

Wisconsin Unemployment Insurance Benefit Services

- You must accept the Terms and Conditions to use this site; and you will be taken to a Secure Login page.

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Terms and Conditions

Warning: Committing unemployment insurance fraud is illegal. Wisconsin Unemployment Insurance law allows for severe penalties for intentionally providing false information, making false statements, or misrepresenting facts relating to eligibility for unemployment benefits. These penalties may include disqualification from benefits, loss of future benefits, repayment of erroneously paid benefits, monetary penalties, and criminal prosecution. To avoid these penalties, you must provide complete, correct and honest information when filing your unemployment claims.

You may NOT use this site to obtain information on another individual. Criminal penalties and fines will be imposed for unauthorized use.

If you make a mistake or forget to report a material fact relating to your claim, please contact a claims specialist immediately to correct your record.

I Accept

Continue

Wisconsin Unemployment Insurance Benefit Services

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Logon to file for unemployment benefits. If you do not have a username and password click on the Sign up link below.

IMPORTANT: If you used our online services in the past and created a username but forgot what the username is, DO NOT create a new username, Click on the forgot username/password link below.



I'm not a robot


[Privacy](#) - [Terms](#)

[Forgot your Username/Password?](#)

[Change your Password / Edit Logon Profile](#)

Don't have a username? [Sign up](#)

Online services are available at the following times:

If you are unemployed and need to file a new claim:

Sunday	12:00 pm - 5:00 pm
Monday - Friday	6:00 am - 7:00 pm
Saturday	9:00 am - 2:30 pm

If you need to file a weekly claim for a benefit payment or get information about your benefit account:

Sunday	9:00 am - Midnight
Monday - Friday	Available 24 Hours
Saturday	Midnight - 3:00 pm

Lost Wage Assistance

To *potentially* qualify for the Lost Wage Assistance(LWA) Payment you must self-certify that you are unemployed or partially unemployed due to disruptions caused by the COVID-19 pandemic.

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As of the week ending 8/1/2020 or later, were you unemployed or partially unemployed due to disruptions caused by the COVID-19 pandemic and want to be considered for the lost wage supplement payment?

If you answer yes to this question you agree and/or understand:

- LWA payments are subject to federal and state income tax.
- Payments will be made if funds are available from [FEMA](#)

Yes

No

Continue

Unemployment Insurance Summary For KIRSTEN

Important Message

We have no record of an initial claim for you. To apply for unemployment benefits, you must [file an initial claim](#).

COVID-19

[If you are requesting unemployment insurance benefits because your employment was affected by COVID-19 \(the illness caused by coronavirus\), click here.](#)

Pandemic Unemployment Assistance (PUA)

Pandemic Unemployment Assistance (PUA) is for individuals who do not qualify for regular unemployment insurance (UI) or other UI extensions. This is not an application for the additional 13 weeks of Pandemic Emergency Unemployment Compensation (PEUC) or the additional \$600 Federal Pandemic Unemployment Compensation (FPUC) payment. If you are currently receiving regular UI, continue to file your weekly claims; that is all that is needed for PEUC and FPUC benefits. [Click here to file for Pandemic Unemployment Assistance.](#)

Benefit Payment Information:

Last Week Claimed: A valid unemployment claim does not yet exist. No weeks may be claimed until that has occurred.

Other Resources:

Job Center of Wisconsin

A free, self-service system for job seekers to search job openings and post résumés.

[Visit Job Center of Wisconsin »](#)

Work Search

Enter work search actions for the week of 09/27/20 through 10/03/20.

[Enter Work Search Activity »](#)

1099-G

To get your 1099-G tax form click on "Get your 1099-G"

[Get your 1099-G »](#)

Wisconsin Initial Unemployment Claim

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The information you provide will be used to create a record of your claim and may be verified through data matching programs. Your information is used to determine your eligibility for benefits and will be kept confidential.

Anyone found to have submitted fraudulent information to apply for unemployment benefits may be subject to penalties of law, up to and including felony prosecution.

For security reasons, the application will automatically log you out if you stay on the same page for twenty minutes. This protects your confidential information if you fail to logout of the session. Any information you entered on completed pages will be saved.

[Return to My UI Summary](#)[File My Claim](#)

Warning**10**

The Department of Workforce Development determined that you concealed facts or provided false information in a past claim for unemployment insurance benefits.

If the department determines that you concealed facts or provided false information on this claim, you face additional penalties including repayment of benefits, an increased forfeiture, and felony prosecution.

 I acknowledge[Return to My UI Summary](#)[Continue](#)

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Out of State Unemployment Benefits

Have you received or filed for unemployment compensation or PUA against any state OTHER than Wisconsin in the last two years? **11**

Please read the question carefully before answering.

 Yes No

Which state?

ILLINOIS

Do you still have an active claim in that state? **12**

Answer "Yes" to this question if you still have an active claim with benefits remaining in another state. Answer "No" to this question if you do not have an active claim or your benefits in the other state are exhausted.

 Yes No Unsure[Previous](#)[Next](#)



Out of State Unemployment Benefits

You indicated that you have a valid claim in **ILLINOIS**, please contact **ILLINOIS** to reactivate your claim in that state.

Phone Number: **(800) 244-5631**

Website: www.ides.state.il.us

Have you filed for Unemployment Benefits in a state OTHER than Wisconsin in the last two years? **13**

Please read the question carefully before answering.

Yes

No

Do you still have an active claim in that state? **14**

Answer "Yes" to this question if you still have an active claim with benefits remaining in another state. Answer "No" to this question if you do not have an active claim or your benefits in the other state are exhausted.

