How to File a Claim:

If there is no profile already in Jobs4TN you will need to first create a claimant account:

| Menu | | A Hom | ne | 🕖 My Dashboard | €⇒ Sign Out | 2 | Services for Individuals | 🐣 Services for Emplo |
|--|---|---------------------------|-------|-----------------|----------------|-----|--------------------------|----------------------|
| Services for Unemployment Staff | | My Staff Dashboard | My | Staff Resources | My Staff Accou | unt | Directory of Services | |
| Manage Claimants | Þ | Create a Claimant Account | | | X | E | - Need help or mor | e information |
| Manage Employers | Þ | Assist a Claimant | | | | | | e Center |
| Managa Trada Act (TDA) | ŀ | Individuals Assisted | 4. KI | ECK ROBERT (| 2261120) | | | <u> </u> |

Welcome to JOBS4TN.GOV

Welcome to Reemployment Assistance, formerly Unemployment Compensation!

On the next screen you will be given information about what you need to do to complete the Registration process. This is a requirement for you to fully complete the Reemployment Assistance claims process.

Next, you will be asked to enter your social security number to determine if you are already in the system. You MUST use your correct social security number, name, date of birth, and gender to complete the Registration process.

If your Social Security Number is in the system, you will be taken to the login screen. Upon login, click "File a Claim" if you wish to proceed with the Reemployment Assistance process.

Click Next to proceed to the next screen.

If you know you have an account, please sign in.

Next >>

O Help For help c

* indicates required tields.

Social Security Number

| * Social Security Number (SSN): | Do not enter dashes (for example, 999001111) |
|--------------------------------------|--|
| *Re-enter Social Security Number: | |
| | << Back Next >> |

If there is already a claim in the system, you will need to file from the existing claim.



If the claimant has a Jobs4TN profile but has never filed a claim, pull up the profile then click file a claim.

| Claim Summary | Monetary | Non Monetary | Payments | <u>Overpayments</u> | Employer Charges |
|--|--------------------|---------------------|--------------------------|------------------------------|----------------------|
| athryn Collins User ID: 285 7887 Last Successful Logi | | | 45 DOB: 8/13/1949 | Address: 137 CARTER ST | REET WARTBURG, TN |
| File a Claim | | | | | |
| Currently you do not have | an Unemployment In | | | elow to begin filing a clair | n. |
| | | [<u>File a C</u> | | Last 12 Mo | onths 🔘 All 0 Claims |
| | | | | | |
| | | | | | |
| m starts here: | | | | | |
| | | | | | |
| | | onempioyment insura | nce claim rning Proce | ** | |
| Eligibility | Registr | | | Certification | Complete |
| O | Registr | | - | Certification | 0 |
| O | Registr | | - | Certification | 0 |
| ndicates required fields. | (| ration Work | - | Certification | O |
| ndicates required fields. | nsation Info | rmation Work | - | Certification | 0 |
| ndicates required fields. | nsation Info | rmation Work | - | Certification | 0 |
| Indicates required fields. | nsation Info | rmation Work | - | Certification | 0 |
| Indicates required fields. | nsation Info | rmation Work | - | Certification | Complete |

| | Unemplo | yment Insurance Claim Filing | Process | |
|--|--------------------------|------------------------------|----------------------------|-----------------------------------|
| Eligibility | Registration | Work History | Certification | Complete |
| * Indicates required fields. | 0 | 0 | i | For help click the information ic |
| Work History Verificati | ion | | | |
| work mistory vermeau | | | | |
| * Did you work between 1/1/2019 a 12/31/2019? | and O Yes O | No | | |
| If you answer Yes to this question, y | ou will have to enter at | least 1 Employment Histor | y while filing this claim. | |
| | | | | |
| | | << Back Next >> | | |
| 0 | 0 | 0 | 0 | 0 |
| * Indicates required fields. | | | F | For help click the information |
| | | | | · |
| States You Have Work | od In | | | |
| States Tou Have WOIK | | | | |
| * Have you worked in two or more s | states between | O Yes O No | | |
| 1/1/2019 and 12/31/2019? | | 0 4 0 4 | | |
| | | | | |
| | | | | |
| States Where You Hav | e Claimed Une | employment | | |
| otates where rou nav | | imployment | | |
| *Have you claimed unemployment | insurance benefits | O Yes O No | | |
| within the last 12 months? | | | | |
| | | | | |
| | | | | |
| | | << Back Next >> | | Q He |
| | | | | |
| Federal Service | | | | |
| | | | | |
| *Have you worked for, or earned | wages from, the Unit | ed 🔿 Yes 🔿 No | | |
| States federal government (not | military) between | | | |
| 1/1/2019 and 4/24/2020? | | | | |
| Some examples of a Federal Gove | rnment employer wo | uld include, but are not l | imited to: | |
| United States Postal Service (USPS) | | | | |
| Department of Agriculture (USDA) | Dark Canvica, US, Fish | R. Wildlife Convices Duropu | of Land Managament) | |
| Department of the Interior (Nationa Department of Treasury (Internal Re | | | | |
| Department of Homeland Security (| | | (cdd) | |
| Tennessee Valley Authority (TVA) | | | | |
| | | | | |
| This DOES NOT include Federal co Failure to state you worked for a | | | | claim |
| ranure to state you worked for a | reactal Agency when | you ulu, whi result in a d | ieray in processing your | vianti. |
| | | << Back Nex | t >> | |



