



Wilmington Local Office
Department of Labor
Division of Unemployment Insurance
P.O. Box 9951
4425 N. Market Street
Fox Valley
Wilmington, DE 19809-0951

(302) 761-8446

Newark Local Office
Department of Labor
Division of Unemployment Insurance
P.O. Box 8099
225 Corporate Boulevard, Suite 108
Pencader Corporate Center
Newark, DE 19714-8099

(302) 368-6600

Dover Local Office
Department of Labor
Division of Unemployment Insurance
P.O. Box 616
1114 S. Dupont Highway, Suite 103
Dover, DE 19903-0616

(302) 739-5461

Georgetown Local Office
Department of Labor
Division of Unemployment Insurance
P.O. Box 548
Georgetown Professional Park
600 North DuPont Highway, Suite 205
Georgetown, DE 19947-0548

(302) 856-5611

HOTLINE NUMBERS:

Kent/Sussex County
1-800-794-3032
New Castle County
761-6576

www.delawareworks.com



**YOUR
GUIDE
TO
UNEMPLOYMENT
INSURANCE
BENEFITS**



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INTRODUCTION

Unemployment Insurance (UI) is designed to provide benefits to eligible individuals who are unemployed through no fault of their own, and who would be employed if suitable jobs were available. Unlike public welfare, Unemployment Insurance is an insurance program. **Need for assistance is not a factor that can be considered.**

Unemployment Insurance is, in many ways, similar to other forms of insurance. In all states, employers pay a tax to cover their workers against involuntary unemployment. Most employers are required to pay this tax. When you work for such an employer, you are in "covered employment," and your wages are "covered wages." Your unemployment insurance benefit is based upon these wages. Like any other insurance, Unemployment Insurance has certain requirements which must be met if you are to receive benefit payments. These individual and monetary requirements are established by Law in Title 19, Delaware Code, and are administered by the Delaware Department of Labor, Division of Unemployment Insurance.

This handbook is designed to explain your rights and responsibilities under the Delaware Unemployment Compensation Law. **Its purpose is to provide you with information and should not be considered to have the effect of law.**

This handbook should answer many of the questions you may have regarding filing a claim for benefits. However, if you have questions not covered in the booklet, please call your Unemployment Insurance Local Office.

Read this handbook carefully and completely

**YOUR
INDIVIDUAL
ELIGIBILITY**

UNEMPLOYED THROUGH NO FAULT OF YOUR OWN

To receive benefits, you must be partially or totally out of work through no fault of your own.

ABLE AND AVAILABLE FOR WORK

You must be able to work and available for work. However, if you become sick or disabled after you have registered for job search assistance, you may continue to draw benefits unless you refuse a job which would have been considered suitable for you at the time of your registration for work. If you claim benefits while sick or disabled, you must submit a doctor's certificate.

ACTIVELY SEEKING WORK

You must be actively seeking work. The fact that you have registered for job search assistance at a public employment office is not enough. You should be actively seeking work and be prepared to verify where you applied for work. **See Weekly Pay Authorization.**

*REGISTER AND PARTICIPATE IN REQUIRED SERVICES WITH THE
DIVISION OF EMPLOYMENT AND TRAINING*

If you are required to register with the Division of Employment and Training, you must do so immediately. **Failure to register or participate in any testing or training required by the Division Of Employment and Training may result in a denial of unemployment insurance benefits.**

Current Division of Employment and Training Job Listing Phone Number

Included in the National Database Job Line at:

1-800-414-5748

YOU MAY BE DENIED BENEFITS

If you are unable to work, or are unavailable for work;

If you have failed to actively seek work;

If you quit your job voluntarily without good cause attributable to your work;

If you are discharged from your job for just cause in connection with your work -- such as lateness, unexcused absences, or violation of company rules;

If you are unemployed by reason of commitment upon conviction and sentencing to any penal institution;

If you refuse to accept a job offer for which you are reasonably fitted and which pays the general rate for that type of work;

If you put undue restrictions on the type of work, number of hours or amount of pay that you are willing to accept;

If you are unemployed due to a labor dispute;

If you fail to participate in reemployment services; or

If you do not report to the local office and/or do not mail pay authorization forms as required.

REPORT ALL INCOME

You are required to report all income which will affect your claim, such as:

(1) all wages received for work performed including commissions, bonuses or tips;

(2) holiday pay; or

(3) dismissal wages, wages in lieu of notice, profit share or vacation pay.

Gross wages (wages before deductions) must be reported when *earned* not when received.

REPORT ALL PENSIONS, ANNUITIES, ETC.

You are required to report all payments you receive from and/or changes in pensions, annuities, or similar periodic payments since your weekly unemployment insurance benefit account may be subject to a reduction. Payments received that should be reported include:

- (1) State and local government pensions;
- (2) Federal Civil Service pensions, including disability retirement pensions;
- (3) Private employer pensions;
- (4) Union pensions;
- (5) Military retirement pensions;
- (6) Military disability retirement pensions;
- (7) Railroad retirement annuities;
- (8) Benefits derived from IRAs and Keogh Plans; and,
- (9) Workman's Compensation.

REPORT CHANGE OF ADDRESS

You are required to report all changes of address in writing with a signature (or in person with proof of identification), social security number, and effective date of the move to the local office where you filed your claim.

If you move out of your local area, please report to your NEW local office.

FRAUD
LIABILITY
STATEMENT

While receiving unemployment insurance benefits, a person *must* report all earnings or income for each week benefits are claimed. Failure to disclose a material fact or knowingly make a false statement for the purpose of obtaining benefits to which you are not legally entitled may result in an overpayment plus interest, disqualification from benefits for one year, and prosecution including a fine and/or imprisonment.

Any person who has received benefits to which he was not entitled is liable to repay such sum. Entitlement to future benefits will be affected by outstanding overpayments.

