

(PLEASE PRINT)			
Last Name		Initial	
Pay Number		Section No.	
Social Security Number			
FOR PAYROLL USE ONLY			
FW	Rate	Abs.Verf.	UC Amt.

**INCOME EXTENSION AID PLAN**  
Application for Weekly Benefits Supplementing  
Unemployment Compensation

I certify that I was unemployed and request weekly payment supplementing unemployment compensation under the Income Extension Aid Plan for the week ending \_\_\_\_\_.\*

I hereby submit and attach proof of receipt of unemployment compensation for the above week in the amount of \$ \_\_\_\_\_.

\*This card can be used for one week only – a separate card must be submitted for each week of lay-off.

\_\_\_\_\_ DATE

\_\_\_\_\_ EMPLOYEE SIGNATURE

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