

EMPLOYEE CONSENT FORM

EMPLOYEE NAME _____ (print)

EMPLOYEE SOCIAL SECURITY NUMBER _____

*I authorize my employer, _____,
to file weekly claims for benefits (partials) for me in the event that the business is closed temporarily. By authorizing my employer to file these claims, I allow him to report the following information on my behalf.*

*Citizenship status (For employees who are not citizens, the employer will provide a copy of your alien registration card to the Payment Processing Unit. Fax number (334)242-2550.

*Federal Tax Withholding preference (You may choose to have Federal Tax withheld at the rate of 10% from your unemployment compensation benefits. This form allows you to authorize the employer to report your choice. _____ **Yes** _____ **No**)

*Statistical information. (Race, sex, disability status, highest grade completed)

*Amount of pay received from the employer (the employer will report any pay you are owed for the week being claimed.)

*Amount of pay received from outside sources (the employer will report any pay you received from other employment or other sources. You must let the employer know if you have pay from an outside source for the week being claimed. If the pay is not reported by the employer, notify the Payment Processing Unit at (334)242-7953.)

I understand that I must provide my employer with my current address. If my address changes, it is my responsibility to notify my employer immediately. I understand that if I provide the incorrect address, the post office will not forward my AL Vantage Debi Card. I understand that if I feel an error has been made in the information provided, I should notify the Payment Processing Unit immediately.

I also understand that I will receive a Monetary Determination in the mail when I file a new claim that shows my base period wages. If wages are missing from this report, I must notify the Payment Processing Unit immediately. (Wages with the Federal Government, Military or employers outside of Alabama will not show up on the report. Please notify the Payment Processing Unit if you have any of these type wages.)

Exclusions: Employees who receive a pension, worker's compensation payments, have an active interstate claim, or are in school are required to inform the employer that a partial claim should not be filed for them. The employer should request and file paper Ben-3 forms which will be required to be submitted to the Payment Processing Unit.

I understand all of the information above and agree to the terms:

SIGNATURE _____

DATE OF CONSENT _____