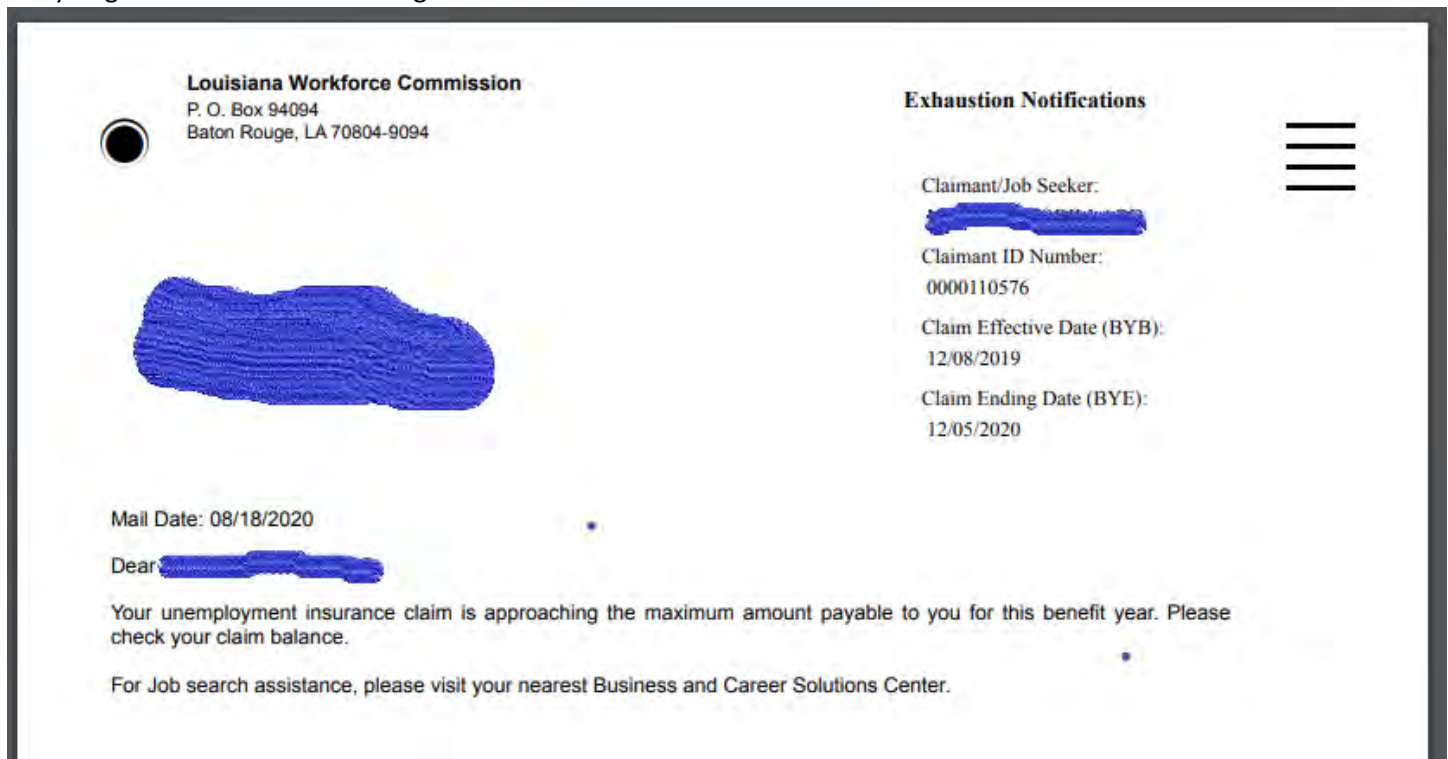


Refiling due to Monetary or Date Exhaustion

Did you get an email with a message like this?



And on your claim summary, you see this

Claim Details

Below are the details of your current benefit claim. You may find more information by clicking the *More Information* link.