Yes

No

Unsure

Which state? **15**

ILLINOIS



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Out of State Unemployment Benefits

Have you received or filed for unemployment compensation or PUA against any state
OTHER than Wisconsin in the last two years? **16**

Please read the question carefully before answering.

Yes

No

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What week would you like to file for? 17

Select the week in which you are not working or working reduced hours:

- 09/20/2020 - 09/26/2020 - (Previous Week)
- 09/27/2020 - 10/03/2020 - (Current Week)
- 10/04/2020 - 10/10/2020 - (Next Week)
- None of the above - I need to select an earlier week.

Please verify the week you have chosen is correct. If the week is correct, click next to continue with your application for benefits.

If this is not the week in which you want your claim to start please select another week or indicate that you need to select a different week.

September 2020

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2020

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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Which week would you like your claim to start?**18**

Your claim begins with the first week you are unemployed.

Please select the week you would like to claim from the calendar below:



September 2020						
Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

Selected Week: 09/27/2020- 10/03/2020[Previous](#)[Next](#)

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Update Personal Information

It is important that you provide the correct mailing address as you will receive important information through the mail. What is your current mailing address?

Name Unemployment Claimant

Last Name 19

Claimant

I have a Canadian mailing address.

Mailing Address 20

201 E Washington Ave

City 21

MADISON

State 22

WISCONSIN

ZIP Code 23

53713

Phone Number 24

(999) 123-4567

I do not have a phone number where a message can be left. 25

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Review Personal Information

Please review your mailing address and phone number. If the information is correct, select "Yes" and click "Next" to continue. If the information is not correct, please select "No" and click "Next" to update your information.

It is important that you provide the correct mailing address as you will receive important information through the mail.

Is your personal information correct? **26**

 Yes No

Name: KIRSTEN M Hurley

Mailing Address: 1509 CAMERON DR
MADISON, WI 53711-3350

Phone: (608) 225-2777

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Citizenship Status

Are you a citizen or national of the United States? **27**

- Yes
- No

You have indicated that you are not a citizen or national of the United States. We need to verify your authorization to work in this country.

Which one of the following documents do you have that lists your alien identification number? **28**

- CBP-I-94A - Departure Record ?
- I-94 - Arrival / Departure Record ?
- I-551 - Permanent Resident Card ?
- I-551 - Resident Alien Card ?
- I-766 - Employment Authorization Card ?
- Other Document
- No Document Selected

Enter your Alien or Immigration number. **29**

If the number begins with a letter, usually A or I, do not enter the letter.

Enter the expiration date from your card. **30**

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Statistical Information

The following questions are for statistical purposes only. Your answers do not affect your claim.

We are required to gather this information. If we have information on file from a prior claim, the answers are filled in. If any answer is incorrect, please fix it.

Do you consider yourself to have a disability?

31

- Yes
 No
 Decline To Answer

Are you a Military Service Veteran?

32

- Yes
 No

Are you Hispanic or Latino?

33

- Yes
 No
 Decline to Answer

What is your Race?

34

Select all that apply.

- American Indian or Alaskan Native
 Asian
 Black or African American
 Hawaiian Native or other Pacific Islander
 White
 Other
 Decline to Answer

What is your highest level of schooling?

35

- Advanced College Degree
 College Degree
 Technical School Diploma or Some College
 High School Diploma or GED
 Some High School or less

Please select a language. Interpreters are available if we need to speak to you by telephone.

English

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What is your primary occupation?

- Enter the Job Title for your primary occupation and then press Search.
- Then, select the category from the drop down list that closest matches your primary occupation.
- After you have selected the category that closest matches your occupation click Next to continue filing your claim.

Job Title

37

Enter the Job Title for your primary occupation and then press Search.

Landscaper

Search

Category

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Select the category from the drop down list that closest matches your primary occupation.

Landscaping and Groundskeeping Workers



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Trade Union Membership

Do you normally obtain work through a trade union hiring hall? 39

A trade union hiring hall is a place maintained by a trade union that refers union workers to available jobs. Trade unions represent construction workers, painters, operating engineers, electrical workers and other trades. Not all unions are trade unions.

 Yes **No**

Are you a member in good standing? 40

"Good standing" means that your trade union membership is not suspended for non-payment of dues or other reasons.

 Yes **No**

Are you currently on the out of work list? 41

Selecting "yes" to this question means, you have contacted your trade union to be placed on their out of work list for possible referral for jobs and that you followed the manner prescribed by your union to remain active on the list.

 Yes **No**

Please choose the union you worked for: 42

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Trade Union Membership

Do you normally obtain work through a trade union hiring hall? **39**

A trade union hiring hall is a place maintained by a trade union that refers union workers to available jobs. Trade unions represent construction workers, painters, operating engineers, electrical workers and other trades. Not all unions are trade unions.

Yes

No

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Union Update

Currently selected : Union Not Selected

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-	Name	0
Select	Asbestos Workers, Heat & Heat Insulators #10	
Select	Beltmakers #107	
Select	Beltmakers #27	
Select	Beltmakers #37	
Select	Bricklayers & Allied Craftmen #1	
Select	Bricklayers & Allied Craftmen #11	
Select	Bricklayers & Allied Craftmen #12	
Select	Bricklayers & Allied Craftmen #19	
Select	Bricklayers & Allied Craftmen #2	
Select	Bricklayers & Allied Craftmen #21	
Select	Bricklayers & Allied Craftmen #2	
Select	Bricklayers & Allied Craftmen #4	
Select	Bricklayers & Allied Craftmen #5	
Select	Bricklayers & Allied Craftmen #7	
Select	Bricklayers & Allied Craftmen #8	
Select	Bricklayers & Allied Craftmen #9	
Select	Bricklayers & Masons #24	
Select	Bricklayers and Masons #5	
Select	Carpenters #1074	
Select	Carpenters #1143	
Select	Carpenters #1146	
Select	Carpenters #2283	
Select	Carpenters #210	
Select	Carpenters #214	
Select	Carpenters #261	

Showing 1 to 28 of 28 entries

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Special Employment

Federal, military, worker's compensation, and out of state monetary eligibility for benefits.

