

**INSTRUCTIONS FOR EMPLOYER COMPLETION OF
FORM ME. B-9, CLAIM FOR UNEMPLOYMENT BENEFITS AND EARNINGS REPORT**

The form may be initiated by the employer for one week of reduced earnings and employment unless the Department authorizes the use of the form for a period of more than one week. Employers may contact a Bureau of Unemployment Compensation Call Center for authorization. (See listing of UC Call Centers on reverse.)

The form **MAY NOT** be used:

- a) For part-time employees or homeworkers;
- b) For employees who have been terminated because of a discharge or a voluntary quit;
- c) For more than one week of work and no earnings unless the Department authorizes use for more than one week.

Blank forms are available in either computerized or manual formats in quantity upon request. Telephone or written requests should be made to the Unemployment Compensation Director (address and telephone number listed on reverse).

GENERAL INSTRUCTIONS:

1. Enter the worker's first name, middle initial, and last name.
2. Enter the worker's social security account number.
3. Enter the worker's mailing address (street/rural route, etc.), city/town, state and zip code.
4. **Payroll Week:** Enter the ending date of the employer's payroll week covered by the claim. Unemployment claims are normally taken for a calendar week ending on a Saturday. If a payroll week does not end on a Saturday, the employer's payroll week will be adjusted by the Bureau of Unemployment Compensation, in accordance with Employment Security Rules as follows: A partial claim with a payroll week which ends on a Sunday, Monday, or Tuesday will be processed as an unemployment claim for the calendar week ending on the previous Saturday. A partial claim with a payroll week which ends on a Wednesday, Thursday, or Friday will be processed as an unemployment claim for the calendar week ending on the Saturday of the same week.
5. **Employer Information and Certification:** Enter the gross wages earned by the worker for the payroll week indicated in item #4. Wages include salaries, commissions, and gratuities. Report wages, vacation pay and holiday pay separately in spaces indicated. Vacation pay is the amount paid for the period indicated in item #4.
6. Indicate if the worker separated from employment after the week indicated in item #4.
7. If the answer to item #6 is "YES," please give the date on which the worker was separated and the reason for the separation.
8. If the worker has been employed by you for five (5) or less consecutive weeks either full-time or part-time, please enter the date of hire.
9. Indicate why the worker did not work full-time for the week indicated in item #4. Check block "Lack of Work" or "Other Reason." If the reason was other than lack of work, indicate the reason.
10. Enter the employer's name, address, Maine employer identification number, telephone number, and the date on which the form was issued. The employer's representative who issues the form should sign or initial in the space provided.

ADMINISTRATIVE OFFICE

MAINE DEPARTMENT OF LABOR
Director, Bureau of Unemployment Compensation
20 Union Street, P.O. Box 259
Augusta, Maine 04332-0259

Telephone No. (207) 287-2316

FAX No. (207) 287-2305

TDD (Hearing Impaired Only) 1-800-794-1110

UC CALL CENTERS

BANGOR

Maine Department of Labor
Bureau of Unemployment Compensation
P.O. Box 402
Bangor, ME 04402-0402

Telephone: (207) 561-4600
Fax: (207) 561-4665

LEWISTON

Maine Department of Labor
Bureau of Unemployment Compensation
P.O. Box 560
Lewiston, ME 04243-0560

Telephone: (207) 753-2800
Fax: (207) 753-2851

PRESQUE ISLE

Maine Department of Labor
Bureau of Unemployment Compensation
P.O. Box 1088
Presque Isle, ME 04769-1088

Telephone: (207) 768-6800
FAX: (207) 764-2142