Claim #:	4316735	Claim Effective Date:	12/8/2019
Claim Type:	New	Benefit Year End Date:	12/5/2020
Claim Status:	Benefits Exhausted	Payment Type:	Direct Deposit
Available Credits:	\$6,422.00	Weekly Benefit Amount:	\$247.00
Claim Benefit Balance:	\$0.00	Claim Under Review:	No
Claim Benefit Paid	\$6,422.00	Unresolved Issues:	Yes
Federal Tax Withheld:	No	State Tax Withheld:	No

IF YOU SAW THIS, then you need to Refile. Please follow the steps below. If you do not see this or have a Date Exhaustion, then you DO NOT need to refile. Resume your quarantine and continue to file weekly certifications. If you are not sure, please email sect@iatse478.org with your username and password and Dawn will let you know if you need to refile.

BEFORE YOU REFILE!!!! Make sure your final payment has processed. **AND TRY TO DO THIS IN THE SAME WEEK** as that payment.

#	Week Ending	Certification Filing Date	Benefit Pay Date	Payment Number	Benefit Amount
36	08/15/2020	8/17/2020 3:19:02 AM	8/18/2020	17475948	\$247.00

From your Claim Summary Screen, SELECT ALL the text in summary. Copy it. Paste it into an email or document so you have the record. It will go away when you refile your claim. It also helps with info as you refile.

Extended Call Center hours: 8 a.m. - 7 p.m., Mondays-Fridays; 8 a.m.-5 p.m., Sundays.
American Job Centers are managed locally. Operational status may vary by location. Please call your local office to confirm whether it is open.

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navigation menu. You can move messages from the folders to your custom folders by either dragging and dropping them in the custom folders or by using the Move to Folder link.
WARNING: Always be on the lookout for job scams! [Learn more](#)

[Individual Portfolio]

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For help click the information icon.

Information (BK1)
File a Claim
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Redetermination of a Benefit Amount
Employment Strategy

Access Message Folders with Alt and/or Shift + O then arrow up or down.
Access Messages with Alt and/or Shift + M.

<https://www.louisianaworks.net/hire/vosnet/ui/claimanteligibility.aspx>

Under Services for Individuals / Unemployment Services / select File a Claim

louisianaworks.net/hire/vosnet/communications/messagecenter/messagecenter.aspx

www.louisianaworks.net says
You are current in filing Weekly Certifications. If you need to file a claim to report additional employment or for some other reason, click OK. If you want to File your Weekly Certification, click Cancel

OK Cancel

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For help click the information icon.

Information (BK1)
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Access Message Folders with Alt and/or Shift + O then arrow up or down.

You will probably see this box pop up. Click OK

You will then see this screen. Click next

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LOUISIANA WORKFORCE COMMISSION
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Please review your unemployment claim eligibility below.

Claimant Eligibility

If you want to review the information and preferences you entered when you created your account and make any changes or updates that are needed, click "Next" at the bottom of this screen. After reviewing your information and preferences, you will be given the option to file a claim.

Next >>

Return to Previous Page

Click through the usual questions.

Beginning Aug. 9, individuals who file for weekly unemployment benefits will need to include work searches. If an "inadequate work search" issue is generated, please allow the UIC 24 hours to review first and possibly resolve before contacting us. Qualified claimants will still be paid benefits, subject to eligibility.

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Please review the following information below and click the Next button when you are finished.

Unemployment Insurance Claim Filing Process

Eligibility Registration Work History
Certification Complete

+ Indicates required fields. For help click the information icon.

Work History Verification

* Did you work between 4/1/2019 and 3/31/2020? ☒ Yes ☐ No

If you answer Yes to this question, you will have to enter at least 1 Employment History while filing this claim.

<< Back Next >>

View My Documents
Upload a Document
Scan a Document

+ Indicates required fields. For help click the information icon.

States You Have Worked In

* Have you worked in two or more states between 4/1/2019 and 3/31/2020? ☐ Yes ☒ No

States Where You Have Claimed Unemployment

* Have you claimed unemployment insurance benefits within the last 12 months? ☒ Yes ☐ No

Select all states where you have applied for unemployment insurance benefits within the last 12 months.