CHILD SUPPORT PAYMENTS

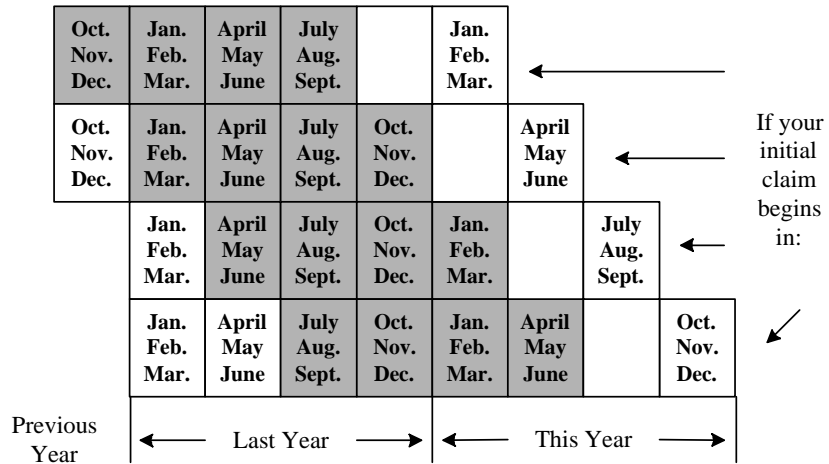
If you are required to pay support through the Division of Child Support Enforcement, a deduction of not more than 50% may be made from your unemployment insurance check. Any errors or discrepancies in such deductions must be directed to a Bureau of Child Support Enforcement Customer Service Representative at (302) 577-7171.

BASE PERIOD

Your Base Period is the 1st four of the last five completed calendar quarters.

ILLUSTRATION OF BASE PERIOD

THE SHADED CALENDAR QUARTERS REPRESENT YOUR BASE PERIOD



QUICK-GUIDE TO CALCULATE YOUR BENEFIT

You may compute approximately how much you will receive by using the following formula:

- < Determine the base period for the claim you are filing using the above chart.
- < Determine the amount of wages you were paid in covered employment during the base period by calendar quarters.
- < Determine which of the two quarters you were paid the highest wages. Divide the wages paid you in those two quarters by 46 to calculate approximately how much you will receive per week. A maximum weekly benefit amount is established by law. **See Weekly Benefit Amount Chart.**

CALENDAR QUARTERS

3-month period:

Beginning
January 1
April 1
July 1
October 1

Ending
March 31
June 30
September 30
December 31

**YOUR
MONETARY
ELIGIBILITY**

BENEFIT AMOUNT

To be eligible for benefits, you must have been paid at least thirty-six times your weekly benefit amount by a covered employer in your base period. The amount of your benefit will be 1/46 of your wages in the two highest wage quarters in the base period. However, no one who is eligible for benefits will receive less than \$20 or more than \$330 a week, if eligible. **See Base Period.**

NUMBER OF WEEKS RECEIVING BENEFITS

The number of weeks you may receive benefits depends upon your total wages during your entire base period. A worker is entitled to receive a total amount of benefits equal to 50% of his base period wages or twenty-six times his weekly benefit amount, whichever is less.

BENEFIT YEAR

You may receive the amount of benefits due you over the course of your benefit year. The benefit year begins on the Sunday of the first week in which you file a claim which is found to be monetarily eligible. It continues for a period of one year. If you draw all of your benefits from this state, you cannot receive any more payments within that benefit year.

After your benefit year has ended, you may receive more benefits based on wages received during the new base period. Benefits cannot be paid in a second benefit year unless you have had new employment and earned at least ten times your new weekly benefit amount since the beginning of your preceding benefit year. **See Base Period.**

EARNINGS ALLOWANCE

Beginning with compensable week ending July 5, 1997, you are allowed to earn 50% of your weekly benefit amount without any deduction. Anything over 50% is deducted dollar for dollar. For example: If your benefit amount is \$100, you are allowed to earn \$50 gross (wages before deductions) with no deduction of your unemployment insurance benefit; anything over \$50 is deducted dollar for dollar.

QUICK GUIDE TO CALCULATE YOUR EARNINGS ALLOWANCE

Weekly Benefit Amount		100.00
Multiply by .50	x	.50
Earnings Allowance before deduction		50.00

Example

Weekly Benefit Amount	<u>100.00</u>			
Gross Income	<u>60.00</u>	≡	gross income minus earnings allowance (see above chart)	60.00 -- 50.00
		≡	amount deducted from weekly benefit amount	10.00
Adjusted check amount	<u>90.00</u>			

Please note: Your maximum check amount is limited to your weekly benefit amount.

REDUCED WORK HOURS

If your regular hours of work are reduced, you **may** be eligible to receive partial payments. See Earnings Allowance on the previous page. **See also Return to Work.**

SEASONAL CLAIMS

Seasonal Employment is defined as the first processing of agricultural or seafood products. You will be considered a seasonal employee if you are employed with an identified seasonal employer, even if you do not work directly with that seasonal product. If 75% or more of your base period wages were from seasonal employment, as defined by Delaware law, you will only be eligible to receive benefits for those months in which you were employed in your base period. For example, if you worked from May through September in the base period with a seasonal employer, you would only be eligible to draw benefits for the work done during those months.

