New Jersey Department of Labor and Workforce Development Divison of Unemployment Insurance	SSN	PC	DATE OF CLAIM	FRD	
	NAME	N.	12.	DATE OF MAILING	
Telephone No: FAX No:	REQUEST FO	R WA	GE SEPARATIO	ON INFORMATION	

EMPLOYER IDENTIFICATION NUMBER

The above individual has filed a claim for unemployment insurance benefits. In order to properly determine benefit entitlement, please provided the requested wage and separation information on both sides of this form. Return your response by mail or fax to the address listed above within 10 calendar days form the date of this mailing. If you do not respond to this request, claim eligibility may be based on the claimant's affidavit wages.

SECTION A	
. Are you required to pay contributions on the above individual's wages? YES \(\subseteq NO	□ '.
If no, state the reason and then go to Section B. Reason:	
2. Is the Employer Identification Number printed above correct? YES ☐ . NO ☐	
If no, provide the correct NJ Employer Identification Number:	
3. If your unemployment compensation coverage began at a later date than enter	the first date of
coverage: Provide wage information on the back of this form from t	he first date of coverage.
SECTION B	
you have already provided the following information, it is not necessary to complete Section B.	Go to the back of this form and
complete the wage request information.	
1. Why is the above individual no longer working for you?	er
If other, please explain:	
ii outoi, picase explain.	-
2. Claimant's last day of work: Date of separation (if different than last day	ay of work):
3. Is the claimant receiving or has the claimant applied for a company pension, 401K, or other ty	pe of retirement benefits?
YES NO	©
If yes, did the claimant contribute? YES \(\square\) NO \(\square\) Monthly amount of pension	: \$
If lump sum payment was issued, enter total amount: \$ Date lum	p sum paid:
4. Was the claimant paid for a period after the last day of work? YES ☐ NO ☐ If yes, amo	ount received: \$
Type of payment:	
Was the payment part of a contractual agreement? YES ☐ NO ☐	*
5. Is this separation temporary? YES NO If yes, date claimant is scheduled to re	eturn to work:
	Property of the Committee of the Association of the Committee of the Commi

UCTIONG: For each week ending listed below, enter the amount of gross wages earned by this claimant during that case in country retained by the cash water than amount gratuities, holiday pay, vacation pay, acception pay, sick pay, commissions, bonuses and the cash value of all compensation in any local gratual amounts where indicated. UCTIONG Vacation pay, sick pay, commissions, bonuses and the cash value of all compensation in any local gratual amounts where indicated. UCTIONG Vacation pay, sick pay, commissions, bonuses and the cash value of all compensation in any local gratual	Employer I	Employer Identification Number	Jec.	FRD		Claima	Claimant's Name		Social S	Social Security Number	PC	Date of Claim
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