



REQUEST FOR INFORMATION OF THE EDUCATIONAL INSTITUTIONS

A. To be completed by the claimant

1. Name and Address of Claimant	2. Social Security Number
---------------------------------	---------------------------

B. To be completed by the employer

1. Services Rendered

a. This person served in this institution in capacity: Educational Mainly Administrative
 research other (explain) _____

b. The service was conducted by a contract: Yes No

c. The contract covers the following period: From _____ To _____
(month, day, year) (month, day, year)

2. Is the reason for separation a product of a customary recess by the institution? Yes No

3. Reemployment Prospects

The claimant:

- a. has agreed to provide services to this organization over the next year or academic session under the same terms and equal capacity in the previous period. The specific date of reemployment _____
- b. has no prospects for employment with this institution for the next year or academic session.
- c. figure in a waiting list. The possibilities of working with this institution are subject to the allocation of a budget. Customarily receives budget allocation is before after the beginning of the school.

4. Sabbatical leave

- a. The claimant is enjoying sabbatical leave with pay from _____ until _____
(month, day, year) (month, day, year)
- b. The claimant does not enjoy sabbatical.

5. Additional Information

6. Certification

I certify that the information provided on this form is true and correct

Name of the institution _____

(Signature of Employer or Authorized Official)

Address of the institution _____

(Position held)

Stamp of the institution _____

(Date)

Notice to Claimant: To determine your eligibility of Unemployment Insurance benefits you need to complete Part A of the form. Your employer must complete part B. Submit this form as soon as possible in your local office to avoid delays in their payments.