Did you work for a Federal Employer since 04/01/2019? **43**

 Yes No

Did you serve in the Military since 04/01/2019? **44**

 Yes No

Have you received Worker's Compensation for a work-related injury or illness? **45**

Answer "Yes" to this question if you received worker's compensation for payment of medical benefits. If you only received worker's compensation for payment of medical benefits, you should answer "No".

 Yes No

Did you work out of state since 04/01/2019? **46**

 Yes No[Previous](#)[Next](#)

Stop Claim

Are you sure you want to stop your claim?

If you have not completed the current page, it will not be saved, but all the information from prior pages will be saved.

If you are sure you want to stop your claim, please click the Confirm button and the information you entered will be saved for 14 days.

If you do not want to stop your claim, please click on the Cancel button.

[Confirm](#)[Cancel](#)

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Special Employment

Federal, military, worker's compensation, and out of state wages potentially may be used in determining your monetary eligibility for benefits.

Did you work for a Federal Employer since 04/01/2019? **43**

 Yes No

Did you serve in the Military since 04/01/2019? **44**

 Yes No

Have you received Worker's Compensation for a work related injury since 04/01/2019? **45**

Answer "Yes" to this question if you received worker's compensation payments in place of wages. Answer "No" to this question if you only received worker's compensation for payment of medical bills.

 Yes No

Did you work out of state since 04/01/2019? **46**

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Special Employment

Federal, military, worker's compensation, and out of state wages potentially may be used in determining your monetary eligibility for benefits.

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Did you work for a Federal Employer since 04/01/2019?

48

- Yes
- No

Did you serve in the Military since 04/01/2019?

49

- Yes
- No

Have you received Worker's Compensation for a work related injury since 04/01/2019?

50

Answer "Yes" to this question if you received worker's compensation payments in place of wages. Answer "No" to this question if you only received worker's compensation for payment of medical bills.

- Yes
- No

Are you currently receiving worker's compensation?

51

Answer "Yes" to this question if you are currently receiving or have applied for Worker's Compensation.

- Yes
- No

What type of worker's compensation are you receiving?

52

- Permanent Total Disability (PTD)—paid to an individual who is permanently unable to work due to an injury incurred on the job.
- Temporary Total Disability (TTD)—paid to an individual who is unable to work due to an injury incurred on the job.
- Temporary Partial Disability (TPD)—paid to an individual who incurred an injury on the job who can work during a recuperation period, but returned to work in a lower pay category or for a lesser number of hours per week.

Did you work out of state since 04/01/2019?

53

- Yes
- No

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My Work History

- You must complete the requested information for each employer listed.
- You must **"review"** each employer even if you did not work for the employer listed.

✎ DEPARTMENT OF WORKFORCE DEVELOPMENT

(not visited)

[Review](#)

54

Have you worked for any other employers since 04/01/2019? 55

Including out of state, military, and federal employment

- Yes
- No

I verify that I have reviewed the above information and I have reported all my employment in the last 18 months. 56 I agree[Previous](#)

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Employer Detail

The questions on this page all apply to:

DEPARTMENT OF WORKFORCE DEVELOPMENT

Payroll Address:P O BOX 7946
MADISON, WI 53707-7946

The employer payroll address may differ from your physical work location.

Other Name(s):

Administrative Serv/Secretary Office, Div Of Connecting Education And Work, Div Of Vocational Rehabilitation, Division Of Economic Support, Division Of Employment & Training, Division Of Equal Rights, Division Of Unemployment Insurance, Labor And Industry Review Commission, Wisconsin Conservation Corps, Workers Compensation Division

Our records indicate that you earned wages from this employer since 04/01/2019. You will need to provide dates of employment and a reason for separation even if you are no longer working for this employer.

What was your first day of work for this employer? 57

If you are unsure of your first day of work, estimate the date as closely as possible.

02/05/1996

What is your most recent last day of work for this employer? 58

The date you enter should be the last day that you actually did some work for this employer.

10/01/2020

Why are you no longer working for this employer? 59[Separation Help](#)

If you are not working or working reduced hours because your place of employment has been affected by COVID-19 select the LAID OFF / LACK OF WORK / PLANT SHUTDOWN / HOLIDAY SHUTDOWN for reason of separation.

60

- Laid Off / Lack of work (any duration) / Plant Shutdown / Holiday Shutdown
- Laid Off: Permanent - Will not be returning to this employer
- Quit: for any reason including to move or for another job
- Fired / Discharged
- Disciplinary Suspension
- Loss of License Required to do Job
- Physically Unable to do the Work
- Strike / Lockout / Labor Dispute
- Still Working - part time or full time or working reduced hours
- Leave of Absence

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LAID OFF / LACK OF WORK / PLANT SHUTDOWN / HOLIDAY SHUTDOWN

Select this reason if you are temporarily not working due to lack of work, seasonal layoff, plant shutdown, or a holiday shutdown.

LAID OFF - PERMANENT

Select this reason if your position is being eliminated, your employer is closing its doors, or there is a reduction in workforce and you either have no definite recall date or you won't be recalled by your employer.

QUIT

Select this reason if you chose to leave your job for some reason: for example, to accept another job; to relocate because your military spouse's job was moved; because you did not have childcare; due to your health or the health of a family member; or because you left a temporary employment agency to take a permanent job with the company for which you performed work. Also use this selection if you voluntarily reduced the hours of your employment.