**WEEKLY
BENEFIT
AMOUNT
CHART**

<i>If Two Highest Quarter Wages Were</i>	<i>Weekly Benefit Amount</i>	<i>If Two Highest Quarter Wages Were</i>	<i>Weekly Benefit Amount</i>
Less Than			
Or Equal - 965.99	20.00	2,806.00 - 2,851.99	61.00
966.00 - 1,011.99	21.00	2,852.00 - 2,897.99	62.00
1,012.00 - 1,057.99	22.00	2,898.00 - 2,943.99	63.00
1,058.00 - 1,103.99	23.00	2,944.00 - 2,989.99	64.00
1,104.00 - 1,149.99	24.00	2,990.00 - 3,035.99	65.00
1,150.00 - 1,195.99	25.00	3,036.00 - 3,081.99	66.00
1,196.00 - 1,241.99	26.00	3,082.00 - 3,127.99	67.00
1,242.00 - 1,287.99	27.00	3,128.00 - 3,173.99	68.00
1,288.00 - 1,333.99	28.00	3,174.00 - 3,219.99	69.00
1,334.00 - 1,379.99	29.00	3,220.00 - 3,265.99	70.00
1,380.00 - 1,425.99	30.00	3,266.00 - 3,311.99	71.00
1,426.00 - 1,471.99	31.00	3,312.00 - 3,357.99	72.00
1,472.00 - 1,517.99	32.00	3,358.00 - 3,403.99	73.00
1,518.00 - 1,563.99	33.00	3,404.00 - 3,449.99	74.00
1,564.00 - 1,609.99	34.00	3,450.00 - 3,495.99	75.00
1,610.00 - 1,655.99	35.00	3,496.00 - 3,541.99	76.00
1,656.00 - 1,701.99	36.00	3,542.00 - 3,587.99	77.00
1,702.00 - 1,747.99	37.00	3,588.00 - 3,633.99	78.00
1,748.00 - 1,793.99	38.00	3,634.00 - 3,679.99	79.00
1,794.00 - 1,839.99	39.00	3,680.00 - 3,725.99	80.00
1,840.00 - 1,885.99	40.00	3,726.00 - 3,771.99	81.00
1,886.00 - 1,931.99	41.00	3,772.00 - 3,817.99	82.00
1,932.00 - 1,977.99	42.00	3,818.00 - 3,863.99	83.00
1,978.00 - 2,023.99	43.00	3,864.00 - 3,909.99	84.00
2,024.00 - 2,069.99	44.00	3,910.00 - 3,955.99	85.00
2,070.00 - 2,115.99	45.00	3,956.00 - 4,001.99	86.00
2,116.00 - 2,161.99	46.00	4,002.00 - 4,047.99	87.00
2,162.00 - 2,207.99	47.00	4,048.00 - 4,093.99	88.00
2,208.00 - 2,253.99	48.00	4,094.00 - 4,139.99	89.00
2,254.00 - 2,299.99	49.00	4,140.00 - 4,185.99	90.00
2,300.00 - 2,345.99	50.00	4,186.00 - 4,231.99	91.00
2,346.00 - 2,391.99	51.00	4,232.00 - 4,277.99	92.00
2,392.00 - 2,437.99	52.00	4,278.00 - 4,323.99	93.00
2,438.00 - 2,483.99	53.00	4,324.00 - 4,369.99	94.00
2,484.00 - 2,529.99	54.00	4,370.00 - 4,415.99	95.00
2,530.00 - 2,575.99	55.00	4,416.00 - 4,461.99	96.00
2,576.00 - 2,621.99	56.00	4,462.00 - 4,507.99	97.00
2,622.00 - 2,667.99	57.00	4,508.00 - 4,553.99	98.00
2,668.00 - 2,713.99	58.00	4,554.00 - 4,599.99	99.00
2,714.00 - 2,759.99	59.00	4,600.00 - 4,645.99	100.00
2,760.00 - 2,805.99	60.00	4,646.00 - 4,691.99	101.00

<i>If Two Highest Quarter Wages Were</i>		<i>Weekly Benefit Amount</i>	<i>If Two Highest Quarter Wages Were</i>		<i>Weekly Benefit Amount</i>
4,692.00 -	4,737.99	102.00	6,624.00 -	6,669.99	144.00
4,738.00 -	4,783.99	103.00	6,670.00 -	6,715.99	145.00
4,784.00 -	4,829.99	104.00	6,716.00 -	6,761.99	146.00
4,830.00 -	4,875.99	105.00	6,762.00 -	6,807.99	147.00
4,876.00 -	4,921.99	106.00	6,808.00 -	6,853.99	148.00
4,922.00 -	4,967.99	107.00	6,854.00 -	6,899.99	149.00
4,968.00 -	5,013.99	108.00	6,900.00 -	6,945.99	150.00
5,014.00 -	5,059.99	109.00	6,946.00 -	6,991.99	151.00
5,060.00 -	5,105.99	110.00	6,992.00 -	7,037.99	152.00
5,106.00 -	5,151.99	111.00	7,038.00 -	7,083.99	153.00
5,152.00 -	5,197.99	112.00	7,084.00 -	7,129.99	154.00
5,198.00 -	5,243.99	113.00	7,130.00 -	7,175.99	155.00
5,244.00 -	5,289.99	114.00	7,176.00 -	7,221.99	156.00
5,290.00 -	5,335.99	115.00	7,222.00 -	7,267.99	157.00
5,336.00 -	5,381.99	116.00	7,268.00 -	7,313.99	158.00
5,382.00 -	5,427.99	117.00	7,314.00 -	7,359.99	159.00
5,428.00 -	5,473.99	118.00	7,360.00 -	7,405.99	160.00
5,474.00 -	5,519.99	119.00	7,406.00 -	7,451.99	161.00
5,520.00 -	5,565.99	120.00	7,452.00 -	7,497.99	162.00
5,566.00 -	5,611.99	121.00	7,498.00 -	7,543.99	163.00
5,612.00 -	5,657.99	122.00	7,544.00 -	7,589.99	164.00
5,658.00 -	5,703.99	123.00	7,590.00 -	7,635.99	165.00
5,704.00 -	5,749.99	124.00	7,636.00 -	7,681.99	166.00
5,750.00 -	5,795.99	125.00	7,682.00 -	7,727.99	167.00
5,796.00 -	5,841.99	126.00	7,728.00 -	7,773.99	168.00
5,842.00 -	5,887.99	127.00	7,774.00 -	7,819.99	169.00
5,888.00 -	5,933.99	128.00	7,820.00 -	7,865.99	170.00
5,934.00 -	5,979.99	129.00	7,866.00 -	7,911.99	171.00
5,980.00 -	6,025.99	130.00	7,912.00 -	7,957.99	172.00
6,026.00 -	6,071.99	131.00	7,958.00 -	8,003.99	173.00
6,072.00 -	6,117.99	132.00	8,004.00 -	8,049.99	174.00
6,118.00 -	6,163.99	133.00	8,050.00 -	8,095.99	175.00
6,164.00 -	6,209.99	134.00	8,096.00 -	8,141.99	176.00
6,210.00 -	6,255.99	135.00	8,142.00 -	8,187.99	177.00
6,256.00 -	6,301.99	136.00	8,188.00 -	8,233.99	178.00
6,302.00 -	6,347.99	137.00	8,234.00 -	8,279.99	179.00
6,348.00 -	6,393.99	138.00	8,280.00 -	8,325.99	180.00
6,394.00 -	6,439.99	139.00	8,326.00 -	8,371.99	181.00
6,440.00 -	6,485.99	140.00	8,372.00 -	8,417.99	182.00
6,486.00 -	6,531.99	141.00	8,418.00 -	8,463.99	183.00
6,532.00 -	6,577.99	142.00	8,464.00 -	8,509.99	184.00
6,578.00 -	6,623.99	143.00	8,510.00 -	8,555.99	185.00