☒ Louisiana

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii
<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Maine
<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico
<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico

If you are reopening a claim, be sure to click **yes and Louisiana**

Watch the Citizenship question to make sure it is answered and the Child Support question. Sometimes it changes from your last entry.

Citizenship

* Citizenship:

Disability

Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.

* Do you wish to disclose a disability?

☐ Yes, I have a disability I wish to disclose.

☒ No, I do not have a disability.

☐ I do not wish to answer.

Child Support Deductions

* Do you pay or owe child support? ☐ Yes ☒ No

Education Information

* Your Highest Education Level Achieved:

If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.

* Are you attending school?

* Do you have specific plans to enroll or attend school or vocational training in the next 12 months? ☐ Yes ☒ No

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Next >>

Make sure to click NO for school as this button is not usually populated

Employment Information

* **Current Employment Status:**

* **Type of business worked in:**

* **Unemployment Eligibility Status?**

* **UI Referred by Status:**

* **Claimant has been exempted from work search** ☐ Yes ☒ No

* **Are you currently looking for work?** ☒ Yes ☐ No

* **Do you have any related licenses or certifications?** ☐ Yes ☒ No

Have you recently relocated due to a recent major disaster (e.g. hurricane)?

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?

- ☐ Yes, I have recently received a notice of termination, layoff or military separation.
- ☒ No, I have not recently received a notice of termination, layoff or military separation.

Say NO to the termination notice here at the bottom The other answers are marked correctly above.

Extended Call Center hours: 8 a.m. - 7 p.m., Mondays-Fridays; 8 a.m.-5 p.m., Sundays.
American Job Centers are managed locally. Operational status may vary by location. Please call your local office to confirm whether it is open.

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Please enter the following information below and click the Next button when you are finished.

Unemployment Insurance Claim Filing Process

Eligibility

Registration

Work History

Certification

Complete

Indicates required fields.

For help click the information icon.

Employment - Status

* If offered a job today, could you accept? ☒ Yes ☐ No

* Are you self-employed, or the owner, or operator of a business or farm? ☐ Yes ☒ No

* Are you an elected official? ☐ Yes ☒ No

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Next >>

Pick yes for **self employed** if you file a separate business return or a Schedule C when you file your taxes and it is your primary source of income. This is only to help get you enough wages. **If you work regularly for a payroll company, then you will not need to list self employment earnings. If the income is only for kit rental, then DO NOT list Self Employed.**

5

Employment - Miscellaneous

* Since you have become unemployed, are you working on a commission basis? ☐ Yes ☒ No

* Are you attending school or training? (For the purposes of your work availability, answer No if you're participating in online courses or taking classes at night.) ☐ Yes ☒ No

* Did you become unemployed or partially unemployed as a direct result of a foreign trade competition covered by a [Certified Trade Petition](#)? (If not sure, answer No.) ☐ Yes ☒ No

* Have you been employed by a public or private school during the past 18 months? (Answer No if you are a [Head Start](#) employee or day care employee.) ☐ Yes ☒ No

* Are you filing for Unemployment Insurance benefits for reasons related to COVID - 19 (Coronavirus)? ☒ Yes ☐ No

<< Back Next >>

NEW SCREEN – Pick YES for COVID

Major Disaster Information

* Are you unemployed as a direct result of a pandemic or major disaster? ☒ Yes ☐ No

* In what state were you affected?
Louisiana

* What was the major disaster?
COVID-19

Self Certification

* Do you have the ability to telework with pay? ☐ Yes ☒ No

* Are you receiving or will you receive paid sick leave or other paid leave benefits? ☐ Yes ☒ No

* How did the COVID-19 pandemic cause your unemployment or partial unemployment?
Select all that apply.

- ☐ You have been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis.
- ☐ A member of your household has been diagnosed with COVID-19.
- ☐ You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.

Another new Screen. This starts out as one question at the top. See the next photo for the continuation of answering the questions.

Document Management

- ☐ You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.
- ☐ A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work.
- ☐ You are unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- ☐ You are unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☒ You were scheduled to commence employment and do not have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency.
- ☐ You have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.
- ☐ You had to quit your job as a direct result of COVID-19.
- ☒ Your place of employment is closed as a direct result of the COVID-19 public health emergency.
- ☐ A reason not listed above.

* Are you self-employed? ☐ Yes ☒ No

Be sure to click yes on these two for sure. If anything else applies to you, then click it off as well. One more screen below.

* Are you self-employed? ☐ Yes ☒ No

* When was your last day of work?
 (mm/dd/yyyy) [Today](#)

* During the last 18 months did you work for an employer or earn wages not covered under state unemployment law? (For example, religious or charitable organizations, elected officials, etc.) ☐ Yes ☒ No

Acknowledgement

* I acknowledge that I understand that making this certification is under penalty of perjury and that intentional misrepresentation can be determined as fraud. I also acknowledge that quitting work without good cause to obtain unemployment benefits is fraud under Pandemic Unemployment Assistance. Also, I acknowledge that I understand that I may be subject to criminal prosecution if I am found to have committed fraud.

☒ Yes, I understand

<< Back Next >>

If you have a different last date, use it. This is what most people would have based on the shutdown of the Film and Television Industry.

UNION PAGE

MAKE SURE THIS SCREEN IS FILLED OUT LIKE THIS!!!!!! This is how you DO NOT have to do the weekly work search.

Job Seeker Services

- Education Services
- Labor Market Services
- Community Services and Benefits
- Financial Services
- Employer Services
- Unemployment Services
- Veteran Services
- Youth Services
- Senior Services
- Disability Services
- Workplace Training
- Staff Provided Services
- Other Services**
- Communication Center
- Appointment Center
- Assistance Center
- Learning Center
- Customer Satisfaction Survey

Labor Union Member

* Are you a member of a labor union which finds / obtains work for its members? ☒ Yes ☐ No

Search for Union:

I Atse Local 478-MOTION Pctr, 432 N Anthony St, New

Union Number:

Union Name:

Union Street Address:

Zip code:

City:

State:

Phone Number: - -

* Do you use the Union Hiring Hall as your sole method for Job Seeking? ☐ Yes ☒ No

* Are you a paid-up member of a Craft Union obtaining work through a Union Hiring Hall? ☒ Yes ☐ No

* Do you have an expected return to work date? ☐ Yes ☒ No

In the search, start typing **I A** and it should pop up. Don't worry about correcting the address. The radio buttons are marked as they should be. If you are not a union member and reading this, then clearly, you say no to the union question at the top. Or for other locals, you should choose your union. If you are IATSE and cannot easily find your union, use Local 478 and let me know that is what you did.

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Disability Services

Workplace Training

Staff Provided Services

Other Services

Communication Center

Appointment Center

Assistance Center

Learning Center

Customer Satisfaction Survey

Job Title

Please enter a job title below. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

*What is your desired job title?

Your desired job and occupation titles can be changed at any time after registration.

Job Occupation

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s):

None Selected

[Search for an occupation]

*Occupation Title: **Camera Operators, Television, Video, and Motion Picture**

*Occupation Code: **27403100**

<< Back

Next >>

Job Title is whatever your primary craft is. Be sure to choose **Camera Operator** in Job Occupations when a Job Occupation is listed. It is the way we are grouping all film and television workers. If you didn't do it, it will be okay. Next are the following screens

Ethic

Military Service

Driver's License

* Indicates required fields.

For help click the information icon.

Comments and Clarifications

If you have any comments or clarifications concerning your claim, enter them here.

Refiling due to Monetary Exhaustion

✓

[Spell Check]

Payment Deductions

*Do you want Federal Tax withheld? ☐ Yes ☒ No

(If yes, it would be 10.00 % of the weekly benefit amount):

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Next >>

This is usually the Banking Page. As long as you have direct deposit set up, it will not ask you any questions about your banking preference

This is what I put in the box. - refiling claim due to Monetary Exhaustion

Be sure to make your own decision about if you want the taxes withheld on the account. This can be changed later if you wish.

LOUISIANA WORKFORCE COMMISSION
The Department of Labor

Thank you for verifying your claim registration information.
Please follow the directions below in order for your claim to be processed.

Unemployment Insurance Claim Filing Process

Eligibility Registration Certification Complete Work History

• Indicates required fields. For help click the information icon.

Unemployment Compensation Claim Extension

If you have worked since the last time you filed for unemployment compensation, please click the *I have worked since my last filing* button below. Otherwise, click the *I have NOT worked since my last filing* button below to continue processing your claim.

I have worked since my last filing

I have NOT worked since my last filing

If you Have **NOT** worked since your last filing Click the bottom option. **Skip to the top of Page 12**

If you **HAVE** worked since your last filing press the top one. You will need to put in any employers you have worked since the last time you filed. You do not have to 2 years.

Employer

* **Employer Name:** Cast & Crew Production Payroll Inc

* **Address:** 3021 Ursulines Ave

Address 2:

* **Zip Code:** 70119-

* **City:** New Orleans

* **State / Province:** Louisiana

* **Country:** United States

* **Phone Number:** 818 - 848 - 6022 Ext: Type: Work Phone

In this section, the system would like to get the industry classification information for this employer. It may have been preset for you below based on the employer information you entered. If it has not been preset below, click [Search for Industry Code \(NAICS\)](#) below to search for an appropriate industry classification for the employer entered.

* **Employer's NAICS code (the primary industry of the employer):**

[Search for Industry Code \(NAICS\)](#)

512110

Don't worry about changing the address for the employer

The **NAICS** code to use is **512110** if you need to put it in. Search for it by the number

Management
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* Did you earn at least \$2,470 from this employer? ☒ Yes ☐ No

* Is this your last employer? ☒ Yes ☐ No

* Enter the EMPLOYER'S name (not your name) as shown on your check stub:

If Maritime, enter the vessel name:

Job Title

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

* Job title:

Answer the above questions appropriately. Job title is what you usually do.

Occupation
[Search for an occupation]

* Occupation title: Camera Operators, Television, Video, and Motion Picture

Occupation code: 27403100

Position

* Type of employment:

* Full or part-time:

* Number of hours a week you normally work? (excluding overtime):
Whole Hours:
Partial Hours:

* Gross Salary:

* Salary is based upon:

* Salary is commission-based: ☐ Yes ☒ No

* Date you began work: (MM/DD/YYYY) Today

Make sure the occupation is **Camera Operator**

The position information auto filled from what was last listed. Make sure it is correct. The start date can go all the way back as far as you started working for that payroll company. They can lump together.

Currently Employed:

* Are you currently employed with this employer? ☐ Yes ☒ No

* Gross earnings this week:

Employer's Reason for Separation: Not Yet Submitted

Partial Employment is defined as a reduction in your normal and customary hours with your regular full-time employer due to a lack of work.

* Reason for Separation:

* Last day worked: (MM/DD/YYYY) Today

Duration of Job: 0 Year(s) 6 Month(s) 1 Day(s)

* Does the employer intend to recall you within 6 weeks? ☐ Yes ☒ No

* Were you separated from this job because you had family responsibilities that you had to attend to? ☐ Yes ☒ No

* Was this employment with an educational institution? ☐ Yes ☒ No

* Were you an employee of the Head Start Program and does this employer intend to recall you to? ☐ Yes ☒ No

Currently Employed:

* Are you currently employed with this employer? ☐ Yes ☒ No

* Gross earnings this week: \$ 0.00

Employer's Reason for Separation: Not Yet Submitted

Partial Employment is defined as a reduction in your normal and customary hours with your regular full-time employer due to a lack of work.

* Reason for Separation: Disaster / Pandemic Lack of work ▼

* Last day worked:

03/13/2020 (MM/DD/YYYY) Today

You indicated the date as March 13, 2020

Duration of Job: 2 Year(s) 1 Month(s) 17 Day(s)

* Does the employer intend to recall you within 6 weeks? ☐ Yes ☒ No

* Were you separated from this job because you had family responsibilities that you had to attend to? ☐ Yes ☒ No

* Was this employment with an educational institution? ☐ Yes ☒ No

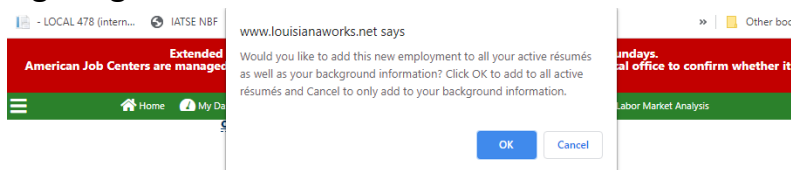
* Were you an employee of the Head Start Program and does this employer intend to recall you to work? ☐ Yes ☒ No

NEW Reason for separation!!!

