



AVAILABILITY - OUT OF THE AREA

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____ Last 4 Digits of your Social Security #: _____
 Date completing questionnaire: _____

Claimant statement

1. When did you leave the local area (mm/dd/yyyy)? _____
2. Where did you travel to? _____
3. When did you or will you arrive back in the local area (mm/dd/yyyy)? _____
4. What was the purpose of your travel out of state?

5. Did you look for work while you were out of state? YES NO
 If Yes: a) Where did you seek work?

b) What dates did you seek work? _____
 c) What type of work did you apply for? _____

d) Did you apply for part-time or full-time work? Part-Time Full Time

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____