

**Supplemental Unemployment Benefit (SUB) Application
Employees On Layoff Working Other Jobs**

Badge No: _____

Print Name: _____

Section I

Did you receive an unemployment check? Yes ☐ No ☐

If "NO", go to Section II

If yes, is this check for more than one week? Yes ☐ No ☐

How many weeks is the unemployment check for? _____

What is the gross amount of the unemployment check? _____

Section II

Did you work for another employer? Yes ☐ No ☐

If yes, how many weeks is your check for? _____

What is the gross amount of your check per week:

Week ending date: _____ Gross earnings \$ _____

Week ending date: _____ Gross earnings \$ _____

Week ending date: _____ Gross earnings \$ _____

Attach pay stub (s).

I certify that during the week/weeks covered by this application I was laid off and earned no wages or remuneration except as shown. I hereby authorize the release to the company by the state unemployment compensation authorities of any information pertaining to my state employment compensation claim.

I hereby agree to repay any overpayment of supplemental benefits which may be made to me; and for that purpose, I hereby authorize the company to deduct the amount of any such overpayment from any weekly benefits otherwise due me or from any monies hereafter becoming due to me from the company.

Employee Signature

Date