was working for you at the time of the disaster, what was their last day of work?

8. If the individual was not working for you but scheduled to work at the time of the disaster:

Date the offer of work was made: _____

Work was to begin on: _____

Was the offer of work made directly to this individual? No Yes

If No, who was the offer made to? _____

Name of person who offered the job: _____

Title: _____

(please print)

Telephone Number: _____

9. Did the disaster prevent you from having work for this individual? No Yes

If Yes, for what period? (provide begin and end dates)

What prevented work from being available? _____

If No, why is the applicant not currently working for you? _____

10. Provide the start date if the individual began or is rescheduled to begin working for you again:

Expected start date: _____

Fulltime? No Yes

11. I KNOW THAT FEDERAL FUNDS ARE PROVIDED AND THAT THERE ARE CRIMINAL AND ADMINISTRATIVE PENALTIES FOR WILLFULLY GIVING FALSE OR MISLEADING INFORMATION OR CONCEALING CRITICAL FACTS IN CONNECTION WITH A DISASTER UNEMPLOYMENT ASSISTANCE CLAIM. KNOWING THIS, I HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THIS FORM IS TRUE AND CORRECT.

Company Representative Name (please print)

Employer SSN or Federal ID Number

Signature

Date

Telephone Number