**WORK SEARCH DECLARATION**

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| --- | --- |
| Claimant Name: CASENAME | Docket No. DOCKETNO  Declaration of  *(name):* |

**Declaration of *(name):***

I am *(age):* years old and I am the *(check one):*  Claimant

Other *(relationship to the people in this case):*

*Please answer all of the following questions. Some of the questions may have been asked during the Employment Security Department’s investigation. Please answer the questions here, even if you answered the same questions before.*

1. Did you look for work during the week(s) indicated in the Determination Letter?  Yes  No
2. Are you a member of a Union?

No *(Skip to question 3.)*

Yes *(Provide more information below.)*

Name of Union:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member in good standing?  Yes  No

Were you available for dispatch during the weeks claimed?  Yes  No

1. If you looked for work, how many employers did you contact each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you do any alternate work search activities to look for work? For example, attending WorkSource appointments or job fairs, updating a resume, or creating a profile on a job search or networking web site? Describe your other work search activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you engage in at least three work search activities (including employer contacts) each week?  Yes  No
4. Were you employed during the week(s) indicated in the Determination Letter?

No. *(Skip to question 8)*

Yes. *(Provide more information below.)*

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of employment

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Were your hours temporarily reduced during this period?

Yes. I usually work *(number of hours)* \_\_\_\_\_\_\_\_\_\_\_\_\_ hours per week but my schedule was reduced to *(number of hours)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours per week.

No. My employer did not have any work for me during this period.

When do you expect to return to work, or when will your hours increase to your usual schedule? Explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you accept an offer of work, during the week(s) indicated in the Determination Letter?

No. *(Skip to question 8)*

Yes. *(Provide more information below.)*

*If yes,* ***attach*** *a copy of your written offer of work, if there was one.*

Name of employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date was the offer of employment made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date did the new employer offer for you to start work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date did you start work with the new employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you employed, but temporarily stopped working?

Yes  No

If yes, why did you stop working?

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* + When did you stop working?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + When did you or do you expect to resume work for your employer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you participating in full time training, with written approval of the Employment Security Department? Yes  No

*If yes,* ***attach*** *a copy of your Commissioner Approved Training (CAT) Determination Letter.*

1. Are you looking for full time work (at least 35 hours per week)?

Yes. *(Skip to question 14)*

No. I am available to work *(number of hours): \_\_\_\_\_\_\_* per week.

1. What type of work do you normally do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What type of work are you seeking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you search for work in fields in which you have experience or training?

Yes  No

If no, explain why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you keep a record of your job search activity?

Yes. ***Attach a copy*** *of your job search logs and any additional documentation you have, such as emails or job announcements.*

No. *Attach a written statement with as much information as possible about your job search activities. Include copies of any documentation you have, such as emails or job announcements.*

**OVERPAYMENTS**

1. Did the Employment Security Department (“ESD”) give you notice that any of the benefits listed in the appealed Determination Letter were paid conditionally?  Yes  No
2. Did you provide all the information requested by ESD in its investigation about the issue which caused the overpayment?  Yes  No

If no, please give details about why you did not provide the requested information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the information you provided completely accurate?  Yes  No

If no, please give details about why the information was not completely accurate.

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1. Did you provide any information to ESD about which you were not entirely sure or didn’t fully know the answer at the time?  Yes  No

If yes, please give details about what that information was and why you responded as you did.

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1. Did you leave out any information that was requested by ESD when you filed your claim for benefits?  Yes  No

If yes, please give details about what that information was.

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1. Did you later discover, or did ESD bring to your attention later, that you had not provided accurate or complete information?  Yes  No

If yes, please explain in detail starting with the date.

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1. Was there a difference in what you told ESD during the investigation and what you stated in your appeal, or during a hearing.  For example, you told ESD you were not available for full time work, but stated, in your appeal, you were available for full time work?  Yes  No

If yes, please explain in detail why the information was different.

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1. Is there any additional information you would like the judge to consider regarding whether you are at fault for the overpayment?  Yes  No

If yes, please describe what that additional information is.

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Provide any additional information that you would like the judge to consider:

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I have attached *(number):* pages.

*(Number any pages you attach to this Declaration. Page limits may apply.)*

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true.

Signed at *(city and state):* Date:

*Sign here Print name*

**BLANK DECLARATION (OPTIONAL)**

|  |  |
| --- | --- |
| Claimant Name: CASENAME | Docket No. DOCKETNO  Declaration of  *(name):* |

**Declaration of *(name):***

1. I am *(age):* years old and I am the *(check one):*  Claimant

Other *(relationship to the people in this case):*

2. I declare:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Number any pages you attach to this Declaration. Page limits may apply.)*

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true.  I have attached *(number):* pages.

Signed at *(city and state):* Date:

*Sign here Print name*