

STATE OF FLORIDA
 AGENCY FOR WORKFORCE INNOVATION
 D.U.A. CLAIMS
 PO DRAWER 5350
 TALLAHASSEE, FL 32314-5350

TO _____

DATE _____
 Claimant _____
 S.S. Acct. No. _____

The above claimant has filed a Disaster Unemployment Assistance Claim (DUA) in Florida under FEMA# _____. The claimant has stated that work was performed in your state during the period of _____ through _____. Although these wages are not in the base period, may not be covered employment, and you are not requested to transfer such wages, they are needed in the computation of the DUA Weekly Assistance Amount. No charges will be levied against your state in connection with this DUA claim.

Your cooperation and prompt reply will be greatly appreciated as no DUA weekly assistance allowance can be paid to this claimant until this information is received.

Claimant listed the following employment:

Please provide the following information and return to the address above.

Employer Name:	Dates worked: From _____ Thru _____
Payroll Address:	Number of weeks worked _____
Where Work Performed:	Gross wages paid \$ _____
Type of Work: _____ From: _____	Dates Worked Thru: _____
Employer Name:	Dates worked: From _____ Thru _____
Payroll Address:	Number of weeks worked _____
Where Work Performed:	Gross wages paid \$ _____
Type of Work: _____ From: _____	Dates Worked Thru: _____

Replying Agency Comments:

Replying Agency Representative
 (Signed) _____
 Title _____
 Date _____