Department of Labor
PO Box 15130
Albany, NY 12212-5130

IMPORTANT!

We sent you a Monetary Benefit Determinations showing the weekly benefits you will receive. Those benefits are based on your wages. If you believe some of your wages were missed, please complete this form. This form must be received by us within 30 calendar days of the Date Mailed as stated on your most recent Monetary Benefit Determination notice. **Please print clearly. If we cannot read your writing, we cannot process this form.**

Unemployment Insurance Request for Reconsideration

Please print clearly

Last Name:_____ First Name: _____ Middle Initial:____

Address:_____

City:_____ State:_____ Zip Code:_____

Claim Effective/Start Date:____/___/_____ Social Security number: XXX-XX-___ ___ ___ ___

Form requirements

To correct wages and/or add wages not reflected on your Monetary Benefit Determination, follow the instructions below.

- the employer and quarterly wage information below using black or blue ink.
- Include any documentation that could be considered proof of employment and wages such as pay stubs, W-2s, 1099s, vouchers, checks, tips, bonuses, meals, lodging, commissions, vacation pay and records of employment and/or payment.
- Do not send originals; photocopy all supporting documentation onto 8½ x 11 single-sided paper.
- Write your name, the last four digits of your Social Security number and your phone number on each attachment.
- If you received worker's compensation, include a copy of your most recent Subsequent Report of Injury (SROI) filing.
- This completed form and all attachments must be received within the time frame noted above in the IMPORTANT! message. **Please print clearly.**

Employer Information

Please print clearly. Attach an additional page if you have information for more than (3) three employers.

Basic or Alternate Base Period Total Quarterly Gross Wages

Write in the total quarterly gross wages for each employer / quarter indicated. Refer to your most recent Monetary Benefit Determination for assistance.

Employer: _____
Address:_____
City: _____State: ____ Zip:_____
If work was performed outside New York State, indicate state: _____

Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___

Employer: _____
Address:_____
City: _____ State: ____ Zip:_____
If work was performed outside New York State, indicate state: _____

Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___

Employer: _____
Address:_____
City: _____ State: ____ Zip:_____
If work was performed outside New York State, indicate state: _____

Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___
Quarter ___/___/_____ - ___/___/_____ $___ ___ ___,___ ___ ___ .___ ___

Certification

I certify that the above information is true to the best of my knowledge and I am aware that there are penalties for making false statements. I understand I will be notified of the results of my request.

_____ _____ _____
Signature (Required) Date Area code Telephone number

Return instructions

This notice and all attachments must be received within the time frame noted above in the IMPORTANT! message.

Fax: 518-457-9378. This notice is your cover page. Indicate total number of pages _____.
OR **Mail:** New York State Department of Labor, P.O. Box 15130, Albany, NY 12212-5130.
OR **Online:** www.labor.ny.gov/signin. Submit via online account messaging system. Select "Submit Documents" and then "Submit Wage Documents". Use subject line "Wage Documentation".

Claim weekly benefits at www.labor.ny.gov or call Tel-Service at 888-581-5812.

For more information visit: www.labor.ny.gov.

For help, see the claimant handbook at www.labor.ny.gov/uihandbook.