<i>If Two Highest Quarter Wages Were</i>		<i>Weekly Benefit Amount</i>	<i>If Two Highest Quarter Wages Were</i>		<i>Weekly Benefit Amount</i>
8,556.00 -	8,601.99	186.00	10,488.00 -	10,533.99	228.00
8,602.00 -	8,647.99	187.00	10,534.00 -	10,579.99	229.00
8,648.00 -	8,693.99	188.00	10,580.00 -	10,625.99	230.00
8,694.00 -	8,739.99	189.00	10,626.00 -	10,671.99	231.00
8,740.00 -	8,785.99	190.00	10,672.00 -	10,717.99	232.00
8,786.00 -	8,831.99	191.00	10,718.00 -	10,763.99	233.00
8,832.00 -	8,877.99	192.00	10,764.00 -	10,809.99	234.00
8,878.00 -	8,923.99	193.00	10,810.00 -	10,855.99	235.00
8,924.00 -	8,969.99	194.00	10,856.00 -	10,901.99	236.00
8,970.00 -	9,015.99	195.00	10,902.00 -	10,947.99	237.00
9,016.00 -	9,061.99	196.00	10,948.00 -	10,993.99	238.00
9,062.00 -	9,107.99	197.00	10,994.00 -	11,039.99	239.00
9,108.00 -	9,153.99	198.00	11,040.00 -	11,085.99	240.00
9,154.00 -	9,199.99	199.00	11,086.00 -	11,131.99	241.00
9,200.00 -	9,245.99	200.00	11,132.00 -	11,177.99	242.00
9,246.00 -	9,291.99	201.00	11,178.00 -	11,223.99	243.00
9,292.00 -	9,337.99	202.00	11,224.00 -	11,269.99	244.00
9,338.00 -	9,383.99	203.00	11,270.00 -	11,315.99	245.00
9,384.00 -	9,429.99	204.00	11,316.00 -	11,361.99	246.00
9,430.00 -	9,475.99	205.00	11,362.00 -	11,407.99	247.00
9,476.00 -	9,521.99	206.00	11,408.00 -	11,453.99	248.00
9,522.00 -	9,567.99	207.00	11,454.00 -	11,499.99	249.00
9,568.00 -	9,613.99	208.00	11,500.00 -	11,545.99	250.00
9,614.00 -	9,659.99	209.00	11,546.00 -	11,591.99	251.00
9,660.00 -	9,705.99	210.00	11,592.00 -	11,637.99	252.00
9,706.00 -	9,751.99	211.00	11,638.00 -	11,683.99	253.00
9,752.00 -	9,797.99	212.00	11,684.00 -	11,729.99	254.00
9,798.00 -	9,843.99	213.00	11,730.00 -	11,775.99	255.00
9,844.00 -	9,889.99	214.00	11,776.00 -	11,821.99	256.00
9,890.00 -	9,935.99	215.00	11,822.00 -	11,867.99	257.00
9,936.00 -	9,981.99	216.00	11,868.00 -	11,913.99	258.00
9,982.00 -	10,027.99	217.00	11,914.00 -	11,959.99	259.00
10,028.00 -	10,073.99	218.00	11,960.00 -	12,005.99	260.00
10,074.00 -	10,119.99	219.00	12,006.00 -	12,051.99	261.00
10,120.00 -	10,165.99	220.00	12,052.00 -	12,097.99	262.00
10,166.00 -	10,211.99	221.00	12,098.00 -	12,143.99	263.00
10,212.00 -	10,257.99	222.00	12,144.00 -	12,189.99	264.00
10,258.00 -	10,303.99	223.00	12,190.00 -	12,235.99	265.00
10,304.00 -	10,349.99	224.00	12,236.00 -	12,281.99	266.00
10,350.00 -	10,395.99	225.00	12,282.00 -	12,327.99	267.00
10,396.00 -	10,441.99	226.00	12,328.00 -	12,373.99	268.00
10,442.00 -	10,487.99	227.00	12,374.00 -	12,419.99	269.00

