

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ■ DIVISION OF EMPLOYMENT SECURITY  
**JOINT LOW EARNINGS and CLAIM for BENEFITS for PARTIAL UNEMPLOYMENT**



1. Name of Claimant - First      Middle or Maiden      Last			2. Social Security Number		
3. Mailing Address - Street, RFD, or P. O. Box				City	State      Zip Code
4. County of Residence		5. Claimant's Area Code and Phone Number		6. Sex M <input type="checkbox"/> F <input type="checkbox"/>	7. Date of Birth (mm/dd/yyyy)
		8. Race		9. Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10. Number of Dependents* _____		11. Address Change? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. Phone Number Change?    YES <input type="checkbox"/> NO <input type="checkbox"/>	

**PAYROLL INFORMATION**

13. During the week or weeks covered by this report this worker worked less than full-time due to lack of work and earned the amount indicated below: **(Week ending dates are always on a Saturday.)**

1 Week Ending Date (mm/dd/yy)	1 Hours Worked	1 Gross Wages (\$)	1 Voluntary Loss (\$)	1 Holiday Pay (\$)	1 Vacation Pay (\$)
2 Week Ending Date (mm/dd/yy)	2 Hours Worked	2 Gross Wages (\$)	2 Voluntary Loss (\$)	2 Holiday Pay (\$)	2 Vacation Pay (\$)

14. Last day/date employee worked _____	18. Employer Account Number _____
15. Date this employee is expected to return to work _____	19. Signature of Authorized Employer Representative _____
16. Employer's Name _____	_____
Mailing Address _____	Title of Authorized Employer Representative _____
_____	_____
_____	Telephone Number of Authorized Employer Representative _____
17. Employer's Fax Number _____	_____

**WORKER'S STATEMENT**

During the week or weeks covered by this report I was able to work and available for full-time work. I hereby file a claim for benefits for partial unemployment for the week or weeks covered by this report (less week of waiting period) under the provisions of the Tennessee Employment Security Act.

20. During the above week did you work or earn wages from any employer other than the one listed above?      YES       NO

21. If YES, what was your gross pay for week (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ .

22. Have you been paid wages by an out-of-state employer or the federal government within the last 18 months?    YES       NO   
 If YES, State \_\_\_\_\_, Dates employed \_\_\_\_\_ State \_\_\_\_\_, Dates employed \_\_\_\_\_

23. Have you filed for or are you receiving any kind of retirement or pension, excluding Social Security?      YES       NO   
 If YES, Employer Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

24. How long have you worked for this employer? \_\_\_\_\_

I understand that the law provides a penalty for false statements to obtain or increase benefits. I request a determination of my entitlement to benefits.

Date signed by worker \_\_\_\_\_ Worker's signature \_\_\_\_\_

A claim for a week of some earnings must be mailed or delivered to the local unemployment claims office within fourteen (14) days of the week ending date that appears on the claim form. A claim for a week of no earnings must be mailed or delivered to the local office within seven (7) days of the week ending date that appears on the claim form. Information contained in your file may be released to other government agencies, as required by law.

**\*IMPORTANT:** Dependency Benefits Information at: <http://www.tn.gov/labor-wfd/Employers/forms/DependencyBenefits.pdf>  
 (Dependents are counted differently from W-2 or IRS Return. If wrong number of dependents entered or misrepresented the result will be an overpayment or fraud.)

# INSTRUCTIONS FOR SUBMITTING A PARTIAL CLAIM TO THE TENNESSEE DEPARTMENT OF LABOR and WORKFORCE DEVELOPMENT



- FILE A PARTIAL WHEN:**
- Employees work less than four (4) full days
  - Earnings total less than Weekly Benefit Amount
  - There is a reasonable assurance future work will become available for this employee

## EMPLOYER ENTERS:

ITEMS 1 - 12 Claimant Information

ITEM 13 Payroll Information

Week Ending Date - MM/DD/YY (*always a Saturday*)

Hours Worked

Wages (*earned Sunday to Saturday midnight*)

If your pay period ends on a day other than Saturday, adjust reported wage to a Sunday through Saturday period.

Voluntary Loss (*Dollar amount work declined by the worker*)

Holiday Pay (*Dollar amount reportable the week the holiday occurs*)

Vacation Pay (*Dollar amount reportable if for the same period*)

ITEM 14 Last Date Worked

ITEM 15 Date employee expected to return

ITEM 16 Employer's Name and Mailing Address

ITEM 17 Employer's Fax Number

ITEM 18 Employer's Account Number (*State ID, not Federal ID*)

ITEM 19 Authorized Signature, Title, Phone Number

## WORKER ENTERS:

ITEM 20 Other Earnings (*wages from other work the same week*)

ITEM 21 Enter gross pay

ITEM 22 Out-of-State or Federal Employment Information

ITEM 23 Retirement/Pension Information

ITEM 24 Duration of Employment

ITEM 25 Date (*must be later than the week ending being claimed*) and Worker's Signature

## COMPLETING AND SUBMITTING THE FORM:

Verify the Social Security Number, the worker's current address and telephone number.

File up to two (2) weeks on one form (*must be consecutive weeks*).

Submit claims for weeks of total unemployment within seven (7) days following the week of unemployment.

Submit the forms to the local Labor and Workforce Development office or fax to (615)253-0807.

**If over 20 claims**, mail to:

TN Dept of Labor and Workforce Development

ATTN: Paper Partial

P.O. Box 280870

Nashville, TN 37228-0870

**If 50 or more claims**, automated partials must be submitted.

Go to our Internet site, [www.tn.gov/labor-wfd/aps](http://www.tn.gov/labor-wfd/aps).

Contact the local Labor and Workforce Development Office to obtain additional forms. You may also go to [www.tennessee.gov/labor-wfd/](http://www.tennessee.gov/labor-wfd/) and access "Forms" and go to "Unemployment Insurance Forms, Employers," and scroll to Joint Low Earnings and Claim for Benefits for Partial Unemployment.