

NEW YORK STATE DEPARTMENT OF LABOR
 PO Box 15130
 Albany, NY 12212-5130

Name _____

Social Security Number _____

REQUEST FOR RATE BASED ON WEEKS OF EMPLOYMENT

To request a benefit rate based on weeks of employment, you must complete this form and return it to the above Department of Labor address with a copy of your proof of employment and earnings for each week of employment for the base period indicated below. Do not send the originals of your supporting payroll documents as they cannot be returned. Your Request for Rate Based on Weeks of Employment cannot be processed until all Requests for Reconsideration have been reviewed and the establishment of your base period has been finalized. You will be notified of the action taken regarding your request within three weeks of receipt.

Complete only the front of this form if you have worked for one employer or you have worked for two or more employers consecutively. If you worked during the same week(s) for 2 or more employers, complete the worksheet on the back of this form first and transfer the appropriate information to the front of the form. If you have more than 7 employers during the base period, list the information on a separate sheet of paper and attach it to this form.

BASE PERIOD _____ THROUGH _____
 (Enter these dates from the previously issued LO 403, Monetary Determination)

A. Employer Name and Address	B. Length of Pay Period: i.e. weekly, bi-weekly, etc	C. Total Weeks Paid During Base Period	D. Total Wages Paid During Base Period
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
E. TOTAL WEEKS & WAGES DURING THE BASE PERIOD			\$
F. TOTAL WEEKS WORKED FROM CONCURRENCY WORKSHEET			

G. Recomputation Formula

1. Divide the Total wages by Total weeks (the lesser of E or F). \$ _____
2. Divide the average weekly wage on line one by 2 to arrive at your proposed rate based on weeks and wages. The rate cannot exceed \$405. \$ _____
3. Enter your current benefit rate from the last Monetary Determination \$ _____
4. Subtract line 3 from line 2. This amount must be \$5 or more to receive the recomputed rate based on weeks and wages. \$ _____

Certification: I certify that all information and records submitted are true and accurate. I understand that this information is subject to verification and penalties can be imposed for false statements.

Signature: _____ Date: ____/____/____ Telephone No. _____