<i>If Two Highest Quarter Wages Were</i>	<i>Weekly Benefit Amount</i>	<i>If Two Highest Quarter Wages Were</i>	<i>Weekly Benefit Amount</i>
12,420.00 - 12,465.99	270.00	14,352.00 - 14,397.99	312.00
12,466.00 - 12,511.99	271.00	14,398.00 - 14,443.99	313.00
12,512.00 - 12,557.99	272.00	14,444.00 - 14,489.99	314.00
12,558.00 - 12,603.99	273.00	14,490.00 - 14,535.99	315.00
12,604.00 - 12,649.99	274.00	14,536.00 - 14,581.99	316.00
12,650.00 - 12,695.99	275.00	14,582.00 - 14,627.99	317.00
12,696.00 - 12,741.99	276.00	14,628.00 - 14,673.99	318.00
12,742.00 - 12,787.99	277.00	14,674.00 - 14,719.99	319.00
12,788.00 - 12,833.99	278.00	14,720.00 - 14,765.99	320.00
12,834.00 - 12,879.99	279.00	14,766.00 - 14,811.99	321.00
12,880.00 - 12,925.99	280.00	14,812.00 - 14,857.99	322.00
12,926.00 - 12,971.99	281.00	14,858.00 - 14,903.99	323.00
12,972.00 - 13,017.99	282.00	14,904.00 - 14,949.99	324.00
13,018.00 - 13,063.99	283.00	14,950.00 - 14,995.99	325.00
13,064.00 - 13,109.99	284.00	14,996.00 - 15,041.99	326.00
13,110.00 - 13,155.99	285.00	15,042.00 - 15,087.99	327.00
13,156.00 - 13,201.99	286.00	15,088.00 - 15,133.99	328.00
13,202.00 - 13,247.99	287.00	15,134.00 - 15,179.99	329.00
13,248.00 - 13,293.99	288.00	15,180.00 - Or more	330.00
13,294.00 - 13,339.99	289.00		
13,340.00 - 13,385.99	290.00		
13,386.00 - 13,431.99	291.00		
13,432.00 - 13,477.99	292.00		
13,478.00 - 13,523.99	293.00		
13,524.00 - 13,569.99	294.00		
13,570.00 - 13,615.99	295.00		
13,616.00 - 13,661.99	296.00		
13,662.00 - 13,707.99	297.00		
13,708.00 - 13,753.99	298.00		
13,754.00 - 13,799.99	299.00		
13,800.00 - 13,845.99	300.00		
13,846.00 - 13,891.99	301.00		
13,892.00 - 13,937.99	302.00		
13,938.00 - 13,983.99	303.00		
13,984.00 - 14,029.99	304.00		
14,030.00 - 14,075.99	305.00		
14,076.00 - 14,121.99	306.00		
14,122.00 - 14,167.99	307.00		
14,168.00 - 14,213.99	308.00		
14,214.00 - 14,259.99	309.00		
14,260.00 - 14,305.99	310.00		
14,306.00 - 14,351.99	311.00		

**FEDERAL
CIVILIAN
EMPLOYEES**

If you have been a civilian employee of the United States Government in the past two years, you should notify your local office. You may be entitled to unemployment insurance benefits under a Federal Law that provides for the payment of benefits to former Federal Civilian employees. You are required to present an SF8 and SF50, or pay stubs or W2 form to the local office when filing this claim.

**MILITARY
PERSONNEL**

Provisions exist in Federal Law for persons discharged from the armed forces of the United States under honorable conditions. You are required to present form DD214, Member 4 and proof of your Social Security Number when filing this claim.

**MONETARY
DETERMINATION**

When your claim is processed, a "monetary determination" will be calculated and you will receive a copy. The monetary determination will indicate the name(s) of the employer(s) for whom you worked during your claim base period and the wages you earned in each calendar quarter. If you are monetarily eligible for benefits, the monetary determination will also indicate your weekly benefit amount (WBA), maximum benefits receivable, and the duration of your claim.

If the employer and/or wage information on the monetary is incorrect or if any employer and/or wage information is missing, please report to the local office where you filed your claim immediately. When you report to the local office to review your monetary determination, please be sure to bring your **Social Security Card** and proof of the missing or incorrect employment (W-2, pay stubs, etc.).

Once the monetary determination is complete, if you disagree with that final determination, you may file an appeal.

A sample of a monetary determination is illustrated on the following page.

FRONT

SAMPLE
MONETARY
DETERMINATION

DELAWARE DEPARTMENT OF LABOR				MONETARY DETERMINATION				FORM UC-10 DOC NO. 60 06/9/02/01			
YOUR BASE PERIOD		BEGINS	ENDS	NAME AND SOCIAL SECURITY NUMBER							
07-01-00		06-30-01		L.O. 7		F.C. 10					
YOUR BENEFIT YEAR		BEGINS	ENDS	J. Doe				000-00-0000			
12-09-01		12-08-02									
BASE PERIOD QUARTERS AND WAGES								EMPLOYER NAME AND NUMBER			
QRT	YR	QRT	YR	QRT	YR	QRT	YR	THE COMPANY 55555-5			
3	00	4	00	1	01	2	01				
4017.28		1350.01		509.62		4297.63					
TOTAL WAGES		MAX BENEFITS		WBA		DURATION		CLAIMANT ADDRESS			
10845.81		5,070.00		195.00		26 WEEKS 195 LAST WK		J. Doe P. O. Box 123			
MESSAGE				Any Town Delaware 19999				PROCESS DATE		REDET	CLAIM DATE
								12-18-01			12-09-01

BACK

NOTICE OF MONETARY DETERMINATION

INITIAL DETERMINATION
Listed on the other side of this form is a copy of our record of the wages you were paid during your base period by employers covered under the Delaware Unemployment Compensation Law. This record of earnings is issued as an initial determination of your benefit rights and expires one year from the date of your claim. If you were paid wages in addition to those listed on the other side of this form, by an employer covered by the law, during your base period, you may file a protest at the office at which you filed your claim. Your protest must be filed within seven days from the delivery or ten days after the mailing (process date) of this notification.

REVISED DETERMINATION
If you were paid wages in addition of those listed on the other side of this form by an employer covered by the law in the base period listed on the other side of this form OR if the total amount of wages listed on the other side of this form is less than the total wages stated in the Division's Initial Monetary Determination mailed to you, and you do not appeal this decision as indicated below, the Division of Unemployment Insurance, in accordance with Section 3325, Title 19, Delaware Code, will hold you liable for and will initiate collection action for repayment of the benefits you may have already received.

Your protest or appeal must be filed at the Division of Unemployment Insurance office where you filed your claim within seven days from the delivery or ten days after the mailing (process date) of this notification. If you have questions, or require additional information, you should contact your local office.

**WEEKLY
PAY
AUTHORIZATION**

Each week, you must complete, sign and return a weekly pay authorization form to claim benefits. See Sample Pay authorization form on the following page.