FIRED / DISCHARGE

Select this reason if you were let go from your job by your employer. Some examples are: alcohol or substance use, theft or damage to property, a legal conviction that prevents you from doing your job, threats, harassment or physical violence, absenteeism or tardiness, or falsification of business records.

DISCIPLINARY SUSPENSION

Select this reason if you are suspended because your employment is under review, but at the time of your unemployment application you are still considered employed by your employer.

LOSS OF LICENSE REQUIRED TO DO THE JOB

Select this reason if your employment was suspended or terminated because your license issued by a government agency and required for your job was suspended, revoked or not renewed.

PHYSICALLY UNABLE TO DO THE WORK

Select this reason if you are not able to do your job or if the employer is unable to accommodate your work restrictions caused by injury, disease or other reasons that do not allow you to physically perform your regular job duties.

STRIKE / LOCKOUT / LABOR DISPUTE

Select this reason if you are not working because you are on strike, your employer has locked you out, or there is a labor dispute that prevents you from doing your job.

STILL WORKING

Select this reason if you are working part-time or full-time with this employer. Also choose this reason if you are working reduced hours due to a slow period or seasonal slowdown due to weather.

LEAVE OF ABSENCE

Select this reason if you are on a leave of absence from your employer because you are unable or unavailable to perform the job, or if the employer is unable to accommodate your restrictions. This includes FMLA leaves of absence.

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Quit Detail: DEPARTMENT OF WORKFORCE DEVELOPMENTIs this employer a temporary staffing agency? **61**

- Yes
 No
 Unsure

What was your job title? **62**What were your job duties? **63**

(maximum 500 characters)

How were you paid? **64**

- Hourly Rate
 Salary
 Other

How many hours per week did you work? **65**Provide specific days/hours worked (e.g. 8 a.m. to 5 p.m. M-F or 3 p.m. to 11 p.m. M, W, F): **66**

(maximum 500 characters)

67

Provide the city, state, and zip code of your work site (if location varied use the location of the employer's headquarters):

(maximum 500 characters)

68

Did you give notice that you were quitting?

- Yes
- No

69

What is the reason you quit?

- DEPARTMENT OF WORKFORCE DEVELOPMENT changed the conditions of my employment
- Commuting distance
- My health or the health of my family member
- DEPARTMENT OF WORKFORCE DEVELOPMENT changed my shift resulting in a lack of childcare
- To take another job
- To relocate with my military spouse
- Due to domestic abuse/concerns about my safety or safety of family
- I was discharged from active duty with the U.S. Armed Forces
- Due to the actions/inactions of DEPARTMENT OF WORKFORCE DEVELOPMENT
- Other

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Did you work for any employers after you quit your employment with DEPARTMENT OF WORKFORCE DEVELOPMENT?

- Yes
- No

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Discharge Detail: DEPARTMENT OF WORKFORCE DEVELOPMENT

Is this employer a temporary staffing agency? **71**

- Yes
 No
 Unsure

What was your job title? **72**

What were your job duties? **73**

How were you paid? **74**

- Hourly rate
- Salary
- Other (Commission, cents per mile, piece rate, etc.)

How many hours per week did you work (if hours varied provide average)? **75**

Provide specific days/hours worked (e.g. 8 a.m. to 5 p.m. M-F or 3 p.m. to 11 p.m. M, W, F): **76**

(maximum 500 characters)

What date were you discharged (if you are unsure of the exact date provide your best estimate)? **77**

mm / dd / yyyy

What is the name of the person who discharged you? **78**

What is the job title of the person who discharged you? **79**

How were you notified that you were discharged? **80**

- In person
- By mail
- By phone
- Other

What did DEPARTMENT OF WORKFORCE DEVELOPMENT indicate was the reason for your discharge? Selecting any of the reasons below does not mean that you agree with the employer. Later in this questionnaire, you will have the opportunity to explain what happened. **81**

- Unsatisfactory Performance
- Absenteeism/Tardiness (missing work)
- Alcohol and/or Controlled Substance
- Falsification of Business Records
- Theft
- Damage to Property
- Threats/Harassment/Physical Violence
- Violation of Government Regulations or Standards
- Conviction of Crime or Other Offense
- Other

Did you work for any employers after your discharge from DEPARTMENT OF WORKFORCE DEVELOPMENT? **82**

- Yes
- No

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Employer Type

You have indicated that you need to add an employer. Please choose one of the options listed below. If you have more than one employer to add, you will need to repeat this step.

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Wisconsin Employment

Choose this option if you worked for an employer in Wisconsin

Federal Employment

Choose this option if you worked for a Federal Employer, for example, the US Postal Service

Military Active Duty

Choose this option if your employment was military service: Army, Navy, Air Force, Marines, Coast Guard or NOAA

Out of State Employment

Choose this option if you worked for an employer outside the state of Wisconsin

Other Wisconsin Employment

Choose this option if you worked for a church, Salvation Army, or the Railroad

None of the above

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Employer Search

- To search for the employer you want to add, enter the employer name and click on search. Check your paystub or W-2 for the correct name and spelling for your employer.
- If you are not able to find the employer by name, review your W-2 or paystub for the correct name.
- If you entered the incorrect name, click on the "Reset Search" link and enter the employer name from your payroll stub.
- If you entered the correct employer name and can't find the employer, click on the "Advanced Search" link and enter the payroll address that is shown on your paystub or W-2.
- If you are unable to find your employer, click on the "add your employer" link.
- If you find your correct employer, click on the "Select" link.
- [Additional Search Tips](#)

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[Advanced Search](#)[Reset Search](#)

Employer Name:

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If you are unable to find your employer, you will need to [add your employer](#)

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Federal Employment

Please select your employer from the list below. If you have more than one employer to add, you will need to repeat this step.

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- U.S. Postal Service
- U.S. Department of Agriculture
- Veterans Health Administration (Milwaukee VA Hospital)
- National Park Service
- Department of the Army-NAF Financial Services
- USA Civilian Human Resources Agency
- Veterans Health Administration (Madison VA, Baraboo, Beaver Dam, and Janesville Clinics)
- WI National Guard Bureau-Army NG CSU-WL
- Federal Emergency Management
- Veterans Health Administration (Tomah VA, Lacrosse, Loyal, Wausau, WI Rapids clinics)
- Army and Air Force Exchange Service-NAF
- Transportation Security Administration
- Veterans Regional Office (Regional office only)
- Defense Finance and Accounting Services CSU-CG
- None of the above

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Military Employment

Do you have a copy of your DD-214? **86**

 Yes No

Which branch of the Military did you serve in? **87**

-- Select Military Branch --

What was your pay grade at the time of your separation? **88**

- Select Pay Grade -

Enter your separation date **89**

mm / dd / yyyy

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Employer Detail

Answer the following questions to add this employer.

Employer Name: 89

State in which work performed: 90

- Select One - ▼

What was your first day of work for this employer? 91

If you are unsure of your first day of work, estimate the date as close as possible.

What is your most recent last day of work for this employer? 92

The date you enter should be the last day that you actually did some work for this employer.

Why are you no longer working for this employer? 93

[Separation Help](#)

- Laid Off / Lack of work (any duration) / Plant Shutdown / Holiday Shutdown
- Laid Off: Permanent - Will not be returning to this employer
- Quit: for any reason including to move or for another job
- Fired / Discharged
- Disciplinary Suspension
- Loss of License Required to do Job
- Physically Unable to do the Work
- Strike / Lockout / Labor Dispute
- Still Working - part time or full time or working reduced hours
- Leave of Absence

Type of work performed? 94

Work Address: 95

I have a Canadian work address.

Street:

City:

State:

- Select One - ▼

ZIP Code:

Work Phone Number:

Payroll Address: 96

Use Work Address.

I have a Canadian payroll address.

Street: 97

City:

State:

- Select One - ▼

ZIP Code:

Out Of State Data:

Country: 98

- Select One - ▼

Vessel: 99

If you work as a maritime employee, enter the name of the vessel you worked on.

Comments: 100
(maximum - 120 characters)

Based on the information you provided, you have the option to:

- File a claim in Wisconsin using wages from the other state(s) you have earned wages from in the last 18 months.
- File your claim in another state.

To assist you with this decision, we are providing general claims information for the state(s) you earned wages in the base period. You cannot have an unemployment claim in more than one state at the same time.

Please note: monetary eligibility does not guarantee payment of unemployment insurance benefits. You must meet ALL other eligibility requirements of the law in order to receive payment. Laws vary from state to state. Your eligibility will be determined after a claim is submitted and processed.

If your wages from Wisconsin qualify you for the maximum benefit amount we will not use your out of state wages. A separate computation of benefits will be mailed to you.

WISCONSIN			
Minimum Weekly Benefit Amount:	\$54	Maximum Weekly Benefit Amount:	\$370
Maximum Duration:	26 weeks	Dependent Allowance:	No
Week of Waiting:	Yes		

MINNESOTA			
Minimum Weekly Benefit Amount:	Unknown	Maximum Weekly Benefit Amount:	\$640
Maximum Duration:	26 weeks	Dependent Allowance:	No
Week of Waiting:	Yes		

[Combined Wage Claim Help](#)

Do you wish to continue to file in Wisconsin using wages from other states? **101**

- Yes
 No

I verify that I have reviewed the above information and I have reported all my employment in the last 18 months. **102**

I agree

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School Attendance

Do you attend school or plan to attend in the next three weeks, anytime between the hours of 7 am and 5 pm, Monday through Friday? **103**

 Yes No[Previous](#)[Next](#)

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School Attendance

You may be denied benefits if you are unavailable for full-time first shift work and unable or unwilling to change your classes to work full-time first shift, unless the department determines you are in a course of approved training. This applies even if you are working.

What is the name of the school you are or will be attending? **104**

Provide the city and state in which the school is located: **105**

What is the phone number for the school? **106**

(optional)

Are you enrolled in an Apprenticeship administered by the Department of Workforce Development? **107**

- Yes
- No

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108 Are you enrolled in an Apprenticeship administered by the Department of Workforce Development?

- Yes
- No

Trade/Occupation

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Work Refusal

Did you refuse work since your last day of work? **109**

Yes

No

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Job Refusal

Have you previously worked for the employer that offered the work? **110**

Yes

No

Have you worked since refusing the job offer? **111**

Yes

No

Provide your level of education and your work history (include name, address, and phone number for each employer, along with job title, rate of pay, and number of years of experience for each position): **112**

(maximum 2000 characters)

Provide any additional details regarding the offer of work that you would like to be considered in this investigation: **113**

(optional - maximum 2000 characters)

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Self Employment

Are you self employed? **114**

Answer this question "Yes" if you are farming or operating a business or trade for which you keep your own earnings records, and are sole or part-owner. If the business is incorporated, answer "No" to this question and "Yes" to the family corporation question.