Military Service

*Were any of your wages earned in the military from O Yes O No 1/1/2019 to 12/31/2019?

Only click "Yes" if you had an active duty that you received a DD214 for during the above time period. Military wages received for National Guard drill weekend or training and Reserve training cannot be used to set up an Unemployment Insurance Claim.

You will be required to provide your most recent DD214 Member 4 copy.



For help click the information icon next to each section.

Please do not use any personal identification information as your user name (e.g. Social Security Number or FEIN). You will need your User Name and Password for all future activities in this system. Please write this information down and keep it in a secure place. To ensure account security, we strongly urge you NOT to share your User Name or Password with anyone for any reason.

Login Information

* Indicates required fields.

| * User Name: | | Enter User Name (8 - 256 characters, and must include characters, letters or numbers. Allowable characters are + @ . | H |
|----------------------------------|----------------------------|--|--------|
| * Password: | |] | |
| *Confirm Password: | |] | Q Help |
| *Security Question: | What is your mother's m | aiden name? ▼ | |
| * Security Question Response: | |]0 | |
| Responser | Special characters are not | allowed. | |

Primary Location Information

| *Country: | United States |
|---|---------------|
| * Please enter your zip code: | Find zip code |
| *Are you authorized to work in the United States? | O Yes O No |

E-mail Address

| * Primary E-mail: | |
|--------------------------------------|---------------------------------|
| | Create E-mail Account |
| | Read Our E-mail Security Policy |
| * Confirm Primary E-mail Address: | |

Demographic Information

| [*] Date of Birth: | (MM/DD/YYYY) |
|--|--|
| Age: | |
| *Gender: | O Female O Male O I do not wish to answer. |
| * Have you registered with the Selective Service? | None Selected 👻 |
| the Selective Service? | [<u>Selective Services web site</u>] |
| | Next >> |
| Name | |
| * First Name: | |
| Middle Initial: | |
| *Last Name: | |
| | << Back Next >> |

Residential Address

| Are you homeless? | 🔘 Yes 💿 No |
|-------------------------|-----------------------------------|
| This is where you live. | |
| *Address Line 1: | |
| Address Line 2: | |
| | Apt #, Lot #, Building #, Suite # |
| *Zip Code: | 37209 Find zip code |
| *City: | Nashville |
| * State: | Tennessee 🗸 |
| *Country: | United States 👻 |
| | |

Mailing Address

This is where you receive your mail.

Use residential address

| *Address Line 1: | |
|------------------|-----------------------------------|
| Address Line 2: | |
| | Apt #, Lot #, Building #, Suite # |
| *Zip Code: | 37209 |
| *City: | Nashville |
| *State: | Tennessee 🔻 |
| *Country: | United States 🗸 |

Phone Numbers

| * Primary Phone: | Ext: |
|-----------------------|-----------------|
| * Primary Phone Type: | None Selected 🗸 |
| * Primary Phone Mode: | Voice 🗸 |
| Alternate Phone: | Ext: |
| Alternate Phone Type: | None Selected 🔹 |
| Alternate Phone Mode: | None Selected 💌 |
| Fax: | |
| | << Back Next >> |

Preferred Notification Method

| * Please select a method in which you | None Selected |
|---------------------------------------|---------------|
| prefer to receive your notifications: | |
| | |

| *How would you like to receive your |
|---------------------------------------|
| 1099-G tax form for Federal and State |
| withholding? |

None Selected

Please note that determining your eligibility benefits may be delayed if Mail is selected.