A calendar week begins on a Sunday and ends the following Saturday. Your pay authorization form for the first week of unemployment, for which you will claim benefits was given to you by the local office when you initially filed your claim. You will receive three additional pay authorization forms in the mail for the second, third and fourth weeks of your claim. You **must** complete, sign and return each pay authorization (by mail or by using the claim drop box located at the front of the local office) on the Sunday immediately following the week ending date on the top of the pay authorization form. **Pay authorization forms must be submitted timely or you may be denied benefits.** Make sure that you submit the correct pay authorization form for the correct week, and make sure your work search (if applicable) was conducted during the same week. **Under no circumstances should a pay authorization form be submitted prior to the appropriate week ending date.**

After you have claimed benefits for four weeks, you should begin to use the pay authorization form, which will accompany your benefit check to claim the next week of benefits. If you are not receiving benefits by that time and are pending adjudication of your claim or are in appeal status, you must continue to complete, sign and return a pay authorization form each week. You may contact your local office for an additional supply of pay authorization forms.

If you are eligible to receive benefits, your checks will be mailed directly to you after each pay authorization form is processed. The length of time required to process pay authorizations and issue benefit checks varies with the claim load. Every effort will be made to ensure that payments are made as promptly as possible, but allowances must be made for postal handling and internal processing procedures.

If you are denied benefits, you may file an appeal in person or by sending a letter to your local office. **See Appeals.**

FRONT

See Weekly Pay Authorization on previous page.

SAMPLE
PAY
AUTHORIZATION

SOC SEC NUMBER 000-00-000	CLAIMANT'S NAME J. Doe	WBA 266.00	FC 10
LOCAL OFFICE NUMBER 01	ORIGINAL CLAIM DATE 03-08-94	WEEK ENDING 03-12-94	

FAILURE TO ANSWER ALL QUESTIONS BELOW AND ON OTHER SIDE OF THIS FORM WILL DELAY PAYMENT OF YOUR CLAIM

1. ENTER BELOW ANY INCOME YOU HAD FOR THE WEEK ENDING DATE SHOWN ABOVE. REPORT EARNINGS, BEFORE DEDUCTIONS, IN THE WEEK WORKED (COMPLETE ITEM 8 ON BACK.)

EARNINGS 20.00	RETIREMENT PAY	SOCIAL SECURITY	WAGES IN LIEU OF NOTICE	OTHER
--------------------------	----------------	-----------------	-------------------------	-------

2. WERE YOU ABLE TO WORK AND AVAILABLE FOR WORK EACH DAY? (IF NO, EXPLAIN IN REMARKS ON BACK) ----- YES NO

3. DO YOU ACTIVELY SEEK WORK? (IF YES, LIST EMPLOYERS CONTACTED FOR WORK DURING THE WEEKS) CLAIMED IN ITEM 8. IF NO, EXPLAIN IN REMARKS ON BACK) ----- YES NO

4. DO YOU REFUSE ANY WORK, OR REFUSE OR FAIL TO GO FOR A JOB INTERVIEW? (IF YES, EXPLAIN IN REMARKS ON BACK) ----- YES NO

5. DID YOU ATTEND SCHOOL OR TRAINING? ----- YES NO

6. SINCE YOUR LAST CLAIM, HAVE YOU APPLIED FOR RETIREMENT PENSION OR SOCIAL SECURITY OR HAS YOUR PENSION OR SOCIAL SECURITY CHANGED? ----- YES NO

7. IF YOU HAVE RETURNED TO WORK, CHECK BOX AND COMPLETE ITEM 10 ON BACK

OFFICE USE ONLY			
REGULAR CHECK AMOUNT	TYPE OF DEDUCTION		
	P	1	A
DEDUCTIONS	P T		
	2	5	
ADJUSTED CHECK AMOUNT		3	6

I CERTIFY THAT THE STATEMENTS ON THE FRONT AND BACK OF THIS FORM ARE TRUE AND CORRECT. I KNOW THE LAW IMPOSES PENALTIES FOR FALSE STATEMENTS MADE ON THIS CLAIM. (EX-SERVICE MEN ALSO CERTIFY: I HAVE NOT APPLIED FOR, AND I AM NOT RECEIVING A SUBSISTENCE ALLOWANCE FOR VOCATIONAL REHABILITATION TRAINING OR A WAR ORPHANS', WIDOWS', OR RELATED EDUCATIONAL ASSISTANCE ALLOWANCE FROM THE VETERANS ADMINISTRATION (38 U.S.C. CH. 31 AND 35))

J. Doe
CLAIMANT'S SIGNATURE _____ DATE _____ || CLAIMSTAKER'S SIGNATURE _____ DATE _____

BACK See Active Work Search on next page.

B.	DATE	EMPLOYERS CONTACTED	LOCATION	TYPE OF WORK SOUGHT	RESULTS
	03-10-94	ABC Company	99 Main St. Newark, DE 19711	Clerk	Completed Applic.

9. IF YOU ENTERED EARNINGS IN ITEM 1, COMPLETE THE FOLLOWING: (WAGES MUST BE REPORTED WHEN EARNED, NOT WHEN PAID.)

EMPLOYER NAME AND ADDRESS	DATES WORKED	WAGES BEFORE DEDUCTIONS
WXY Company	03-7-94	20.00
P.O. Box 777		
Newark, DE 19711		

10. RETURNED TO FULL-TIME WORK (DATE) _____ FOR (EMPLOYER) _____

EMPLOYER'S ADDRESS _____

11. REMARKS: _____

Complete address must be provided for all job contacts.

Please note: Improperly completed pay authorizations may result in a processing delay of your payment.

Sample "Result" Explanations:

- | | |
|--------------------------|---------------------------|
| 1. Completed application | 4. Took name/phone number |
| 2. Mailed resume | 5. Offered job/refused |
| 3. Told not hiring | 6. Not qualified |

**ACTIVE
WORK
SEARCH**

Eligibility to receive benefits is dependent upon your showing that you have made a reasonable effort to find work each week. You will be required to make at least one work search contact each week, and indicate the employer name, address, type of work sought, result of the contact and the date in item 8 on the back of your weekly pay authorization form. While it is often necessary to return to a previously contacted employer, a **new** work contact **must** also be made on a weekly basis. See Sample Pay Authorization on the previous page. If you are required to make an active work search during a week, and fail to do so, you will be ineligible to receive benefits for that week.