 Yes **No**[Previous](#)[Next](#)

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Self-Employment

What is the name of your business? **115**Provide the address of your business: **116**

Street:

City:

State:

Zip Code:

Type of business entity **117**

- Sole Proprietorship
- Partnership
- LLC
- Corporation
- S Corporation

What service or product does your business provide? **118**Is your business seasonal? **119**

- Yes
- No

What date did your business start (if you are unsure of the exact date provide your best estimate)? **120**Does your business require licenses or permits? **121**

- Yes
- No

Who withdraws funds from the business? **122**How many employees does your business have? **123**Who hires and fires employees? **124**How much have you invested in this business? **125**Does your business advertise? **126**

- Yes
- No

Do you have a Federal Employer Identification Number (FEIN)? **127**

- Yes
- No

Have you filed business or self-employment tax returns for last year or last quarter? **128**

- Yes
- No

What type of work do you do in the business? **129**Who operates the business when you are not there? **130**Provide details of your work experience/job duties for positions held since 04/01/2019 including the length of time and hours/shift for each: **131**

(maximum 500 characters)

What other training or experience have you had that would qualify you to perform other types of work?

132

(maximum 500 characters)

When do you work in your business (select all that apply)?

133

- Days
 Nights
 Weekends

How many hours per day do you work for your business?

134

How many hours per week do you work for your business?

135

Do you plan to increase those hours now that you are unemployed?

136

- Yes
 No

Have you worked for an employer while also operating your business?

137

- Yes
 No

What days and hours are you able/available to work (Examples: 8 a.m. to 5 p.m. M-F or 3 p.m. to 11 p.m. M, W, F and noon-4 p.m. Sat)?

138

(maximum 500 characters)

Explain any restrictions to your availability for full-time employment (Full-time employment is defined as work performed for 32 or more hours per week):

139

(maximum 500 characters)

Provide any additional information you would like to add regarding your self-employment:

140

(optional - maximum 2000 characters)

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Pension or Retirement Pay

Are you receiving or have you applied for a pension or retirement pay or are there changes in your pension or retirement pay since your last day of work? **141**

Answer this question "No", if you are receiving or have applied only for Social Security benefits.

Yes

No

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Pension

Indicate which of the following apply to you: **142**

- I have not applied for, and am not currently receiving, any retirement pay.
- I have applied for retirement pay, but I have not received notice of the amount.
- I have applied for retirement pay and have received notice of the amount and effective date, but I have not yet received a payment.
- I have applied for retirement pay in the form of a lump sum which I have or will roll over into another retirement system within 60 days of receiving it.
- I am receiving retirement pay.

What is the name of the employer providing your pension? **143**

What is the name of the company or organization that is administering your pension? **144**

Please provide a phone number for this company or organization: **145**

What was your retirement date? **146**

Did the work you performed for this employer since 04/01/2019 affect your eligibility for the pension or the amount of your pension payment? **147**

- Yes
- No

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Vacation or Dismissal Pay

Will you receive vacation or dismissal pay for any week? **148**

This does not apply to holiday pay. This question is asking about vacation and dismissal pay only.

Yes

No

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Social Security Disability Benefits

Are you receiving any disability benefits from Social Security? **149**

Note: SSDI (Social Security Disability Insurance) is **not the same** as SSI (Social Security's Supplemental Security Income which is, typically, for dependents with disabilities).

 Yes No[Previous](#)[Next](#)

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Review & Submit

Current Payment Method

Your current payment method is:

None

- You will need to select a method for receiving Unemployment Insurance payments.
- **If you have a bank account, please choose direct deposit. It's fast, safe, and convenient. Money will go directly into your bank account; you do not have to wait for and keep track of a card.**

What would you like to do?

150

- Select direct deposit
- Select debit card

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Review & Submit

Direct Deposit Update

- NOTICE: You are responsible for entering correct financial institution information. When you key a routing number and account number, you are directing cash to be deposited to the owner of that account at that financial institution.
- If money is deposited to the wrong financial institution or account based on your entry, the State of Wisconsin will attempt to reverse the payment(s) but is not liable if the funds cannot be recouped from the receiving financial institution.
- If you are unsure, check with your financial institution to get the correct routing and account numbers. Do not use the routing number on a deposit slip if it is different from the routing number on your checks.
- How to find your account number and routing number for [checking account](#) or [savings account](#).

Type of Account: Checking Savings

151

Routing Number:

152

Find

Name:

153

Address:**Account Number:**

154

Confirm Account Number:

155

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Debit Card Disclosure 156

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card.

Ask your agency for available options and select your option.

Monthly fee	For purchases	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$0.99* out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$0.00 per month
We charge 3 other types of fees.			
* This fee can be lower depending on how and where the card is used. See the accompanying fee schedule for free ways to access your funds and balance information.			
No overdraft/overdraft feature. Your funds are eligible for FDIC insurance.			
For general information about prepaid accounts, visit fdic.gov/prepaid . Read details and conditions for all fees and services inside the card package or call 888-279-3373 or visit usbankprepaid.com .			

All fees	Amount	Details
Get cash		
ATM Withdrawal (In-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Withdrawal (out-of-network)	\$0.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	2%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$0.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 30 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$0.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-member institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/overdraft feature.

Contact Cardholder Services by calling 888-279-3373, by mail at P.O. Box 221917, Jacksonville, FL 32217 or visit usbankprepaid.com.

For general information about prepaid accounts, visit fdic.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 888-414-3122 or visit fdic.gov/complaint.

I acknowledge that I have read the disclosure.

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Payment & Withholding ★

Review & Submit

Debit Card Verification 157

- You selected debit card.
- By doing so, you understand and agree that your choice to receive payments by debit card constitutes your consent to the debit card provider to release, without notice to you, information in response to a DWD fraud investigation regarding your debit card activity.
- If you have not received a Wisconsin Unemployment debit card, at the time your first payment is due, a debit card will be issued and mailed to your address of record. Follow the instructions to activate and use your new card. Visit unemployment.wisconsin.gov for more information about the debit card.
- If you were previously issued a debit card, you should verify that it is still in your possession and has not expired. If you no longer have the card or the expiration date on the card has expired, call 855-279-1271 to request a new card.
- This update will become effective immediately. Even if you later decide to stop filing your initial claim this payment method will be applied to any future payments.