Site Access

| * From where are you accessing this website? | None Selected 🗸 | |
|--|-----------------|------|
| How did you hear about this website? | None Selected 🗸 | |
| | << Back Nex | t >> |

•

•

| * Citizenship: | None Selected | - |
|---------------------------------------|----------------------------|--|
| | None Selected | |
| isability | | |
| | | A |
| ur disability status will b | e kept confidential as pro | o provide disability information will not subject you to any adverse treatment. Information regarding rovided by law and will be used only in accordance with the law. Please note that for some programs, Note too that you may be eligible for additional support services and programs if you have a disability |
| Do you wish to disclos disability? | O No, I do r | ve a disability I wish to disclose. not have a disability. wish to answer. |
| | 0 | |
| Child Suppo | ort Deduction | าร |
| | | |
| * Do you make or o | we child support | O Yes O No |
| payments? | | << Back Next >> |
| payments <i>:</i> | | INEXT 22 |
| payments <i>:</i> | | INEXT // INEXT // |

Education Information

| *Your Highest Education Level Achieved: | None Selected 🗸 | |
|---|---|---|
| | If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma. | |
| *Are you attending school? | No, Not Attending Any School 🗸 |] |
| * Do you have specific plans to enroll or attend school or vocational training in t next 12 months? | Ves 💿 No | |
| | << Back Next >> | |
| Employment Informatio | n | |
| *Current Employment Status: | None Selected 👻 | |
| * <u>Type of business worked in</u> : | None Selected | |
| * <u>Unemployment Eligibility Status</u> ? | None Selected 🗸 | |
| *Are you currently looking for work? | Yes O No | |
| * Do you have any related licenses or certifications? | 🔾 Yes 🔘 No | |
| Have you recently relocated due to a recent major disaster (e.g. hurricane)? | None Selected | |

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?

- Yes, I have recently received a notice of termination or military separation.
- No, I have not recently received a notice of termination or military separation.

Have you applied for any of the following services within the last 30 days?

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Needy Families (TANF)
- Trade Adjustment Assistance (TAA)
- Unemployment Insurance Benefits
- Vocational Rehabilitation Services
- Workforce Innovation and Opportunity Act (WIOA)

Farmworker Information

The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.

< < Back

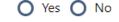
Next >>

| *Have you worked as a O Yes O No farmworker in the last 12 months? | |
|--|-----------------|
| | << Back Next >> |
| Employment - Status | |
| * If offered a job today, could you accept? | O Yes O No |
| * Are you self-employed, or the owner, or operato business or farm? | rofa 🔿 Yes 🔿 No |
| *Are you an elected official? | O Yes O No |
| | |

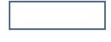
Employment - Miscellaneous

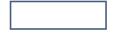
| * Since you have become unemployed, are you working on a commission basis? | O Yes O No |
|--|------------------|
| * Are you attending school or training? (For the purposes of your work availability, answer <i>No</i> if you're participating in online courses or taking classes at night.) | O Yes O No |
| * Did you become unemployed or partially unemployed as a direct result of a foreign trade competition covered by a <u>Certified Trade Petition</u> ? (If not sure, answer <i>No</i> .) | O Yes O No |
| * Have you been employed by a public or private school during the past 18 months? (Answer <i>No</i> if you are a <u>Head Start</u> employee or day care employee.) | O Yes O No |
| * Are you filing for Unemployment Insurance benefits for reasons related to COVID - 19 (Coronavirus)? | O Yes O No |
| Major Disaster Information | << Back Next >> |
| * Are you unemployed as a direct result of a pandemic or major disaster? | Yes No |
| * In what state were you affected? | Tennessee |
| * What was the major disaster? | COVID-19 👻 |
| Self Certification *Are you self employed, business owner, wo with a religious entity, or a gig worker who | orked 💿 Yes 🔿 No |

- * Does your business have a name?
- * What was your net earnings for the 1st quarter of 2019?
- * What was your net earnings for the 2nd quarter of 2019?
- * What was your net earnings for the 3rd quarter of 2019?
- * What was your net earnings for the 4th quarter of 2019?
- *Were you working full time or part-time?
- * How did the COVID-19 pandemic cause your unemployment or partial unemployment? Select one that best fits.











