



PR-SD-620
 Rev. 11/2009

Negociado de Seguridad de Empleo
 División de Seguro por Desempleo
 Hato Rey, Puerto Rico

REQUEST FOR INFORMATION ON 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

<p>1. Services Rendered</p> <p>a. This person served in this institution in capacity: <input type="checkbox"/> Educational <input type="checkbox"/> mainly administrative. <input type="checkbox"/> researcher <input type="checkbox"/> other (explain) _____</p> <p>b. The service was conducted by a contract: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. The contract covers the following period: From _____ To _____ <small>(month, day and year) (month, day and year)</small></p>
<p>2. Is the reason for separation a product of a customary recess by the institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Reemployment Prospects</p> <p>The claimant:</p> <p>a. <input type="checkbox"/> 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 _____</p> <p>b. <input type="checkbox"/> has no prospects for employment with this institution for the next year or academic session.</p> <p>c. <input type="checkbox"/> 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 <input type="checkbox"/> before <input type="checkbox"/> after the beginning of the school.</p>
<p>4. Sabbatical leave</p> <p>a. <input type="checkbox"/> The claimant is enjoying sabbatical leave with pay from _____ until _____ <small>(month, day and year) (month, day and year)</small></p> <p>b. <input type="checkbox"/> The claimant does not enjoy sabbatical</p>
<p>5. Additional Information</p> <p>_____</p> <p>_____</p>
<p>6. Certification</p> <p>I certify that the information provided on this form is true and correct</p> <p style="text-align: center;">Name, address and stamp of the institution.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"></div> <div style="width: 55%; text-align: center;"> <p>_____ Signature of Employer or Authorized Official</p> <p>_____ Position held</p> <p>_____ Date</p> </div> </div>

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