

20676 CLAIM EXPIRES 354 / WEEK PAID 06-22-13
 12-14-13 06-29-13

BENEFITS ARE REDUCED BECAUSE YOU REPORTED EARNINGS DURING THE WEEK ENDING 06-22-13.
 BENEFITS ARE REDUCED BECAUSE YOU REPORTED EARNINGS DURING THE WEEK ENDING 06-29-13.
 YOUR CLAIM BALANCE AFTER THIS PAYMENT IS
 UNEMPLOYMENT COMPENSATION IS TAXABLE. A JUSTIF. ON THE CLAIM FORM ALLOWS YOU TO REQUEST
 FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
 CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK DETACH THIS STUB FOR YOUR RECORD

CONTINUED CLAIM

12-16-12

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ANSWER ALL QUESTIONS. SEE SECTION A, ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, A Guide to Benefits and Employment Services.

Begins 1ST WEEK Begins 2ND WEEK
 Ends 06-30-13 Ends 07-07-13
 07-06-13 07-13-13

COMPLETE AND MAIL THIS FORM ON

07-14-13

YES NO YES NO

1. Were you too sick or injured to work?
 If yes, enter the number of days (1 through 7) you were unable to work. (1-7) (1-7)

2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday?

3. Did you look for work?
 IF MARKED 'X', YOU MUST COMPLETE SEC. B, WORK SEARCH RECORD, ON REVERSE

4. Did you refuse any work?

5. Did you begin attending any kind of school or training?

6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT?
 (If yes, you MUST COMPLETE items a. and b. below.)

a. Enter earnings before deductions here \$ _____ \$ _____
 b. Report employment or 'source' of earnings information below

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK	7/5/13	16	SPECIAL SERVICES & INFORMATIONAL SGT Mission Viejo, CA	Still Working
2ND WEEK	7/12/13	16	" "	Still Working

7. If you want federal income tax withheld for the week(s) shown above, mark this block.

8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse.

MAIL TO:
 NORCAL AUTHORIZATION CENTER
 PO BOX 889057
 WEST SACRAMENTO CA 95798-9057

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits. My answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national, or an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

[Your signature if required] 

→ The answer to #3 is 'yes'