

Attachment D to UIPL No. 30-02, Change 2

Request for Employer Information - (Sample)

Employer Name and Address:

Claimant Name:

Social Security Number:

The above-named claimant has filed a claim for Temporary Emergency Unemployment Compensation, which is available to displaced airline and related workers. To determine this individual's eligibility, we need information from you concerning the nature of your business and the cause of the individual's separation from employment with you during the following period: [insert base period]

SECTION I - TYPE OF EMPLOYMENT

Please answer "yes" or "no" to the following questions/statements and also complete Section II below:

1. If you are an Air Carrier with a certificate issued under Chapter 411 of Title 49 of the United States Code, check "yes" and proceed to Section II.
Yes ___ No ___

2. Does this company/business have facilities on-site at an airport or off-site nearby that are integrally connected to operations at the airport? Yes ___ No ___

If "yes" describe _____

3. This company/business provides one of the following to an airline or to a supplier or upstream producer to an airline for the airline's use:

- a. Value-added production processes, including final assembly, finishing, or packaging of articles. Yes ___ No ___
- b. Component parts or other articles. Yes ___ No ___
- c. Contract services. Yes ___ No ___

If you answered "yes" to any statement above, please name at least one airline or company that you provided the product or service to. _____

If you name a company, please name at least one air carrier they supply. _____

SECTION II - REASON FOR SEPARATION

1. Was the above-named individual laid-off because of a loss of business, in whole or in part, because of:

- a. The reductions in airline service following the terrorist actions of September 11, 2001 or resulting security measures. Yes ___ No ___
- b. The closure of an airport in the U.S. as a result of such terrorist action or security measures. Yes ___ No ___
- c. The conflict with Iraq. Yes ___ No ___

Please provide any facts supporting your answers. Attach additional sheet if necessary. _____

Name: _____

Title: _____

Date: _____

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Advisory System

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