O Part-time O Full-time

O You have been diagnosed with COVID-19.

- A member of your household has been diagnosed with COVID-19 and you are providing care.
- A family member has been diagnosed with COVID-19, and you were quarantined due to a doctor or public official's order.
- You stopped working after a lack of childcare due to the closing of a school.
- You stop working because you are unable to reach your place of work after a public official's required quarantine.
- O You temporarily closed your business due to COVID-19.
- O You permanently closed your business due to COVID-19.
- You are currently working reduced hours due to COVID-19.
- O You have a reduction in gig work due to COVID-19. Gig work includes: Uber, Lyft, Musicians, Instatcart, freelancer.
- You were unable to start working as a self-employed individual due to COVID-19.
- O You worked for a church or non profit who is closed due to COVID-19.
- You become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.
- O You were to start working but was unable to due to the closure of the business caused by COVID-19.

| * Do you currently have a business license? | O Yes O No |
|---|-----------------------------|
| *What is the date that you last performed work? | (mm/dd/yyyy) 📷 <u>Today</u> |
| * Did your employer offer you the ability to telework? | O Yes O No |
| What date do you expect to return to work or start your self-employment? | (mm/dd/yyyy) 🖼 <u>Today</u> |
| Acknowledgement *I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud? | O Yes, I understand |
| | << Back Next >> |
| Labor Union Member | |
| *Are you a member of a labor union which finds / obtains work for its members? | O Yes O No |
| | << Back Next >> |

Job Title

| Please enter a job title below. As you job title in the list, select it. | are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your |
|--|---|
| *What is your desired job title? | |
| Your d | esired job and occupation titles can be changed at any time after registration. |
| Job Occupation | |
| - | matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated an search for an occupation using the search link. |
| | Suggested occupation(s): |
| | None Selected - |
| Ethnic Origin | |
| *Are you of Hispanic or Latino heritage? | O Yes O No O I do not wish to answer. |
| *Race - Please check all that | African American/Black |
| apply: | American Indian/Alaskan Native |
| | Asian |
| | Hawaiian/Other Pacific Islander |
| | White |
| | I do not wish to answer. |
| | << Back Next >> |

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

| * Are you currently in the military, a veteran or the spouse of a veteran? | O Yes O No |
|--|--|
| * Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? | Ves O No |
| * Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? | O Yes O No |
| Are you the Spouse of someone O Yes in the active-duty military service, National Guard or Reserves who is currently activated? | No << Back Next >> |
| Identification Information | On Yes O No |
| IICEIDE: | << Back Next >> |

Comments and Clarifications

If you have any comments or clarifications concerning your claim, enter them here.

| [Spell Check] |
|--|
| Payment Deductions |
| * Do you want Federal Tax withheld? O Yes O No (If yes, it would be 10.00 % of the weekly benefit amount): |
| Backdate Unemployment Insurance Claim |
| *Would you like to backdate this O Yes O No claim? |
| << Back Next >> |
| Unemployment Compensation Claim |

To proceed with your Unemployment Compensation claim, please be ready to provide proof of your earnings and provide *18* months of previous employment histories. If you are a self-employed, a contractor or gig worker enter that employment history. Click *Next* below to continue. Please note that you have *Not* completed the filing of your Unemployment Compensation claim until you have completed these steps.



Proof of Earnings - Document Upload

You must upload documentation to support the amount of quarterly wages you entered. If you cannot supply proof, your eligibility may be s minimum weekly rate of \$120.00. Although you are limited to 5 documents on this page, you should upload any remaining documents from dashboard after the claim is complete. From your dashboard, you will also upload other documentation to support your PUA eligibility such note for quarantine, proof of corporate officer status, etc.

