

# WORKED FULL TIME

K-BEN 230 (Rev. 7-23)

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
UPLOAD:  
<https://UIAssistance.GetKansaBenefits.gov>

Claimant Name: _____	Social Security No. XXX-XX- _____
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Complete this form and return it within **seven** days of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits, possible overpayment and collection of benefits previously received.**

Our office has received information that you worked 40 or more hours during the week being claimed. Provide complete details below concerning work performed during the week claimed. Without the requested information, a determination of your eligibility for benefits for the week claimed will be based upon information presently available. **Payment of benefits for the week claimed has been suspended pending receipt of this information.**

Employer for whom you worked:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date you began employment (mm/dd/yyyy): \_\_\_\_\_

Number of hours worked during the week claimed: \_\_\_\_\_ Hourly wages: \$ \_\_\_\_\_

Are you working for this employer?  YES  NO If NO, indicate below the reason you are no longer working:

Quit  Fired  Leave of Absence  Lack of work  Labor Dispute

**If you have left this employment**, you will need to file an unemployment application before you will be able to claim any more weekly benefits. You must work less than full time and earn less than your weekly benefit amount to be eligible to claim weekly benefits. If you wish to file an unemployment application, you may do so at **www.GetKansasBenefits.gov** or through the Unemployment Contact Center in your area at one of the phone numbers listed below.

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Phone: \_\_\_\_\_