

## ELIGIBILITY REVIEW

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your Social Security Number

To maintain your eligibility requirements for unemployment insurance benefits, a review of your work search record is required. When instructed, you must complete the items below and fax this form to (225) 346-6068 or mail this form to the Louisiana Workforce Commission, Adjudication Support Unit, P. O. Box 91253, Baton Rouge, LA 70821-1253. **This form is semi-interactive and may be filled out online, then printed and mailed.** Failure to return this form timely could result in your being disqualified for benefits.

**Answer the following questions:**

- |                                                                                                                                                                                                                             |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you attending any school or training program now? If so, list the name of the school and the course of study:<br><br>_____                                                                                           | Yes | No |
| 2. Is there any reason why you cannot look for a job or accept one now? (Such as a lack of transportation, a physical disability, pregnancy, childcare problems, etc.)                                                      | Yes | No |
| 3. Are you working full-time, part-time, in self-employment, on a commission basis, in operating a farm or as an elected official, etc?                                                                                     | Yes | No |
| 4. Do you have a definite prospect of employment? (In other words, have you been given a date to begin work by a specific employer?) If so, list the name of the employer and the date you will begin working.<br><br>_____ | Yes | No |

**Record of work search or union contacts:**

List one job contact you have made in each of the last three (3) weeks:

Date	Name of Company or Name of Union Officer Contacted

Certification: I have answered these questions and provided a record of my work search contacts to obtain unemployment benefits. I know that this information is subject to verification and that the law provides penalties for false statements.

Your Signature: _____	Today's Date: _____
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Please Print Your Mailing Address: \_\_\_\_\_  
 Your City, State and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_