



**School Employees – SCHOOL VACATION PERIOD**

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 Claimant’s Social Security #: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Representative Title: \_\_\_\_\_ Date completed Questionnaire: \_\_\_\_\_

Are you authorized to provide a statement on behalf of the company?

**Employer Statement**

1. Last day the employee physically worked (mm/dd/yyyy)? \_\_\_\_\_

2. Last day of classes (mm/dd/yyyy)? \_\_\_\_\_

3. Date classes resume (mm/dd/yyyy)? \_\_\_\_\_

4. What was the employee’s position: \_\_\_\_\_

5. Did the employee work during the week immediately preceding the school vacation period?  YES  NO

a. If no, was work available for the employee?  YES  NO

b. If work was available, why didn’t the employee work? \_\_\_\_\_

6. Is the employee a substitute?  YES  NO

a. If yes, is the employee on the sub call list?  YES  NO

b. Do you expect to call the employee for sub work in this next term?  YES  NO, if no, why not?

7. FOR FULL TIME EMPLOYEES (not substitutes):

a. Will the employee be returning to work following the school break/vacation?  YES  NO

i. If yes, date expected to return (mm/dd/yyyy)? \_\_\_\_\_

ii. If no, why not?

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

Signature: \_\_\_\_\_