Document 1:

| Select type 🗸 | Choose File No file chosen |
|---------------|----------------------------|
| Document 2: | |
| Select type 🔹 | Choose File No file chosen |
| Document 3: | |
| Select type 🗸 | Choose File No file chosen |
| Document 4: | |
| Select type 🗸 | Choose File No file chosen |

Employment History

| Company Name | Location | Job Title (Occupation) | Start / End Dates | UI Claim | Action | |
|-----------------------|----------|------------------------|-------------------|----------|--------|--|
| No Employment History | | | | | | |
| | | | | | | |
| | | | | | | |

Additional Employment History

| * Are there any other employment history items that you | 🔿 Yes 🔿 No |
|---|------------|
| would like to add? | |

If you answered Yes to the question "Did you work between 1/1/2019 and 12/31/2019?", you will have to enter at least 1 Employment History while filing this claim.



D Help

Employer Search

To help expedite your employment history process, we need to find the employer you were employed by in our system. Enter the employer name and click the *Search* button below.

If the employer you are entering is not located in Tennessee, click here.

| | Search Cancel |
|-----------------------|--|
| ⊏mpioyer | |
| * Employer Name: | |
| *Address: | |
| Address 2: | |
| *Zip Code: | |
| *City: | |
| * State / Province: | None Selected 👻 |
| * Country: | United States - |
| * Phone Number: | - Ext: Type: Work Phone - |
| Linked JOBS4TN.GOV | Not linked to any account <u>Change</u> |

Employer Account:

| In this section, the system would like to get the industry classification information for this employer. It may have been preset for you below based on the |
|---|
| employer information you entered. If it has not been preset below, click Search for Industry Code (NAICS) below to search for an appropriate industry |
| classification for the employer entered. |

| * Employer's NAICS code <u>Search for Indus</u> (the primary industry of the employer): | tr <u>y Code (NAICS)</u> |
|---|--------------------------|
| * Did you earn at least \$2,750 from this employer? | O Yes O No |
| * Is this your last employer? | O Yes O No |
| *Enter the EMPLOYER'S name (not your name) as shown on your check stub: | |
| If known, enter the employer's Tennessee state tax ID: | |
| If Maritime, enter the vessel name: | O Help |
| Job Title | |

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

*Job title:

| Occupation | | | | |
|-----------------------|--|------------------------------|--|--|
| | | [Search for an occupation] | | |
| *Occupation title: | | | | |
| Occupation code: | | | | |
| | | | | |

Position

| *Type of employment: | None Selected 🗸 |
|--|---|
| * Full or part-time: | None Selected 🗸 |
| *Number of hours a week you normally work? (excluding overtime): | Whole Hours: None Selected ▼ Partial Hours: ▼ |
| * Gross Salary: | |
| *Salary is based upon: | None Selected 🔻 |
| * Salary is commission-based: | Ves O No |
| * Date you began work: | (MM/DD/YYYY) <u>Today</u> |
| Currently Employed: | |
| * Are you currently employed with this employer? | 🔿 Yes 💿 No |
| *Gross earnings this week: | |
| *Number of hours worked th week: | is |
| Employer's Reason for Separation: | Not Yet Submitted |
| | l as a reduction in your normal and gular full-time employer due to a lack |
| * Reason for Separation: | None Selected 🗸 |
| *Additional information on reason for separation: | |
| | (120 characters max) |
| *Last day worked: | (MM/DD/YYYY) <u>Today</u> |

Duration of Job:

0 Year(s) 0 Month(s) 0 Dav(s)

| * Does the employer intend to recall you within 16 weeks? | 🔿 Yes 🔿 No |
|--|------------|
| *Were you separated from this job because you had family responsibilities that you had to attend to? | 🔿 Yes 🔿 No |
| *Was this employment with an educational institution? | O Yes O No |
| *Are you a corporate officer or a relative of a corporate officer? | O Yes O No |
| * Did you lose your job or were your hours of work and/or wages reduced as a result of increased imports or a shift in production to a foreign country? | 🔿 Yes 🔿 No |
| *Were you separated from this job because of lack of transportation? | O Yes O No |

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

| ΒI | <u>U</u> <u>T</u> _× ≡ | ± ± ≡ ; | : Ξ 📄 Ω 🖿 | |
|--------|------------------------------------|-----------|------------------------------|--|
| Format | - Font | - Size | • <u>A</u> • 🗮 🔸 🔶 🙆 | |
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| | | | | |
| | | | | |
| | | | | |

[Insert Occupational Description | Insert Action Words | Clear Text | Remove All Formatting]

Benefit Payment Information

Please indicate if you will receive benefit payments from any of the following categories from this employer.

