Texas Workforce Commission Payment Request - Disaster Unemployment Assistance(DUA)

Your Disaster Unemployment Assistance (DUA) Payment Request was successfully submitted.

Confirmation Information

Submission time June 13, 2021 06:31 am

Social Security Number(SSN) XXX-XX-8703

Claimant Name NATHANIEL A KING

Disaster Unemployment Assistance(DUA) Payment Request Period

Claim Week 1 May 30, 2021 - Jun 05, 2021 Claim Week 2 Jun 06, 2021 - Jun 12, 2021

General Information

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON SUNDAY AND ENDING ON SATURDAY.

Workers must report the number of hours worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, NOT when the earnings were paid.

Earnings include wages, tips, and commissions.

If you are self-employed, you must report gross income for the claim week in which you received the income, even if you performed the services in a prior week.

Employment Type

Are you Self-Employed? No

Work and Earnings

You must report total gross earnings for the week you performed the work, not after the employer(s) pay you. Your gross earnings are what you earned before deductions, not take-home pay.

Report your gross earnings in whole dollars. For example, if you earn \$100.75, report \$100 (always round down). Earnings include wages or salary before deductions, tips, commissions, or any kind of pay you receive for work. Earnings also include vacation or holiday pay if you are on temporary layoff or on vacation from a current job.

Claim Week 1 (May 30, 2021 - Jun 05, 2021)

Did you work during Claim Week 1?

Total gross earnings/income before deductions (not applicable)

Number of Hours Worked (not applicable)

If you worked and reported earnings, are you still working for this employer(s) or still self-employed? (not applicable)

Are you scheduled to return to work for the employer you reported earnings (not applicable) for?

If self-employed, did you resume full-time self-employment? (not applicable)

Claim Week 2 (Jun 06, 2021 - Jun 12, 2021)

Did you work during Claim Week 2?

Total gross earnings/income before deductions (not applicable)

Number of Hours Worked (not applicable)

If you worked and reported earnings, are you still working for this employer(s) or still self-employed? (not applicable)

Are you scheduled to return to work for the employer you reported earnings (not applicable) for?

If self-employed, did you resume full-time self-employment? (not applicable)

Other Income

Claim Week 1 (May 30, 2021 - Jun 05, 2021)

Did you begin receiving, or has there been a change in your receipt of income from any of the following sources?

No

If Yes, check all that apply

Retirement Pension (not applicable)

Disability Pension (including SSI) (not applicable)

Workers' Compensation (not applicable)

Supplemental Unemployment Insurance (not applicable)

Private Income Protection Insurance (not applicable)

Claim Week 2 (Jun 06, 2021 - Jun 12, 2021)

If Yes, check all that apply		
Retirement Pension	(not applicable)	
Disability Pension (including SSI)	(not applicable)	
Workers' Compensation	(not applicable)	
Supplemental Unemployment Insurance	(not applicable)	
Private Income Protection Insurance	(not applicable)	
Ability and Availability to Work		
Claim Week 1 (May 30, 2021 - Jun 05, 2021)		
Did you turn down any job offer or job referral during the claim period?		No
Were you physically able to work if not for the disaster?		Yes
Were you available for full-time work if not for the disaster?		Yes
Claim Week 2 (Jun 06, 2021 - Jun 12, 2021)		
Did you turn down any job offer or job referral during the claim period?		No
Were you physically able to work if not for the disaster?		Yes
Were you available for full-time work if not for the disaster?		Yes
Claim Week 1 (May 30, 2021 - Jun 05, 2021)		
Did you attend school or training?		Yes
If you are attending school or training, have your days or hours changed since you last reported them?		No
Enter the total number of work search activities you did. If self-employed, list the hours spent trying to resume normal business activities/services. Enter 0 if you did not search for work or attempt to resume self-employment.		0
Were you unemployed or partially unemployed as a direct result of the disaster?		Yes
Claim Week 2 (Jun 06, 2021 - Jun 12, 2021)		

If you are attending school or training, have your days or hours changed since you last reported them?

Enter the total number of work search activities you did. If self-employed, list the hours spent trying to resume normal business activities/services. Enter 0 if you did not search for work or attempt to resume self-employment.

Yes

Were you unemployed or partially unemployed as a direct result of the disaster?

Additional Questions related to COVID-19

Claim Week 1 (May 30, 2021 - Jun 05, 2021)

Are you still unemployed as a direct result of the COVID-19 public health Yes emergency?

If yes, select the statement that best describes your current situation due to COVID-19

I have been diagnosed with COVID-19 by a health professional. (not applicable)

I am experiencing symptoms of COVID-19 and seeking a medical (not applicable) diagnosis.

A member of my household has been diagnosed with COVID-19. (not applicable)

I care for a family member who has been diagnosed with COVID-19. (not applicable)

I am unable to work because my child's school or childcare facility is closed (not applicable) as a direct result of the COVID-19 public health emergency.

I am unable to reach the place of employment because of a quarantine or shelter in place order imposed as a direct result of the COVID-19 public health emergency. (not applicable)

I have been advised by a health care provider to self-quarantine or shelter (not applicable) in place due to concerns related to COVID-19.

I was scheduled to start work but was unable to due to the COVID-19 public Yes health emergency.

I have become the breadwinner or major support for a household because (not applicable) the head of the household has died as a direct result of COVID-19.

My business or place of employment closed as a direct result of COVID-19. (not applicable)

I have been diagnosed with COVID-19 by a health professional and I have (not applicable) not yet been cleared to return to work.

I am an independent contractor, and COVID-19 has severely limited my ability to perform my customary work activities, has caused a significant reduction (diminution) of services, or has forced me to suspend those activities or services.

(not applicable)

I am receiving payment for sick leave, vacation, disaster pay, or the Paycheck Protection Program (PPP). Note: If you are receiving payments, you must report the amount received as earnings.

(not applicable)

Claim Week 2 (Jun 06, 2021 - Jun 12, 2021)

Are you still unemployed as a direct result of the COVID-19 public health emergency?

Yes

If yes, select the statement that best describes your current situation due to COVID-19

I have been diagnosed with COVID-19 by a health professional.

(not applicable)

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

(not applicable)

A member of my household has been diagnosed with COVID-19.

(not applicable)

I care for a family member who has been diagnosed with COVID-19.

(not applicable)

I am unable to work because my child's school or childcare facility is closed (not as a direct result of the COVID-19 public health emergency.

(not applicable)

I am unable to reach the place of employment because of a quarantine or shelter in place order imposed as a direct result of the COVID-19 public health emergency.

(not applicable)

I have been advised by a health care provider to self-quarantine or shelter in place due to concerns related to COVID-19.

(not applicable)

I was scheduled to start work but was unable to due to the COVID-19 public Yes health emergency.

I have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.

(not applicable)

My business or place of employment closed as a direct result of COVID-19. (not applicable)

I have been diagnosed with COVID-19 by a health professional and I have (not a not yet been cleared to return to work.

(not applicable)

I am an independent contractor, and COVID-19 has severely limited my ability to perform my customary work activities, has caused a significant reduction (diminution) of services, or has forced me to suspend those activities or services.

(not applicable)

I am receiving payment for sick leave, vacation, disaster pay, or the Paycheck Protection Program (PPP). Note: If you are receiving payments, you must report the amount received as earnings.

(not applicable)

Certify and Submit

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits.

TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you.

TWC also randomly verifies that you made the required number of valid work search activities.

I certify that this is my Social Security Number, I am the person named on this claim for unemployment benefits; and I certify under penalty of perjury that the information I gave for these claim periods is true and complete.