It also saved all the info from last time until the last radio buttons.

All the buttons to the end are NO. In the text box slightly describe what you do.

Lighting technician for film and television. Or what you put before may already be there.



Pension / Retirement Information

Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.

* Pension / retirement benefits: ☐ Yes ☒ No

* 401K / 403B / Personal IRA / KEOGH: ☐ Yes ☒ No

* Military service connected disability compensation (Answer No if paid by VA): ☐ Yes ☒ No

Workers' Compensation Information

If you received or will be receiving Workers' Compensation payments from this employer, please provide the information below.

* Received Workers' Compensation: ☐ Yes ☒ No



when you hit save at the end, you can click cancel on the 3 pop up boxes in blue. They just want you to save these things to a resume in their system.

If you had errors, make sure to correct them.

Once you enter one employer in, you should be able to tell it No to additional work and it will take you through the summary screens where you double check the wages. (sorry didn't have some who worked to screenshot for this)

You are now at this screen because you did NOT work since your last filing, or you have entered the employer information.

Beginning Aug. 9, individuals who file for weekly unemployment benefits will need to include work searches. If an "inadequate work search" issue is generated, please allow the LWC 24 hours to review first and possibly resolve before contacting us. Qualified claimants will still be paid benefits, subject to eligibility.

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LOUISIANA WORKFORCE COMMISSION
The Department of Labor

Please review the information below.
Click Next to continue.

Unemployment Insurance Claim Filing Process

Eligibility Registration Work History
Certification Complete

Unemployment Insurance Claim Confirmation

You can check what we currently have on file for your unemployment claim. Click the *Review My Claim* link below. If you do not need to check your information, just click *Next*.

[[Review My Claim](#)]

Next >>

Click Next. DO NOT REVIEW THE CLAIM

Beginning Aug. 9, individuals who file for weekly unemployment benefits will need to include work searches. If an "inadequate work search" issue is generated, please allow the LWC 24 hours to review first and possibly resolve before contacting us. Qualified claimants will still be paid benefits, subject to eligibility.

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- Disability Services
- Workplace Training

Eligibility Registration Work History
Certification Complete

Important Agreement

I want to claim Unemployment Insurance benefits against the State of Louisiana.

I certify that the information I give in this claim is true to the best of my knowledge. I understand that giving false information can be penalized as perjury. As listed in portions of the Privacy Act of 1974 (P.L. 93-579), I allow my former employer(s) to release all information requested for this claim. I am providing my Social Security Number as required by the Deficit Reduction Act (P.L. 98-369) as a condition of eligibility. I understand that information regarding my claim may be given to requesting agencies as defined in the Deficit Reduction Act to verify my income and eligibility.

I also understand that there is no provision in the Louisiana Employment Security Law to cancel/withdraw a claim, and approval of any subsequent decision to cancel/withdraw this claim is at the discretion of the Louisiana Workforce Commission as the unemployment insurance administrator.

☒ Yes, I want to file this claim. ☐ No, I do not want to file this claim.