For your convenience, we have provided a Work Search Log for you to use to notate the employers you have contacted each week you are receiving Unemployment Insurance benefits. **See Work Search Log.**

**PROTECT
YOUR
ELIGIBILITY
WHILE
RECEIVING
BENEFITS**

In order to be eligible for unemployment insurance benefits, you must meet all eligibility requirements as outlined in your "Your Personal Eligibility Responsibilities" and "Your Monetary Eligibility Responsibilities". To maintain your eligibility while receiving unemployment insurance benefits, you must:

REPORT TO UI WHEN REQUIRED

If required to do so, you must report to your local office on the day and time as instructed by local office personnel. If for some reason you cannot report at the scheduled time, you must report as soon as possible. Failure to report as instructed may result in a denial of benefits.

*REPORT TO THE DIVISION OF EMPLOYMENT
AND TRAINING WHEN REQUIRED*

In addition to being able and available for work, you may be required to register for job search assistance with the Division of Employment and Training, and make an independent search for work each week which could result in your obtaining employment.

If unemployment insurance claims personnel refer you to the Division of Employment and Training, you must report immediately and participate in any registration process, testing or training that is deemed necessary. Failure to participate, or refusal of a reasonable job referral or job offer may result in a denial of unemployment insurance benefits.

FALSE STATEMENTS MAY RESULT IN BENEFIT DISQUALIFICATION

All claim information; i.e., reason for separation, job contact, etc. will be verified for accuracy. If it is found that a false statement or misrepresentation was made for the purpose of obtaining benefits to which you were not legally entitled, a one-year disqualification may be imposed. This disqualification could be retroactive and result in an overpayment which must be repaid.

**QUALITY
CONTROL**

A quality control system is administered by the Division of Unemployment Insurance to prevent error and fraud in the Unemployment Compensation program. An investigation of randomly selected claims during a "key week" is executed to verify the propriety of the benefits received by an individual.

During the course of your claim, your claim may be one of those randomly selected for investigation. If this should occur, you will be required to meet with an investigator, and complete a detailed questionnaire about your claim.

The quality control system was established for both your protection and the Department's.

**RETURN
TO
WORK**

If you return to **full-time** work, your benefits stop on the **very first day you work**, even if you don't receive any pay until some time later. You may be eligible to receive a partial payment for the week of reemployment, depending upon the day of reemployment. You must indicate reemployment status on your weekly pay authorization form. Once you have indicated on the pay authorization form that you have returned to work, you **MUST** report to the office to file an additional claim in the next week that you become unemployed or have reduced hours in order for any further benefits to be paid to you.

If you return to **part-time** work or are filing a claim of **reduced hours**, and your weekly income exceeds your earnings allowance, you will be required to report to your local office to reopen your claim. Similarly, if you are working part-time or reduced hours, and you have a week in which no work is performed and no wages are payable, you will need to reopen your claim in-person at your local office.

If you return to **part-time** work, you must continue to seek full-time employment and meet all eligibility requirements.

THE APPEAL

If you do not agree with your monetary determination, or if you disagree with a determination that you are ineligible/disqualified for benefits, you may request a hearing before a referee. You may submit a request for a hearing in person or by writing to your local office. Requests for Appeals must be filed in person or be postmarked within ten (10) days of the date of the Notice of Determination.

Continue to file for benefits as long as you are unemployed!! During the course of your appeal, you should continue filing each week and maintaining your eligibility for unemployment insurance benefits. **See Protect Your Eligibility While Receiving Benefits.** At any point during the process, if it is determined that you are eligible for benefits, you will receive benefits only for the weeks in which you filed and met all eligibility requirements, even if there is a further appeal.

SCHEDULING

A hearing is usually scheduled within a few weeks after an appeal is filed. All parties will receive a Notice of Hearing, including the time, date, location and issues to be covered in the hearing. The hearing site will be chosen by the Lower Authority Appeals Unit for the convenience of all parties.

All requests to reschedule a hearing before the Lower Authority Appeals Unit must be made at least three (3) days prior to the hearing. You or your former employer may request a rescheduling.

If you submit your request for a rescheduling in writing, provide your complete name, address and telephone number, as well as your Social Security number. If possible, list some alternative dates convenient to you. Be sure to make a copy of the letter for your records.

Department of Labor
Division of Unemployment Insurance
Lower Authority Appeals Unit
P.O. Box 9950
4425 North Market Street
Wilmington, Delaware 19809
Phone:(302) 761-8418
Fax:(302) 761-6635

PREPARING FOR THE HEARING

Prior to the hearing, you may wish to prepare notes of the facts involved in your case, such as the dates events took place, to refer to during the hearing. You should ask people who have personal knowledge of your case (not what someone told them) to appear as your witnesses. Signed statements generally cannot be used as evidence unless the people who signed them will be at the hearing to testify. Subpoenas may be issued if required. Contact the Lower Authority Appeals Unit at least eight (8) days before your hearing to request a subpoena.

If you have special needs, such as an interpreter, please contact the Lower Authority Appeals Unit at least seven (7) days before your hearing.

Make sure you have copies of any documents for yourself, the employer and the Referee adjudicating the case. Bring a note pad and pencil with you for taking notes during the hearing. The notes will help you when it's your turn to ask the witness(es) questions.

HOW THE HEARING WORKS

Although the hearing is not a trial, it is a formal proceeding. Its purpose is to find facts and resolve eligibility issues between an employer and a former employee. Witnesses are sworn in, questioned and cross examined by the Appeals Referee. Each side presents its version of the facts. The hearing is tape recorded and the recorded testimony is included with documents and other evidence as part of the formal record of your appeal.

The Referee will tell you your rights, explain how the hearing will progress and answer your questions. All parties will then be sworn in or affirmed.

The Referee will question the party having the burden of proof. Burden of proof is dictated by the issue. For example, if the issue is the "discharge" of the claimant, the employer has the burden of proof, but if the issue is the "quit" by the claimant, the claimant has the burden of proof. If you have the burden of proof, you will be questioned first. At the end of the questioning period, you will have the opportunity to explain any answer or offer additional information you feel is necessary.

