



Weekly Claim Form – Self Employment Assistance (SEA) Program

Name:	CID or SSN:
	BYE:
Saturday ending date of the week claimed:	CAT: 850

1.	During this week did you devote 40 hours to establishing your own business and becoming self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	During this week did you earn any income from your self employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, the total gross amount of these earnings are: \$ _____	
3.	During this week did you work as an employee for an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete the following (for the claimed week):	
	Number of hours: _____	Total gross earnings: \$ _____
4.	Did you voluntarily leave work or were you discharged or suspended from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Will you receive or have you received holiday or vacation pay for any period including this week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete the following (for the claimed week):	
	Gross Amount: \$ _____	Type of payment: _____

To return document: Save completed form to your computer and attach to a 'Reply' email from the message from the SEA department.

Certification

I hereby claim benefits under Oregon Employment Department Law. I certify that I have not claimed benefits under any other state or federal system for any part of this period and that all the statements I have made on this form are true and correct.

Initial:

Date: