

## Confirmation View and Print

### Payment Request Information

Name:	JOSE GALLARDO
Social Security Number (SSN):	XXX-XX-9173
Claim Week 1:	May 31, 2020 - Jun 06, 2020
Claim Week 2:	Jun 07, 2020 - Jun 13, 2020

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### Payment Request Confirmation

If you submit your payment request after 6PM Central, TWC will process your payment in two [business days](#).

Your Payment Request has been submitted on June 16, 2020 12:27 pm (Central time).

### Work and Other Income

#### Work and Earnings

##### Claim Week 1 (May 31, 2020 - Jun 06, 2020)

Did you work in Claim Week 1? **No**

Did you earn [vacation](#) or [holiday](#) pay while on temporary layoff or on vacation from a current job during Claim Week 1? **No**

##### Claim Week 2 (Jun 07, 2020 - Jun 13, 2020)

Did you work in Claim Week 2? **Yes**

Did you earn [vacation](#) or [holiday](#) pay while on temporary layoff or on vacation from a current job during Claim Week 2? **No**

#### Other Income

Did you receive other income from any of the sources below that you have **not already** reported to TWC such as Retirement or disability pension, Workers' Compensation, or Additional payment, such as severance pay or wages instead of providing advance notice of work separation? **No**

If **Yes**, check all that apply:

Retirement or disability pension: **(Not Checked)**

Workers' Compensation: **(Not Checked)**

Additional payment when you left your job other than wages you had earned: **(Not Checked)**

### Earnings

#### Earnings and Hours Worked

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 2 (Jun 07, 2020 - Jun 13, 2020)**

Earnings Before Deductions: **\$960**

Number of Hours Worked: **40**

Were you self-employed or working only for commission during Claim Week 2? **No**

**Work Status**

Are you still working for this employer? **Yes**

If No, are you scheduled to return to work for this employer? **(Optional - not answered)**

**Ability and Availability to Work**

Were you physically able to work each day? **Yes**

Were you available to accept full-time work for all of the days and hours required for the type of work you are seeking, if it had been offered? **Yes**

If No, check the reason(s) you were not available:

Transportation: **(Not Checked)**

Child care: **(Not Checked)**

Out of town: **(Not Checked)**

Personal reasons: **(Not Checked)**

Job preference restrictions: **(Not Checked)**

Did you turn down any job offer? **No**

Did you turn down any job referral? **No**

Did you attend school or training? **No**

If Yes, did the school or training prevent you from accepting work? **(Optional - not answered)**

**Work Search****Number of Contacts**

Provide the number of work search contacts you made during the Claim Week(s).

Claim Week 1 (May 31, 2020 - Jun 06, 2020): **4**

Claim Week 2 (Jun 07, 2020 - Jun 13, 2020): **1**

**Certify and Submit**

Giving untrue information or withholding information on any unemployment insurance 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 certifications to the amount of wages your employer reports having paid you. TWC also randomly verifies that you made an adequate number of valid work search contacts.

Do you certify that this is your Social Security Number and you are the person named on this **Yes**

unemployment insurance claim; and do you certify the information you gave for this claim period is true and complete?

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