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| WEST VIRGINIA BUREAU OF EMPLOYMENT PROGRAMS UNEMPLOYMENT COMPENSATION DIVISION |
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Notice to Employer/Claimant Regarding Initial Claim/Low Earnings Report

- ☐ A supply of blank Initial Claim/Low Earnings Reports, Forms WVUC-B-6-11, is enclosed for your use. The instructions for completing the upper portion of this form are on the reverse side.
- ☐ This Initial Claim/Low Earnings Report has been returned for the reason(s) checked below.
NOTE: See "Item #" for instruction.
- ☐ **Employer:** Please make the corrections and return to address below.
- ☐ **Claimant:** Please have employer make the necessary corrections and return to address shown below.
- ☐ **Claimant's name** incomplete or in error. See Item 1.
- ☐ **Claimant's Social Security Number** omitted or in error. See Item 1.
- ☐ **Employer's name** omitted, incomplete, or erroneous. See Item 2.
- ☐ **Employer's address** omitted, incomplete, or erroneous. See Item 2.
- ☐ **Employer's account number** omitted or erroneous. See Item 2.
- ☐ **Week ending date** is not a Saturday date. See Item 5.
- ☐ **Amount of earnings** is in question. This should be gross earnings before any deductions for taxes, insurance, etc. See Item 6.
- ☐ **Other Income not identified.** Enter the type of pay (holiday pay, vacation pay, sick leave pay, etc.) shown as Other Income in Item 7 on the Initial Claim/Low Earnings Report.
- ☐ **Signature** of the employer or his representative was omitted.
- ☐ **Title** of the individual signing the Initial Claim/Low Earnings Report was omitted.
- ☐ **Date Mailed or Hand-Delivered to Employee** was omitted.
- ☐ **Other:** _____
- _____
- ☐ **Claimant:** Please correct the area circled on the lower portion of the Initial Claim/Low Earnings Report and return to the address below:

Please initial any erasures or corrections you make on an Initial Claim/Low Earnings Report.

(Local Office Address Stamp)

INSTRUCTIONS FOR COMPLETING INITIAL CLAIM/LOW EARNINGS REPORT

You are required to issue an Initial Claim/Low Earnings Report, Form WVUC-B-6-11, to any full-time employee on or before the payday for the week(s) in which the worker is partially unemployed due to lack of work. This form should be issued to all full-time workers that are still on your payroll for each calendar week (Sunday through Saturday) that the employees' earnings for the week are reduced because of lack of work. You need not issue Initial Claim/Low Earnings Reports to employees who have earned as much as the maximum weekly benefit amount plus \$60.00.

The Initial Claim/Low Earnings Report contains spaces for entering data for two weeks.

The numbered instructions below relate to numbered items on the upper portion of Form WVUC-B-6-11.

1. Enter the **worker's name and Social Security Number** as they appear on the Social Security card.
2. Enter your **employer name, address, and account number**. Use the registration number issued by the Bureau of Employment Programs, NOT your identification number issued by the Social Security Administration. (Your account number appears on your Quarterly Wage and Contribution Reports, Forms WVUC-A-154 and WVUC-A-154-A).
3. Indicate by marking "Yes" or "No" if the worker is a **U.S. citizen**.
4. **Certification:** See Items 5, 6, 7, and 8 below.
5. **Week Ending Date:** This date must **always be a Saturday date**. Initial Claim/Low Earnings Report should be issued on a calendar week (Sunday through Saturday) basis only. Each week should be a full seven days – no more, no less.
6. **Earnings:** Enter the gross wages earned by the employee for the week before deductions for taxes, insurance, etc. If the employee had no earnings for the week, enter "None" or "0."
7. **Other Income:** Enter the amount of holiday pay, vacation pay, sick leave pay, or other type of income paid to the employee for the week. Identify the type of pay in "REMARKS." If the employee had no other income for the week, leave blank.
8. **REMARKS:** An Initial Claim/Low Earnings Report should be prepared only if the employee's earnings for the week were reduced because of **lack of work**. If the employee's reduced earnings were due even in part to another cause, such as illness, disability, nonavailability or absence for any reason other than lack of work, explain this fact in the "REMARKS" space.

Signature: The employer or employer's representative must sign the Initial Claim/Low Earnings Report. The typed name will not suffice. A stamped signature or computer-generated signature is acceptable.

Title: Enter the title (Owner, President, Secretary, etc.) of the person signing the Initial Claim/ Low Earnings Report.

Date Issued: Enter the date the Initial Claim/Low Earnings Report was issued to the employee.

Give or mail Form WVUC-B-6-11 to the employee. (The lower portion is an Initial/Continued Claim Form.) The employee may bring the completed form to the claims office or complete the claim and mail the form to the claims office.