AFTER YOU COMPLETE FRONT OF THIS FORM, REMOVE CARBON BEFORE COMPLETING REVERSE.

REQUEST FOR WAGE / UNEMPLOYMENT BENEFIT INFORMATION

NAME		
LAST	FIRST	M.I.

SOCIAL SECURITY NUMBER
— —

WE ARE UNABLE TO OBTAIN THE FOLLOWING INFORMATION FROM IEVS REGARDING THE ABOVE PERSON

CLAIMS INFORMATION CENTER
ROOM 500 LABOR & INDUSTRY BLDG.
HARRISBURG, PA 17121

OES NAME	☐ SEE REVERSE
☐ IEVS PRINTOUT ATTACHED	

☐ PLEASE PROVIDE EMPLOYER'S NAME AND ADDRESS
EMPLOYER'S ACCOUNT NUMBER

NAME
ADDRESS

☐ PLEASE PROVIDE WAGE INFORMATION

FROM _____ TO _____

☐ U/C SPECIAL BENEFIT INFORMATION

FROM _____ TO _____

BENEFIT (✓)	PMNT STATUS	WEEKLY BENEFIT	EFFECTIVE	LAST 4 CHECK DATES	BALANCE AVAIL.
A ☐ DAB-DISASTER ASSISTANCE BENEFITS					
B ☐ REGULAR UCB					
C ☐ OTHER (Specify) _____					

IF DENIED / TERMINATED – REASON

IF UNDER APPEAL – REASON

STATUS

CHECK NAME / ADDRESS

QTR/YR	WAGES	EMPLOYER'S NAME / ADDRESS	EMPLOYER'S ACCT.NO.
			☐ MORE INFORMATION ON REVERSE

COMMENTS

RETURN TO

CASE IDENTIFICATION NUMBER				
CO	RECORD NUMBER	DIST	WRK ID	CSLD

_____
WORKER'S SIGNATURE

_____ _____
DATE TELEPHONE NUMBER

ORIGINAL TO OES

QTR / YR	WAGES	EMPLOYER'S NAME / ADDRESS	EMPLOYER'S ACCT. NO.

OTHER OES NAMES

NAME ▶

QTR / YR	WAGES	EMPLOYER'S NAME / ADDRESS	EMPLOYER'S ACCT. NO.
NAME ▶			
QTR / YR	WAGES	EMPLOYER'S NAME / ADDRESS	EMPLOYER'S ACCT. NO.