

# Unemployment Insurance Claim Form (Reduced Hours)

Filing an **unemployment insurance claim form** for reduced hours helps workers receive partial benefits during times of decreased work. This sample form guides employees through the necessary steps to ensure proper documentation. Understanding how to complete the claim can expedite financial assistance while facing reduced hours.

**Full Name:**

Enter your full legal name

**Social Security Number (or ID):**

XXX-XX-XXXX

**Mailing Address:**

Street, City, State ZIP

**Phone Number:**

(XXX) XXX-XXXX

**Email Address:**

your@email.com

**Employer Name:****Employer Address:****Date Employment Began:****Date Reduced Hours Started:****Usual Weekly Work Hours:**

e.g., 40

**Current Weekly Work Hours:**

e.g., 22

**Reason for Reduced Hours:**

Briefly explain the reason for your reduced hours (e.g., lack of work, economic downturn, etc.).

**Are you receiving other income (e.g., severance, vacation pay, pension)?**

Yes/No. If yes, please specify type and amount.

**Additional Information (if any):****Signature:**

Type full name as signature

**Date:**

*This is a sample template. Please check your state's official unemployment insurance office for exact requirements.*