

DEPARTMENT OF ECONOMIC OPPORTUNITY  
STATE OF FLORIDA  
DISASTER UNEMPLOYMENT ASSISTANCE

AFFIRMATION OF EMPLOYMENT

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ SS# \_\_\_\_\_, hereby personally affirm that I was **EMPLOYED** in the county stated above on \_\_\_\_\_. To support my claim for **EMPLOYMENT** I offer the following statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further state that I understand that the Florida Reemployment Assistance Law/Disaster Unemployment Assistance and the Stafford Act provides penalties for knowingly making false statements for the purpose of obtaining RA/DUA benefits. I, therefore, declare that the statement I have made in connection with this claim is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Claimant's Signature                      Date                      Department Representative

**Note:** You must **provide documentation of employment and earnings within 21 calendar days** of the date you file your claim. Failure to do so can result in a reduction of your DUA weekly assistance amount and an overpayment or you may be disqualified from receiving benefits. However, documentation submitted with a request for reconsideration anytime during the twenty six week disaster assistance period may be accepted.