

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
UNEMPLOYMENT INSURANCE PROGRAM

**EXPLANATION OF WAGE STATEMENT**

**To understand this Wage Statement, you should know the meaning of the following terms:**

Your **BASE PERIOD** generally is the first four of the last five completed calendar quarters that immediately preceded the date you filed your claim. Box E shows the beginning and ending dates of this one year period. A **QUARTER** is a three month period running: January through March, April through June, July through September, or October through December.

Your **BENEFIT YEAR** is the one year period during which you may draw the benefits allowed on this statement. Your **Benefit year is effective (begins)** on the date shown in box F and **expires (ends)** on the date shown in box G.

**Your wages qualify you for an award if either:**

1. Your highest quarterly total (boxes N-Q) is at least \$1500.00 in one of the four quarters of the base period, and total base period wages of at least 1½ times your high quarter;  
**OR**
2. Your wages are at least \$7000.00 in total wages in at least two quarters of the base period, with wages in one quarter equal to \$5987.50 or more.
3. Your **WEEKLY BENEFIT AMOUNT** (box C) is 1/25 of your highest quarter total, rounded to the nearest dollar, but not more than \$240.

Your **MAXIMUM AWARD** (box D) is 26 times your weekly benefit award, or one-third of your base period total, whichever is smaller.

**FORMER FEDERAL CIVILIAN EMPLOYEES**

Findings, with respect to whether you performed federal civilian service, the amount of your wages from a federal agency, and the reason for separation from any federal agency are made by the federal agency. If you wish further information regarding any of these findings, or if you believe that any of these findings are incorrect, you may request the federal agency to give you additional information or to reconsider and correct any such findings. Your request, with any data supporting it, should be filed through the office where you initiated your claim, within 10 working days after the mailing date on the front of this wage statement.

**EX-MILITARY**

If you believe any military service information on which this determination is based is incorrect, contact the unemployment insurance office within 10 working days after the mailing date of this Wage Statement. You must also request reconsideration by sending a request directly to your branch of service. This statement is based on information obtained from your DD-214.

**COMBINED WAGE CLAIM**

It may be possible to combine wages earned in other states in order to increase the amount of unemployment insurance benefits that are payable. Your unemployment insurance office can explain the options and procedures for filing a combined wage claim if you think you might qualify.

**WAGE PROTEST**

**IF WAGES HAVE BEEN OMITTED, OR ARE LISTED INCORRECTLY, OR WERE NOT EARNED BY YOU, CONTACT THE OFFICE WHERE YOU FILED YOUR CLAIM.** You may be asked to provide the Wage Statement, your Social Security card, and any proof you have of the missing or incorrect wages (paystubs, W-2 forms, etc.). If your **TOTAL AWARD** is less than \$6240, and you earned wages in another state during your base period ask a representative if these wages can be used to increase your award. If you have returned to work, or for any reason will not be reporting, you may write or telephone the office about your Wage Statement. Any letter regarding your claim must show your Social Security number and should be addressed to the office where you filed your claim.

**In order to pay benefits in a timely manner, your Wage Protest should be filed within 10 working days of the mail date on your Wage Statement.**

**If you were a federal civilian service employee, ex-military, had wages transferred from another state, or have already filed a wage protest, you will receive a revised statement when these wages are reported.**

# ARIZONA DEPARTMENT OF ECONOMIC SECURITY UNEMPLOYMENT INSURANCE PROGRAM

**This is your Wage Statement for your Unemployment Insurance claim.**

**Please examine it carefully to be sure that:**

- Your name, address, and social security number are correct.
- All your wages and employers are correct.
- All the wages belong to you.

**Date:**  
**Explanation:**  
**Local Office:**

**The back of this form has:**

- An explanation of this determination.
- What to do if any information on this form is missing or incorrect. Protest must be filed within **10 working days** of the date on this form.
- Special information regarding military, federal civilian wages, and wages earned in other states.

B. SOCIAL SECURITY NUMBER	C. WEEKLY BENEFIT AMOUNT	D. MAXIMUM AWARD	E. BASE PERIOD	F. EFFECTIVE DATE	G. BENEFIT YEAR ENDS

H. BASE PERIOD EMPLOYERS	I. QUARTER/ YEAR	J. QUARTER/ YEAR	K. QUARTER/ YEAR	L. QUARTER/ YEAR	M. TOTAL WAGES THIS EMPLOYER

<b>TOTALS:</b>	N.	O.	P.	Q.	R.
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*Este formulario indica si Ud. califica para seguro de desempleo basado en su salario. Si Ud. no lee inglés, busque quien le traduzca la información o comuníque con su oficina de seguro de desempleo.*