

REQUEST FOR ADDITIONAL WAGE INFORMATION (E30)

1. Return this form to: New Jersey Department of Labor and Workforce Development Division of Temporary Disability Insurance PO Box 387 Trenton, New Jersey 08625-0387	3. Claimant's S.S. No.		4. Seq. No.
	5. Claimant's Name		6. Claim Rec'd
2. Employer's Name and Address	7. Claim Date	8. Mailing Date	9. Exam No.
	10. Employer ID No.		11. Last Day Worked
	12. Base Year		
	From:		To:
	13. Work Location		14. Minimum Base Week Reg. \$

YOU HAVE ALREADY SUBMITTED WAGE INFORMATION FOR THE INDIVIDUAL NAMED ABOVE WHO HAS APPLIED FOR BENEFITS. HOWEVER, IN ORDER TO DETERMINE HIS/HER BENEFITS RIGHTS, IT IS NECESSARY THAT YOU SUPPLY ADDITIONAL WAGE INFORMATION FOR EACH CALENDAR WEEK LISTED BELOW. YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS OR FAX IT TO (609)984-4138 WITHIN TEN DAYS FROM THE DATE OF MAILING IN ITEM 8 ABOVE

15. Base Year Week Ending Dates:

10/10/09 : _____	01/09/10 : _____	04/10/10 : _____	07/10/10 : _____
10/17/09 : _____	01/16/10 : _____	04/17/10 : _____	07/17/10 : _____
10/24/09 : _____	01/23/10 : _____	04/24/10 : _____	07/24/10 : _____
10/31/09 : _____	01/30/10 : _____	05/01/10 : _____	07/31/10 : _____
11/07/09 : _____	02/06/10 : _____	05/08/10 : _____	08/07/10 : _____
11/14/09 : _____	02/13/10 : _____	05/15/10 : _____	08/14/10 : _____
11/21/09 : _____	02/20/10 : _____	05/22/10 : _____	08/21/10 : _____
11/28/09 : _____	02/27/10 : _____	05/29/10 : _____	08/28/10 : _____
12/05/09 : _____	03/06/10 : _____	06/05/10 : _____	09/04/10 : _____
12/12/09 : _____	03/13/10 : _____	06/12/10 : _____	09/11/10 : _____
12/19/09 : _____	03/20/10 : _____	06/19/10 : _____	09/18/10 : _____
12/26/09 : _____	03/27/10 : _____	06/26/10 : _____	09/25/10 : _____
01/02/10 : _____	04/03/10 : _____	07/03/10 : _____	10/02/10 : _____

15. IF THE COMPANY NAME AND/OR ADDRESS SHOWN ABOVE IS/ARE INCORRECT, INDICATE CORRECTION(S) BELOW.

NAME _____

ADDRESS _____

I CERTIFY THAT THE INFORMATION SUBMITTED BY ME IN THIS REPORT IS TRUE AND CORRECT.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ TELEPHONE: () _____ OFFICIAL TITLE: _____