EMPLOYER AFFIDAVIT FOR FILING ELECTRONIC PARTIALS

WARNING: Committing an act of unemployment fraud may result in loss of current and future benefits, penalties, fines and imprisonment.

UI Account Number _____

I certify under penalty of law that the individuals being submitted for unemployment benefits for this week:

(1) are laid off temporarily for lack of work only
(2) worked all available hours during the week
(3) are not receiving a retirement pension
(4) are not in school
(5) do not have an active interstate claim
(6) are not receiving Workers' Compensation payments
(7) have been advised to report all pay received from odd-jobs or any other source and that this pay has been recorded in the appropriate field
(8) have been advised they must be able and available for work each day claimed

I certify that the data submitted is complete and accurate information and authorize the Department to file unemployment claims for each individual included in the electronic file. I certify these employees have authorized this employer to file these claims on their behalf and to provide wage information to the Department. I certify that these employees have been allowed to choose their preferred federal tax deduction option. I further certify that these employees have been advised that they must provide me with their current address and if it changes they must notify me immediately. I understand that my employees' AL Vantage Debit Cards cannot be mailed to the employer's address.

I understand that the law provides penalties for submitting false claims. I further understand that, under the Rules of the Department, any employer found to be abusing the purpose and intent of the Partial Claims Program will be prohibited from using the system. You are not allowed to file your own claim. Questions concerning this document should be referred to Payment Processing Unit at (334)242-7953.

Authorized Personnel _____ Title _____
(Owner/Plant Manager)

Claims Filer _____ Title _____
Employer Name _____
Address _____ _____
_____
Telephone: (____)_____-_____ Email _____
Date: _____

Employers must acknowledge and accept an Employer Affidavit for Electronic Partials, which will be presented to you as an online form during the Internet filing session. This form is to be completed and returned to the Payment Processing Unit prior to filing a Partial claim.

ALABAMA DEPARTMENT OF LABOR
649 MONROE STREET
PARTIAL PAYMENT PROCESSING UNIT
MONTGOMERY, AL 36131
334 242-7953