After you finish your testimony, the employer will have the opportunity to ask you questions. When the Referee and the employer have no further questions for you, and you have no further information to add, you will call your witness(es), if you have any.

You should be prepared to ask your witness(es) questions, because you are the only one who knows what information the Referee should hear from them. The Referee and the employer will also have the opportunity to question your witness(es).

After all of your evidence has been offered, the Referee will then question the employer. The employer will have the opportunity to explain answers or offer additional information. You will be able to cross examine the employer and any of his/her witnesses.

The Referee will close the hearing when all parties have provided all the information they wish to submit in the case.

AFTER THE HEARING

After the hearing, a Referee's Decision will be mailed to all parties involved. If there is still a disagreement, any party may appeal to the Unemployment Insurance Appeal Board. The appeal must be filed to the Board within ten (10) days of the mailing date on the Referee's decision. You must be specific as to your reasons for the appeal; cite specific issues. Filing procedures are the same as those for the Lower Authority Appeals Unit.

The Appeal Board makes the final administrative review of your appeal. The Board does not hold hearings on every appeal request. Most cases are settled based upon a review of the formal record of the Referee Hearing, the Referee's Decision and the pertinent law.

A decision made by the Appeal Board may be appealed to Superior Court. The Appeal Board will advise you on how to file such an appeal at the time you receive its decision. If the final determination is that you are not entitled to benefits, you will be responsible to repay all benefits that you have received.

**TAX
LIABILITY
ON
BENEFITS**

Any unemployment insurance benefits you receive will be **fully taxable**, provided you are required to file an income tax return.

While State taxes will not be withheld from your unemployment insurance check, you may elect to have Federal taxes withheld from your check at a set rate of 10%. You will be furnished a statement, form 1099-G, reporting the benefits paid to you and taxes withheld. The Internal Revenue Service will be given the same information.

It is your responsibility to determine the amount of your tax and pay the amount due on your annual federal and state income tax returns, using the information provided to you on the 1099-G form. Form 1099-G will be issued to you by the Division of Unemployment Insurance at the end of January. The Internal Revenue Service will also receive a copy of this form. Benefits paid on interstate claims will be reported by the paying state.

Notify your local unemployment insurance office, in writing, if you change your address. If you have questions regarding the payment amount listed on the 1099-G, you may seek assistance by calling the Division of Unemployment Insurance at (302) 761-8484. Ask to speak with a Benefit Accounting Specialist.

Address all questions regarding your federal income tax return to the Internal Revenue Service and all questions regarding your state income tax return to the State of Delaware, Division of Revenue.

**PLEASE SEE THE FOLLOWING COPY OF
PUBLICATION 905 FROM THE
INTERNAL REVENUE SERVICE
REGARDING YOUR
FEDERAL TAX LIABILITY.**

PUBLICATION 905
Department of Treasury
Internal Revenue Service

"UNEMPLOYMENT COMPENSATION: IT'S TAXABLE

Did you know that unemployment compensation you receive is subject to federal income tax? Receiving this income could require you to file a tax return and income tax.

You include unemployment compensation in your total income to determine if you are required to file a return. Filing requirements are explained in the Form 1040 and Form 1040A instructions and in Publication 501, *Exemptions, Standard Deduction, and Filing Information*.

You can find out more about estimated tax and how to pay it by calling or visiting your local IRS office, or calling 1-800-829-1040 for assistance. To order publication 505, *Tax Withholding and Estimated Tax*, Form 1040-ES, and Publication 501, call 1-800-TAX-FORM (1-800-829-3676).

Contact your state income tax office regarding the treatment of unemployment compensation for state income tax purposes."

PROFILING PROGRAM

Changes in technology and international trade have caused changes in the U.S. economy and, consequently, changes in the labor market. Workers who held jobs in a plant that has closed, or who possess skills that are no longer in demand may find themselves permanently separated from their employers, with no similar jobs available. The Profiling Program was designed to minimize the affects of these trends in the workforce and help individuals obtain gainful employment.

Public Law 103-152 provides that all States **must** "profile" unemployment insurance claimants for job search assistance. All unemployment insurance claimants must be profiled using information obtained when filing for benefits. Using information regarding a claimant's job history, the Division of Unemployment Insurance determines whether he/she qualifies for program participation. A random selection process is then used on those who qualify to determine who will participate in the "Profiling Program". If you are selected, participation is mandatory.

The Profiling Program is being jointly administered by the Division of Unemployment Insurance and the Division of Employment and Training -- two of the divisions of the Department of Labor which help people who are unemployed.

PROFILING PROGRAM PARTICIPATION:

If you are selected to participate in the program, you will receive a letter of notification explaining the program in more detail.

Should you be selected to participate:

- < Unemployment Insurance and Employment and Training will dedicate extra resources and staff time to develop a strategic plan to maximize your opportunity to obtain advantageous employment.
- < You are required to maintain your eligibility for Unemployment Insurance benefits and attend those activities which will be needed in your efforts to return to work.

**Your Unemployment Insurance Benefits
May Be At Risk If You Do Not
Comply With The Requirements Of The Program.**

**OFFICE
HOURS**

OFFICE HOURS

8:00 am to 4:00 pm, Monday through Friday, except state holidays.

**HOTLINE
INFORMATION**

The State of Delaware, Division of Unemployment Insurance has an automated telephone "Information Hotline" system for your use. By using a touchtone telephone, you can call **24 hours a day, 7 days a week** and our computer is available to serve you.

The "Information Hotline" is the fastest way to find out:

- ◆ where the Unemployment Insurance offices are located,
- ◆ how to file a claim for benefits,
- ◆ when your unemployment insurance check was mailed and your remaining claim balance, and
- ◆ how a new employer registers with the Division of Unemployment Insurance.

NEW CASTLE COUNTY RESIDENTS CALL: 761-6576

KENT & SUSSEX COUNTY RESIDENTS CALL: 1-800-794-3032