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Debit Card Confirmation 158

- Your payments will be made via debit card.
- Your future unemployment benefits will be paid to you by debit card.
- At the time your first payment is due, a debit card will be issued and mailed to your address of record.
- Follow the instructions to activate and use your new card. Visit unemployment.wisconsin.gov for more information about the debit card.
- If you were previously issued a debit card, you should verify that it is still in your possession and has not expired.
- If you no longer have the card or your card has expired, call 855-279-1271 to request a new card.
- If you would like to receive unemployment benefits by direct deposit in the future you may do so by completing a direct deposit application on-line.

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Review & Submit

Tax Withholding

Unemployment Benefits are taxable.

- Federal taxes are withheld at a rate of 10%.
- State taxes are withheld at a rate of 5%.
- Withheld taxes are not refundable.

Your current withholding is: No tax withholding

Check those taxes you want to have withheld **159**

- Federal
- Wisconsin
- I do not want taxes withheld

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Claim Review **160**

Carefully review your claim. If you need to make changes to your claim:

- Select the section that you need to change from the menu above.
- OR
- Click on "View Progress" link and go to the area you need to change.

We recommend you print the summary pages and keep them with your records. By choosing to print the document you acknowledge that it will include personal information such as your name and part of your social security number. Once you are done reviewing your claim press the "Next" button to proceed to Instructions and Next Steps.

[Create a PDF document](#)

Note: some older browsers may not be able to create a PDF. If you have trouble creating a PDF, create an HTML page instead.

[Print Initial Claim Summary](#)

Initial Claim Summary

Entered By: Claimant

Have you received or filed for unemployment compensation or PUA against any state OTHER than Wisconsin in the last two years?

Yes No

You are filing a claim for the week ending 10/03/2020

Are you a citizen or national of the United States?

Yes No

Do you consider yourself to have a disability?

Yes
 No
 Decline

Are you a Military Service Veteran?

Yes No

Are you Hispanic or Latino?

Yes
 No
 Decline

What is your Race?

American Indian or Alaskan Native
 Asian
 Black or African American
 Hawaiian Native or other Pacific Islander
 White
 Other
 Decline to Answer

What is your highest level of schooling?

Advanced College Degree
 College Degree
 Technical School Diploma or Some College
 High School Diploma or GED
 Some High School or less

Please select a language. Interpreters are available if we need to speak to you by telephone.

English

Job Title:

Landscaping and Groundskeeping Workers

Do you normally obtain work through a trade union hiring hall?

Yes No

Did you work for a Federal Employer since 04/01/2019?

Yes No

Did you serve in the Military since 04/01/2019?

Yes No

Have you received Worker's Compensation for a work related injury since 04/01/2019?

Yes No

Did you work out of state since 04/01/2019?

Yes No

Do you attend school or plan to attend in the next three weeks, anytime between the hours of 7 am and 5 pm, Monday through Friday?

Yes No

Did you refuse work since your last day of work?

Yes No

Are you self employed?

Yes No

Are you receiving or have you applied for a pension or retirement pay or are there changes in your pension or retirement pay since your last day of work?

Yes No

Will you receive vacation or dismissal pay for any week?

Yes No

Are you receiving any disability benefits from Social Security?

Yes No

Your previous Payment Method was:

Debit Card

Your Current Payment Method is:

Debit Card Direct Deposit

Check those taxes you want to have withheld:

Federal
 State
 I do not want taxes withheld

GENERAL CLAIM INFORMATION - IT IS IMPORTANT THAT YOU READ THE FOLLOWING INFORMATION BEFORE YOU SUBMIT YOUR CLAIM

- Your claim is not complete until we provide a confirmation number.
- A claimant handbook is available online at <http://dwd.wisconsin.gov/uiben/handbook/default.htm>. Please be sure to read the handbook as you are held responsible for knowing the information.
- You will receive a 'Claim Confirmation and Instructions' in the mail in a few days.
- Various informational documents will be sent to you as your claim continues. Be sure to read all information carefully.
- Wisconsin has a waiting week for Unemployment Insurance benefits. This means that for every new benefit year, no benefits are payable for the first week you would otherwise be eligible for benefits.

WEEKLY CLAIM INSTRUCTIONS

- No payment will be made until after you file a weekly claim certification for each week.
- WHEN to file your weekly claim --
- ...File your first weekly claim during the week of Sunday 10/04/2020. At that time you will complete your claim for the previous week: 09/27/2020 through 10/03/2020.
- ...Continue to file your weekly claim for each week while you remain unemployed or your hours are reduced.
- HOW to file your weekly claim --
- ...For each week you are unemployed or working reduced hours, continue to file your weekly claim certification via the internet at my.unemployment.wisconsin.gov
- If you return to work or stop filing for any reason, you must reopen your claim when you are again unemployed or working reduced hours. You may reopen your claim via the internet at my.unemployment.wisconsin.gov.

NEW CLAIMS

- A separate computation form will list the employers and wages on which your new claim is based.

You must agree to this statement and check the box before you can continue to the next page.

I have read the instructions and acknowledge I am responsible for knowing this information.

By checking this box and choosing 'Submit', you hereby certify the information you are submitting in your application for Unemployment Benefits with Wisconsin is true and accurate to the best of your knowledge. Any individual found to have submitted fraudulent information to apply for Unemployment Benefits may be subject to penalties of law - up to and including FELONY prosecution.