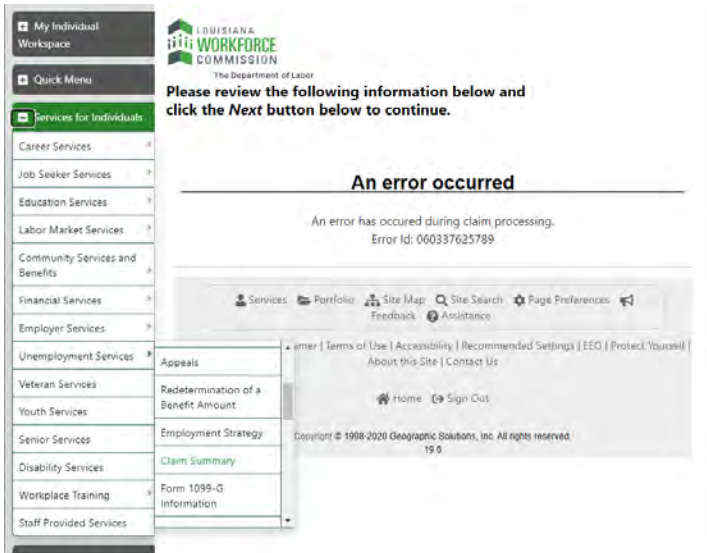
Next >>

Next is the Check the Box Screen – I promise to play by the rules!

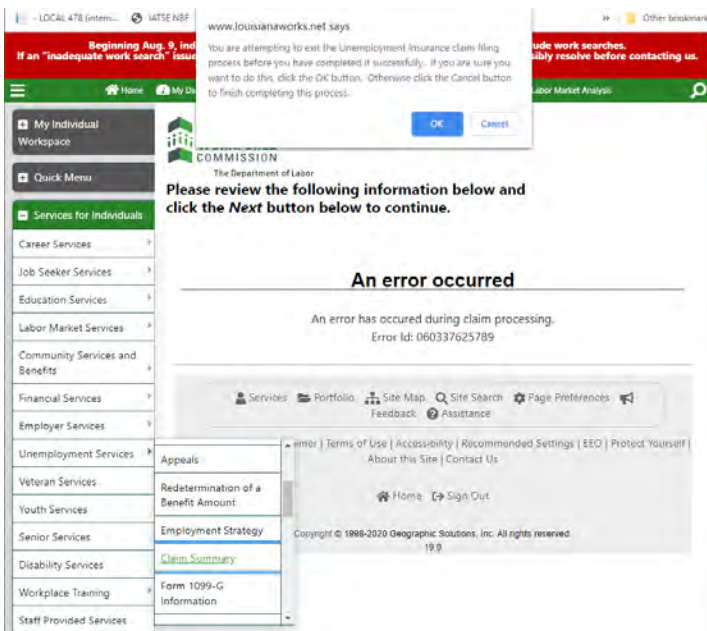
(Sorry didn't think you needed the screenshot of this)

Then the summary of the check the boxes screen. Click next at the end. Then go to your Claim Summary (skip page 13)

If you get this screen after the check the box screen, **DON'T PANIC!** It's a glitch but everything probably worked.



Click to go back to your Claim Summary and this popup will show up



Click OK

Beginning Aug. 9, individuals who file for weekly unemployment benefits will need to include work searches. If an "inadequate work search" issue is generated, please allow the LWC 24 hours to review first and possibly resolve before contacting us. Qualified claimants will still be paid benefits, subject to eligibility.

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[[Edit Information](#)]

Claim Details

Below are the details of your current benefit claim. You may find more information by clicking the [More Information](#) link.

Claim #:	5912583	Claim Effective Date:	8/16/2020
Claim Type:	New	Benefit Year End Date:	12/26/2020
Claim Status:	Regular Active	Payment Type:	Direct Deposit
Available Credits:	\$3,211.00	Weekly Benefit Amount:	\$247.00
Claim Benefit Balance:	\$3,211.00	Claim Under Review:	No
Claim Benefit Paid:	\$0.00	Unresolved Issues:	Yes
Federal Tax Withheld:	No	State Tax Withheld:	No

[[More Information](#)]

Outstanding Claim Issues

No Outstanding Issues have been found for this claim.

Payment Summary

Below are the details on how each weekly payment was determined.

No records found

Your new claim summary should look like this. (Now you are glad you copied and pasted your summary before you refiled)

Start filing your weekly certifications the following week according to the schedule based on the last number of your Social Security Number. If you filed in the same week as you hit your exhaustion, then you should not miss a week.

It does sometimes take them a week or two to process these. Please be patient there will be many people doing this at the same time.