

VIRGINIA EMPLOYMENT COMMISSION

STATEMENT OF PARTIAL UNEMPLOYMENT

NOTICE TO EMPLOYER: Complete and issue this statement to affected workers in accordance with timelines explained in VEC Form VEC-B-32-NOTIFICATION OF CLAIM(S) FILED FOR BENEFITS, which has been mailed to you. Record gross wages for actual work and holiday/vacation pay separately, indicating type of pay for holiday or vacation pay. Enter under "DATE ABSENT" the date(s) the worker did not work when work was available; noting the reason, if known (Mouse over tool tip is available for completion of this statement online-"hover" the mouse over the box to be completed to see instruction text. You may also print the form and complete manually by typewriter or ink). Print the completed statement, **be sure to sign**, and provide to the worker who is responsible for completion of Worker Section and mailing to Virginia Employment Commission.

[Click Here for Instructions](#)

During the week(s) covered by this statement this individual worked, but less than full-time, and earned less than his/her weekly benefit amount due to lack of work.

WORKER'S NAME _____

SOCIAL SECURITY NUMBER _____ -- _____ -- _____

WEEK NUMBER ONE:	WEEK NUMBER TWO:
SUNDAY _____ THROUGH SATURDAY _____	SUNDAY _____ THROUGH SATURDAY _____
GROSS WAGES: _____	GROSS WAGES: _____
HOLIDAY/VACATION PAY: _____	HOLIDAY/VACATION PAY: _____
DATES ABSENT (BUT AVAILABLE WORK):	DATES ABSENT (BUT AVAILABLE WORK):
DATE REASON ABSENT	DATE REASON ABSENT
_____	_____
_____	_____
_____	_____
_____	_____

I certify that, to the best of my knowledge, the above is true and correct.

Employer _____ VA Acct # _____ Date to Worker _____

By _____ Title _____ Contact Phone # _____

NOTICE TO WORKER: To avoid delay of any payment due to you, you must mail this statement immediately upon completion to Virginia Employment Commission, Benefit Payment Charge Unit, P O. Box 2249, Richmond, Va. 23218 You are required to complete the following section if you worked for any other employer during the weeks being claimed.

OTHER EMPLOYMENT AND WAGES: List below the names and addresses of any other employer(s) you worked for and the gross wages that you earned during the above week(s), including earnings from self employment. Enter "None" if you earned no other wages in the above week(s).

WEEK ONE:	WEEK TWO:
<u>Employer & Address</u>	<u>Employer & Address</u>
<u>Wages</u>	<u>Wages</u>
_____	_____
_____	_____
_____	_____
_____	_____

I hereby file this claim for partial unemployment benefits for the week(s) above. I certify that I have earned no wages other than those shown above during the week(s) covered by this statement. I understand that the law provides a penalty for false statements to obtain or increase benefits.

Worker's signature _____ Signed at _____ Date signed _____

City or County & State

VEC-B-31 (R 7/12)