

LOW EARNINGS REPORT

Social Security Number	Employee's Name (Please Print)		Local Office
Pay Period Ending On	Employee's Gross Hourly Pay	Holiday Pay For Any Date In This Pay Period	Holiday Date

Please complete below for this pay period.				
Dates	Gross Wages Earned Each Day	Total Number Hours Worked Each Day	Gratuities	Total Number Hours Absent Each Day When Work Available
Totals				

During the pay period of this report, the above named employee worked reduced hours due to lack of work. I CERTIFY that the answers and wage information are correct as indicated on this form.

Employer's Name:	
Address:	
Address:	
City/State/Zip	
Phone #	
Employer's Signature:	
Date:	

*Gross earnings from other employers or from odd jobs during the week of this report. (If none, write "none")	
Date(s) on which this income was earned:	

***Gross earnings are before any deductions or taxes are taken out.**

During each day of the pay period of this report, I was able to work and available to work. I am requesting partial unemployment benefits under the provisions of the State of Delaware's Unemployment Compensation Law.

I CERTIFY that I have earned no wages other than those reported on this form. I understand that the law provides penalties for any individual who has made a false statement or representation knowing it to be false or knowingly has failed to disclose a material fact in order to obtain benefits to which said individual is not lawfully entitled.

Employees Signature:		For Office Use Only: LO Rep Date
Street Address:		
Street Address:		
City/State/Zip Code:		
Telephone Number:		