| * Did you receive any <u>Severance</u> <u>Pay</u> ? | 0 | Yes | 0 | No |
|--|---|-----|---|----|
| *Did you receive any <u>Vacation Pay</u> ? | 0 | Yes | 0 | No |
| *Did you receive any <u>Holiday Pay</u> ? | 0 | Yes | 0 | No |
| *Did you receive any <u>Sick Pay</u> ? | 0 | Yes | 0 | No |
| *Did you receive any <u>Bonus Pay</u> ? | 0 | Yes | 0 | No |
| * Did you receive any <u>WARN</u> <u>Payment</u> ? | 0 | Yes | 0 | No |
| * Did you receive any <u>Wages in Lieu</u> of Notice? | 0 | Yes | 0 | No |
| * Did you receive any <u>Separation</u> <u>Administrative pay or Ten Day</u> <u>Calendar pay</u> ? | 0 | Yes | 0 | No |

Pension / Retirement Information

Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.

| * Pension / retirement benefits: | 0 | Yes | 0 | No |
|--------------------------------------|---|-----|---|----|
| *401K / 403B / Personal IRA / KEOGH: | 0 | Yes | 0 | No |
| VA Disability Pay Award: | 0 | Yes | 0 | No |

Workers' Compensation Information

If you received or will be receiving Workers' Compensation payments from this employer, please provide the information below.

| * Received Workers' Compensation: | 0 | Yes | O | No |
|-----------------------------------|---|-----|---|----|
|-----------------------------------|---|-----|---|----|

Additional Employment History

| * Are there any other employment history items that you | O Yes | O No |
|---|-------|------|
| would like to add? | | |

If you answered Yes to the question "Did you work between 1/1/2019 and 12/31/2019?", you will have to enter at least 1 Employment History while filing this claim.



Base Period Employment Information

| Employer | State Source | Q1 1/1/2019- 3/31/2019 | Q2 4/1/2019- 6/30/2019 | Q3 7/1/2019- 9/30/2019 | Q4 10/1/2019- 12/31/2019 | Total Wages | SIDES |
|----------|--------------|------------------------------|------------------------------|------------------------------|--------------------------------|-------------|-------|
| Total | | | | | | \$0.00 | |

Below are the employers for which you earned income between 1/1/2019 and 12/31/2019.

Monetary Information

* Please select the appropriate option below to indicate whether the employers and wages above are shown correctly:

- O I agree that these are all of the employers and wages I had between 1/1/2019 and 12/31/2019.
- I had other employment and/or wages between 1/1/2019 and 12/31/2019 that are not shown. You do not need to select this option if the missing employment and/or wages include Self-Employment, Out-of-State, Military, or Federal Civil Service
- O I did not work at one or more of the employers listed above.

Employer Gap Analysis

Click on Enter Explanation link to submit your explanation for Gap in Employment History.

| Employer | Employment Start Date | Employment End Date | Separation Reason | Gap Summary | | | |
|---|-----------------------|---------------------|--------------------------------|-------------|--|--|--|
| | 11/8/2018 | 4/1/2020 | Layoff / Lack of Work / RIF | No Gap | | | |
| | | | | | | | |
| | | Next >> | | | | | |
| Unemployment Insurance Claim Filing Process | | | | | | | |
| Eligibility | Registration | Work History | Certification | Complete | | | |
| _ | | 0 | 0 | | | | |

Unemployment Insurance Claim Confirmation

If you would like to review what the system has on file for your Unemployment Compensation claim up to this point, click the *Review My Claim* link below. Otherwise click the *Next* button to continue.



Important Agreement

I want to claim Unemployment Insurance benefits against the State of Tennessee .

I certify that the information I give in this claim is true to the best of my knowledge. I understand that giving false information can be penalized as perjury. As listed in portions of the Privacy Act of 1974 (P.L. 93-579), I allow my former employer(s) to release all information requested for this claim. I am providing my Social Security Number as required by the Deficit Reduction Act (P.L. 98-369) as a condition of eligibility. I understand that information regarding my claim may be given to requesting agencies as defined in the Deficit Reduction Act to verify my income and eligibility.





What You Must Do to Request Weekly Unemployment Benefits

Please check each box below to indicate that you have read and understand the following requirements before you continue.

