PO Box 15130 Albany, NY 12212-5130

WE ARE YOUR DOL



Request for Rate Based on Weeks of Employment

To request a benefit rate based on weeks of employment, you must complete this form and return it to the above Department of Labor address with a copy of your proof of employment and earnings for each week of employment for the base period indicated below. It must be received within ten calendar days of the Date Mailed as stated on your most recent Monetary Benefit Determination. Do not send the originals of your supporting payroll documents as they cannot be returned. Your Request for Rate Based on Weeks of Employment cannot be processed until all Requests for Reconsideration have been reviewed and the establishment of your base period has been finalized. You will be notified of the action taken regarding your request within three weeks of receipt.

Complete only the front of this form if you have worked for one employer or you have worked for two or more employers consecutively. If you worked during the same week(s) for two or more employers, complete the worksheet on the back of this form first and transfer the appropriate information to the front of the form. If you have more than seven employers during the base period, list the information on a separate sheet of paper and attach it to this form.

		Piease print clearly_		
Last Name	:	First name:		Middle Initial:
Address: _				
		Sta	ite: Zi	p:
Social Sec	curity Number: XXX – XX	<- <u></u> _		
Base Peri (Enter the	iod: From _ se dates from the previo	Throughusly issued T402, Monetary Bei	nefit Determination)	
A. Emp Addr		B. Length of Pay Period; i.e. weekly, bi-weekly, etc.	C. Total Weeks Paid During Base Period	D. Total Wages Paid During Base Period
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
E. Total	Weeks and Wages Wo	rked During the Base Period		\$
F. Tota	Weeks Worked from Pa	art 2 (on back)		
	omputation Formula: Divide the total wages the average weekly w	by the total weeks (the lesser o	of E or F) to calculate	\$
2.	Divide the average we on weeks and wages.	ekly wage by 2 to arrive at your The rate cannot exceed \$504	proposed rate based	\$
3.	Enter your current ber Determination form	nefit rate from your last T402 Mo	onetary Benefit	\$
4.	Subtract line 3 from lir the recomputed rate b	ne 2. The amount must be \$5 o ased on weeks and wages	r more to receive	\$
Certificati	ion: I certify that all info information is subje	rmation and records submitted a ect to verification and penalties o	are true and accurate. I can be imposed for false	understand that this statements.
Signature:		Date:	_//Telep	hone No.:
LO 403.5 (6	 6/22)			

W E	ARE	YOUR	DOL
	NEW YORK STATE	Department of Labor	

Request for Rate Based on Weeks of Employment Part 2 - Record of Concurrent Employment in Base Period

SS# XXX – XX	X	 NAME: Ba															_ Base Period: From// Thru												 _//											
Weeks → : Employer ↓	*																																							

PHOTOCOPY THIS FORM IF YOU WORKED FOR MORE THAN 7 EMPLOYERS DURING YOUR BASE PERIOD

INSTRUCTIONS:

- 1. * List all week ending dates (Sunday) for your entire base period. See **T402 Monetary Benefit Determination** for dates of your base period.
- 2. Enter a check mark (✓) in the chart above for each week in which you worked for each base period employer.
- 3. Total the number of weeks for each employer and enter on the front of this form with the wages for each employer.
- 4. Using chart above, count each week for which you have entered a checkmark. Count each week only once even if you have more than one **checkmark for that week**. This will be your total weeks of employment in your base period. Enter this amount here _____ and on "Total Weeks Worked Part 2," line "F" on the front of this form.

Photocopy & enclose proof of employment for all weeks worked for each employer. *Do not send original documents.*