Backdating Questionnaire



Claimant Information:		
Last Name:	First Name:	MI:
ID and SSN:		
(Este es un documento importante. Si ust	ed necesita un intérprete, póngase	e en contacto con su oficina local.)
Instructions: Please read the instructions an	nd questions carefully before answeri	ing.
A claim for unemployment insurance benefits You have requested that we backdate your c decision regarding your request. Once you h	claim to an earlier date. We need the f	following information to make a
I request my claim be backdated to:		
Explain in detail the reason(s) for not filing yo	our claim during the first week you be	came unemployed.
(Use additional sheet of paper if necessary.)		
Does the reason you were unable to report s	till exist? Yes No	
If NO, list the date the problem no longer exis	sted:	
Please provide a telephone number in case a	additional information is required.	
Telephone Number:		
I have made this statement in order to get un provide accurate and truthful information, or I		aware that the law requires me to

Signature: _____ Date: _____