- Beginning this Sunday you MUST file a weekly certification to receive benefits. You can file online at www.jobs4tn.gov. Continue to file each week as long as you do not have a job. You cannot be paid for any week(s) that you do not claim.
- If you begin work, you MUST report ANY earnings for the week you work, even if you've not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions.
- If you return to work and start earning more than what you receive in benefits each week, stop filing. If you are working and earn less than your weekly benefit amount, you may continue to file. However, you MUST report the gross amount you earned that week, even if you have not been paid yet.
- To be eligible for benefits each week, you MUST be able to go to work each day. If you were offered a job today, you must be able to accept. You also must look for work by contacting at least three different employers about job openings each week. You should keep a list of your work searches. Your list should include employers' names, addresses (mailing, web, or email), phone numbers, dates of contact, person contacted, how you contacted the employer, and results.
- If you are job attached and your employer has given you a return to work date which is within 16 weeks of your separation date, you are not required to do weekly job searches.
- * If you move, you MUST tell us your new address immediately. Changing your address with the U.S. Postal Service does NOT change your address with us.
- You will receive a notice in the mail from us with important information about your claim. The notice will tell you how much you may receive each week in benefits, the maximum amount you could receive, and how long your claim could last.
- Benefits will be paid either by debit card or by direct deposit. Activate your debit card as soon as you receive it. If you have a debit card from us from a prior claim, you should use that card. If you need to replace a lost or expired card, contact us immediately. For direct deposit instructions, read the Rights and Responsibilities document. You can download the Direct Deposit Form from our website at www.jobs4tn.gov.

Please check the box below to indicate that you certify the truthfulness of your application.

I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge.

Please Note: Benefits can be paid ONLY if you meet ALL eligibility requirements.

The information above includes some of what is in your Rights and Responsibilities document.



Claimant's Computer Access

I have briefly explained the Benefits Right Information. You are entitled to have a full copy of this information which is found on our website www.Jobs4tn.gov.

| * Do you have access to a comp Information document? (Suge Friend with PC). | | - | 🔘 Yes 🔘 No | | | | |
|---|--------------|----------------|---------------|----------|--|--|--|
| | (| << Back Next > | > | | | | |
| Unemployment Insurance Claim Filing Process | | | | | | | |
| Eligibility | Registration | Work History | Certification | Complete | | | |
| | \checkmark | ✓ | V | | | | |

Unemployment Claim Confirmation

Your Unemployment Insurance claim and work registration account has been created successfully, submitted and will be reviewed for eligibility.

Next Steps:

- Beginning this Sunday, you must file a weekly certification for benefits. You can file online at www.jobs4tn.gov.
- Continue to file each week as long as you do not have a job. You cannot be paid for any week(s) that you do not claim.
- IMPORTANT NOTE: It is important that you send proof of your income, vacation pay, severance pay, holiday pay, bonus pay, wages in lieu of notice, WARN Act pay, etc.
- You **must** include your Social Security number with any information you send to us. If you do not include your Social Security number, the processing of your claim will be delayed.
- Send your income and pay information to:

| UI Claim Center | |
|---|--------|
| P.O. Box 280870 | |
| Nashville, TN 37228 | |
| Phone: 1-877-813-0950 | O Help |
| Fax #s: 615-253-7591, 615-253-7592, 615-253-7593, 615-253-0808 | |
| If you have any questions about your claim, contact our Claim Center Monday through Friday, 8 a.m5 p.m., Central Standard Time. | |

ACKNOWLEDGEMENTS

You have acknowledged that:

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Identity Verification

ID Verification Needed

In order to complete your unemployment claim, you must submit two forms of identification. To establish proof of identification, submit one document from List A **AND** one document from List B.



You must provide proof of your identity within 48 hours.

Click on the following link to submit your documents. If you don't have a scanner, an easy way to send proof of your ID is to take a picture of your documents with your phone and upload to the link below.

[Upload ID Documents]

Important: Compliance with this request can effect whether or not you receive your benefits. If info requested is not provided within 48 hours of the claim file date your benefits may be suspended. If you are unable to provide the information now please send proof to verifyid@jobs4tn.zendesk.com prior to the 48 hour deadline.



I understand that failing to provide proof of my identity from the approved list above within 48 hours of filing, will result in an incomplete claim for benefits and I will be required to refile my claim if I still wish to receive benefits.