Delaware Department of Labor Division of Unemployment Insurance PO Box 9953 Wilmington, DE 19809-0953



UC-400 Document 60-06/96/01/03

## APPLICATION FOR REHIRE CREDIT

It is important that you read all instructions (including those on the reverse side) before completing this form. If you have any questions please call our office at (302) 761-8482 between 8:00 a.m. and 4:30 p.m. and ask to speak to a Benefit Accounting Specialist

A <u>COMPLETED</u> "Application for Rehire Credit" must be received by the Department of Labor within the ninety (90) day period following a claimant's benefit year ending date. A benefit year ends one year from the DATE OF CLAIM shown on the "Benefit Wage Charge Notice" (form UC-12). No rehire credit can be applied for prior to the end of the claimant's benefit year. Applications for rehire credit not filed within the specified time period will be denied.

Credit for rehiring an employee may be approved ONLY if the written application is <u>complete</u>, is sent within the specified time period, and the employee was rehired by you.

## PLEASE COMPLETE THE FOLLOWING.

Applications cannot be processed without a signature, date and account number. (PLEASE PRINT OR TYPE)

	Account Num								
Comp	any Name								
Tradir	ng as Name								
Mailing Address				Telephone Number					
City	State	Zip Code							
	Employer Authorized Signature			Date					
	Title (please print)								
To en	sure prompt and accurate processing verify all Social Security nu	mher	e and	date	s of c	laim			

To ensure prompt and accurate processing, verify all Social Security numbers and dates of claim against your files before mailing this form.

Social Security #	Name	Date of Claim	Rehire Date