

CENTRAL OFFICE

FAX



Date:

To:

Fax number: (208) 639-3256

Total pages:

From:

E-mail:

Phone number:

URGENT REPLY ASAP PLEASE COMMENT PLEASE REVIEW FYI

COMMENTS:

ALTERNATE BASE PERIOD WAGE AFFIDAVIT

I, (Your Name) _____ SSN _____

elect to use an alternate base period, and ask the Department to consider my wages in the most recent quarter (three months) not yet reported by my employer.

I understand my weekly benefit amount is based on gross wages **paid** to me during my base period.

I also understand the Department will determine my eligibility based on the information and documents I provide in this affidavit. If the Department determines subsequently that I am not entitled to the benefits I received because my statements here were not accurate or complete I will be required to repay any benefits I received to which I am not entitled. I further understand that if I make a false statement or fail to report a material fact that in addition to repaying any benefits I received, I will be subject to civil penalties and possible criminal prosecution.

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Total gross wages PAID
from 1/01/2015 t- 3/31/2015 : _____

EMPLOYERS REPORT WAGES AS PAID, NOT AS EARNED. BE SURE TO CHECK PAY DATES ON PAYSTUBS AND ENSURE YOU WERE PAID THAT AMOUNT FROM 1/01/2015 to 3/31/2015.

PLEASE PROVIDE PAY STUBS, PAYROLL RECEIPTS, CHECK STUBS, INTERNAL REVENUE FORMS, OR OTHER DOCUMENTS, FORMS, OR PAPERS WHICH SUBSTANTIATE IN WHOLE OR IN PART THE INFORMATION SET FORTH IN THIS AFFIDAVIT.

I agree that by signing this document I am certifying that my answers are true and accurate to the best of my knowledge.

Signature _____ Date _____

Alternate Base Period Claimant Affidavit Instructions

You do not qualify monetarily for a regular base unemployment insurance claim. You may however, qualify for a claim using the alternate base period of employment.

Please return the attached affidavit by fax or mail.

The alternate base period includes wages paid between Jan. 1, 2015 and March 31, 2015 that are not yet reported to us by your employer. However, we can determine your eligibility based on the information and documents you provide in your affidavit. The wage information must be as accurate as possible. When the employer submits the wage information, the wages reported on the affidavit will be replaced and your benefit amount will be adjusted if employer wage information differs from the affidavit amount. You are responsible for any overpayment that occurs due to wage amounts not matching.

The affidavit will be returned for correction if wage documents don't agree with the affidavit amount. The following worksheet may be helpful:

AFFIDAVIT WORKSHEET

Calculate the amount to be entered on the enclosed affidavit using the guidelines below.

ENTER year to date (YTD) gross wages from the last paystub dated on or before 3/31/2015
(use the date of actual payment shown on the paystub not the pay period dates)

No YTD on paystub? Add the amounts on all your paystubs PAID during the dates shown on the affidavit and provide copies of these with your affidavit. **No paystubs?** Provide whatever documentation you have (bank statements, employer note or statement, etc.) or a written explanation of how you determined the total gross wages you were PAID for the affidavit period.