I agree to the above

[Print Initial Claim Summary](#)

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- Review & Submit ★

Instructions and Next Steps

Important: The \$600 Federal Pandemic Unemployment Compensation (FPUC) payment(s) will be added to all unemployment payments starting with the week ending 4/4/20 (UI week 14/20) and stopping with the week ending 7/25/20 (UI week 30/20). You do not need to apply for this additional compensation, it will automatically be added to your unemployment payments. If you have already been paid for a week during this period, we will automatically add the additional compensation to that week and generate a retroactive payment for the week(s).

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[Print this page](#)

GENERAL CLAIM INFORMATION - IT IS IMPORTANT THAT YOU READ THE FOLLOWING INFORMATION BEFORE YOU SUBMIT YOUR CLAIM

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- Your claim is not complete until we provide a confirmation number.
- A claimant handbook is available online at <http://dwd.wisconsin.gov/wiben/handbook/default.htm>. Please be sure to read the handbook as you are held responsible for knowing the information.
- You will receive a "Claim Confirmation and Instructions" in the mail in a few days.
- Various informational documents will be sent to you as your claim continues. Be sure to read all information carefully.
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WEEKLY CLAIM INSTRUCTIONS

- No payment will be made until after you file a weekly claim certification for each week.
- **WHEN** to file your weekly claim --
 - File your first weekly claim during the week of Sunday **10/04/2020**. At that time you will complete your claim for the previous week; **09/27/2020** through **10/03/2020**.
 - Continue to file your weekly claim **for each week** while you remain unemployed or your hours are reduced.
- **HOW** to file your weekly claim --
 - For each week you are unemployed or working reduced hours, continue to file your weekly claim certification via the internet at my.unemployment.wisconsin.gov.
- If you return to work or stop filing for any reason, you must reopen your claim when you are again unemployed or working reduced hours. You may reopen your claim via the internet at my.unemployment.wisconsin.gov.

NEW CLAIMS

- A separate computation form will list the employers and wages on which your new claim is based.

You must agree to this statement and check the box before you can continue to the next page.

I have read the instructions and acknowledge I am responsible for knowing this information.

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Review & Submit ★

Submit Claim 164

By checking this box and choosing "Submit", you hereby certify the information you are submitting in your application for Unemployment Benefits with Wisconsin is true and accurate to the best of your knowledge. Any individual found to have submitted fraudulent information to apply for Unemployment Benefits may be subject to penalties of law - up to and including **FELONY** prosecution.

I agree to the above.

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Your confirmation number is: 201001001506.

Your application is complete, but you need to file a weekly claim certification for each week you are unemployed.

- A claimant handbook is available online at <http://dwd.wisconsin.gov/uiben/handbook/default.htm>. **Please be sure to read the handbook as you are held responsible for knowing the information.**
- **You are required to file a weekly claim for each week that you are unemployed or your hours are reduced.** No payment will be made for a week until you have filed for that week. If you have pending issues on your claim, you still need to file an online weekly claim for each week. If you work during the week, you must report your income for the week, even if you have not been paid for that time yet. For additional instructions on how to complete a weekly claim, [Click Here](#).

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WEEKLY CLAIM INSTRUCTIONS

- **WHEN** to file your weekly claim -- **166**
 - File your first weekly claim during the week of Sunday **10/04/2020**. At that time you will complete your claim for the previous week; **09/27/2020** through **10/03/2020**.
 - Continue to file your weekly claim **for each week** while you remain unemployed or your hours are reduced.
- **HOW** to file your weekly claim --
 - You must file your weekly claim online at my.unemployment.wisconsin.gov;
 - If you return to work or stop filing for any reason, you must reopen your claim when you are again unemployed or your hours are reduced. You must resume your claim online at my.unemployment.wisconsin.gov.
- For additional instructions on how to complete a weekly claim, [Click Here](#)
- **Be sure to click on the Return to My UI Summary button and then Logout.** Otherwise, the next user could view your confidential data. This is especially important if you are using a shared PC in a public location such as a library.
- **To register for work or to get help finding a job visit Wisconsin Job Service:**

[Continue to Job Service Registration](#)[Return to My UI Summary](#)

Claim Progress **167**

If you have completed a section, you may click on the section to review or change an answer. If you have not yet visited a section, you will not be able to go to that page. If you are done making changes to your claim you can re-submit your claim by clicking on 'Review and Submit' section.

[What do the colors mean?](#)

Not Visited

Completed ✓

Next Available ★

Incomplete ▲

Stopped ■

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Citizen Status ✓

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Self Employment

Pension or Retirement Pay

Vacation Or Dismissal Pay

Social Security Disability

5) Payment & Withholding

Payment Method

Tax Withholding

6) Review & Submit

Claim Review

Instructions and Next Steps

Submit Claim

Your initial claim is already complete

If you no longer wish to file a claim for Unemployment Insurance, you may withdraw your claim or you have the option to change your answers.

168

- Withdraw your initial claim**
- Change answer on completed claim**

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CLAIM WITHDRAWAL CONFIRMATION

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- You have selected the option to withdraw a claim previously submitted.
- Withdrawing your claim means your previously completed claim will be deleted and all previous answers gone.
- **If you choose to initiate a claim in the future, you will be starting over.**

Explain your reason:

(maximum 70 characters)

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Application Timed Out

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For your protection you have been logged out due to the length of time you have been in the application.

If you need information regarding your claim or need to continue a claim you started earlier, please click on the "Return to UI Logon" button and logon again.

[Hours of Operation and Phone Numbers](#)

If you were filing your Initial Claim and just clicked "Next" on the previous page, the questions on that page will have to be answered again.

All of your answers on completed pages will be saved for you.

[Return to UI Logon](#)