



IMPORTANT!

Response must be received within (10) ten days from the Date Mailed of your last Monetary Benefit Determination.

**UNEMPLOYMENT INSURANCE
Request for Alternate Base Period**

Complete the following information

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CLAIM EFFECTIVE/START DATE: ____ / ____ / ____ BENEFIT YEAR ENDING DATE: ____ / ____ / ____

Form requirements

If you wish to use the Alternate Base Period to increase your Weekly Benefit Rate:



- Complete the steps below using black or blue ink;
- Include any documentation that could be considered proof of employment and wages such as: pay stubs, W-2, 1099, vouchers, checks, tips, bonuses, meals, lodging, commissions, vacation pay and records of employment and/or payment.
- Photocopy all supporting documentation onto 8½ x 11 single-sided paper. Do not send originals;
- Write your Name, Social Security Number and Telephone Number on each attachment;
- This completed notice and all attachments must be received within the timeframe noted above in the IMPORTANT! message



If the wages in your last completed calendar quarter exceed the "High Quarter Wages" on your Monetary Benefit Determination, use of the Alternate Base Period may increase your benefit rate. If you choose the Alternate Base Period to establish a claim, you will not be able to use these wages for a future claim.

**Step 1
Last Calendar Quarter Information**

The last completed calendar quarter prior to your claim effective/start date is: ____ / ____ / ____ through ____ / ____ / ____
Month Day Year Month Day Year

Refer to your Monetary Benefit Determination for calendar quarter dates and compare the Alternate Base Period Quarter Wages with your records, then check the appropriate box below and proceed to the "Step" indicated.

- The Alternate Base Period Quarter Wages are incorrect or missing. (Proceed to Step 2)
 The Alternate Base Period Quarter Wages are correct. (Proceed to Step 3)

**Step 2
Wage Information**

Complete the information below, include proof of wages and attach an additional page if you have information for more than (3) three employers.

EMPLOYER NAME: _____ QUARTERLY GROSS WAGES \$ _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: ____ ZIP: _____ If work was performed outside New York State, indicate State _____

EMPLOYER NAME: _____ QUARTERLY GROSS WAGES \$ _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: ____ ZIP: _____ If work was performed outside New York State, indicate State _____

EMPLOYER NAME: _____ QUARTERLY GROSS WAGES \$ _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: ____ ZIP: _____ If work was performed outside New York State, indicate State _____

**Step 3
Acknowledgment**

I certify that the above information is true to the best of my knowledge and I am aware that there are penalties for making false statements. I understand if I use the Alternate Base Period, these wages cannot be used for a future claim.

Signature Required Date Area Code Telephone Number

**Step 4
Return Instructions**

This notice and all attachments must be received within the timeframe noted above in the IMPORTANT! message.



FAX: 518-457-9378
 This notice is your cover page.
 Indicate total # of pages ____

OR



MAIL: New York State Department of Labor
 P.O. Box 15130
 Albany, NY 12212-5130



Claim your weekly benefits on the web or by calling Tel-Service.



For additional information visit our website: www.labor.state.ny.us



For assistance, review your Claimant Handbook