



Effective February 22, 2009, the State of Nevada's unemployment rate reached a level that automatically triggered the State Extended Benefits (SEB) unemployment program. This program allows extended benefits for individuals who have exhausted all other unemployment benefits and meet the eligibility requirements for State Extended Benefits. As you have established a claim for extended benefits, SEB may provide *up to* twenty additional weeks of benefits. The weekly benefit amount will be the same amount you have been receiving.

Reopening an existing SEB claim is not available on the Internet. You must call one of the following telephone numbers and choose option '5' in order to reopen your SEB claim:

Southern Nevada: (702) 486-0350
Northern Nevada: (775) 684-0350
Toll Free: (888) 890-8211

In order to file your weekly claims, complete and mail the enclosed paper weekly claim forms. You will no longer be able to file your weekly claim by telephone or over the Internet. Please carefully review the enclosed information and instruction sheets.

- Notice of Claim Filing for State Extended Benefits
- Eligibility Conditions for State Extended Benefits
- Weekly Claim Forms (see instructions to determine which weekly claims to send)

Do not return *any* SEB weekly claim forms until the week ending date has passed and the form has been completed. Each weekly claim form must be signed and contain your weekly work search activity for that week. Failure to provide a work search will result in a denial of benefits.

The availability and work search requirements for SEB are more stringent than other unemployment programs. In almost every circumstance, you will be required to seek and accept any work you are capable of performing that pays higher than the minimum wage. Please note that this is now part of the weekly claim form and the State of Nevada will be verifying work search records.



Efectivo a partir del 22 de Febrero del 2009, la tasa de desempleo del estado de Nevada alcanzó un nivel que automáticamente comenzó el programa de los Beneficios de Extensión del Estado (SEB).

Este programa permite el extender beneficios a individuos quiénes hallan agotado todo otro beneficio de desempleo y cumplan los requisitos de los Beneficios de Extensión del Estado. Si usted es elegible para los beneficios extendidos, el SEB podría proveer *hasta* 20 semanas más de beneficios. El pago de beneficios semanales sería de la misma cantidad que ha usted estado recibiendo.

El aplicar o archivar para el programa SEB no está disponible en el Internet. Usted deberá llamar uno de los siguientes números telefónicos, y escoja la opción 2 para Español y luego el 5 para poder establecer su reclamo SEB:

Sur de Nevada: 702-486-0350

Norte de Nevada: 775-684-0350

Gratuito fuera de el área: 800-890-8211

Después que su reclamo halla sido establecido, complete y mande por correo las formas semanales de reclamo adjuntas. Ya no podrá archivar sus reclamos semanales por teléfono ó por el Internet durante este programa. Por favor, cuidadosamente, revise la información adjunta y las hojas de instrucciones.

- Aviso de Archivo de Reclamo para Beneficios de Extensión del Estado.
- Condiciones para Calificar para los Beneficios de Extensión del Estado.
- Formas de Archivo Semanales (vea las instrucciones para determinar cuáles formas semanales enviar)

No envíe ninguna forma de archivo semanal de SEB hasta que usted hubiese llamado y hablado con un representante de reclamos. Debe usted primero el llamar al Centro de Llamadas de Reclamos y archivar su reclamo de Beneficios de Extensión del Estado (SEB).

Los requisitos de disponibilidad y de búsqueda de trabajo para el programa SEB son más estrictos que con otros programas de desempleo. En casi toda circunstancia, está usted requerido el que busque y acepte trabajo cual tenga usted la capacidad física de hacer, y que pague más del salario mínimo.

Note que ésto es ahora parte de la forma de reclamo semanal, y el estado de Nevada es requerido el verificar cada record.



State Extended Benefits (SEB) Claim Filing Instructions

- Read the enclosed Eligibility Conditions for State Extended Benefits.
- Your SEB claim is effective the Sunday of the week in which you established your claim. The monetary determination will inform you of the actual number of weeks you are eligible to receive and the effective date of your SEB claim. Any additional monetary redeterminations you may receive will always reflect the total amount of SEB benefits you may be entitled to receive.
- You have been issued twenty (20) blank Weekly Claim for State Extended Benefits forms (Form NUCS SEB). The first weekly claim that can be filed for your SEB claim is the Saturday following the effective date of your claim. The unemployment week begins on Sunday and ends at Saturday, midnight. The Saturday week ending date must be entered on each weekly claim form before being returned and the week must have expired. The weekly claim form must also be signed and the work search activity section **must** be completely filled out. (See the enclosed sample weekly claim form).
- If you have a change in your mailing address, please advise our office immediately.
- Return the completed Weekly Claim for State Extended Benefits forms (Form NUCS SEB) for the weeks that have **expired** (passed). Please hold any Weekly Claim for State Extended Benefits forms for weeks that have not yet **expired** (passed). Once the week has **expired** (passed), then mail the Weekly Claim for State Extended Benefits form to:

**STATE OF NEVADA
DETR, EMPLOYMENT SECURITY DIVISION
ATTN: SEB WEEKLY CLAIM FILING
500 EAST THIRD STREET
CARSON CITY, NV 89713-0047**

The weekly claim form can also be faxed to: (775) 687-3444 or (702) 486-5351, Attn: SEB Weekly Claim Filing.

Mailing or faxing the enclosed weekly claim forms before the week has **expired** (passed) may interfere with processing your weekly claim and could delay your SEB payments.



Instrucciones para Archivos de Reclamos de Beneficios Extendidos del Estado (SEB)

- Lea “Condiciones de Elegibilidad de Beneficios Extendidos del Estado” incluido.
- Su reclamo de SEB es efectivo el Domingo de la semana en la que estableció su reclamo. La determinación monetaria le informará del numero de semanas para las cuales es elegible a recibir, y la fecha efectiva de su reclamo. Cualquier redeterminación monetaria adicional que pueda recibir reflejarán la cantidad de la suma total de beneficios de SEB a los cuales podría tener derecho.
- Se le mandan 20 hojas vacias de las formas semanales de beneficios (Forma NUCS SEB). La primer forma semanal que puede someter para reclamo de su SEB es del Sábado después del Domingo de la fecha efectiva de su reclamo. La semana de Desempleo empieza el Domingo y termina el Sábado media noche. La fecha del Sábado en la cual la semana se terminó debe ser entrada en la forma semanal de reclamo antes de ser enviada, y la semana debió ya haber pasado. La forma tambien debe ser firmada y la sección de búsqueda de trabajo debe ser llenada por completo. (Vea la forma de ejemplo incluida).
- Si se ha cambiado de dirección, avísenos inmediatamente.
- Regrese la forma completada (Reclamo Semanal de los Beneficios Extendidos del Estado) para las semanas expiradas que ya hallan pasado. Nó nos envíe formas de semanas cuales no hallan pasado todavía, cuales no hallan expirado. Tan pronto la semana ha pasado o expirado, entonces sí mande por correo su forma semanal a:

State of Nevada
DETR, Employment Security Division
Attn: SEB Weekly Claim Filing
500 East Third Street
Carson City, NV 89713-0047

La forma semanal tambien puede ser enviada por fax al: (775)687-3444 o (702)486-5351
Attn: SEB Weekly Claim Filing.

El enviar por correo o por fax su forma antes de que la semana halla expirado o pasado podrá interferir con el proceso de su reclamo de la semana y ocasionará un retardo en sus pagos de SEB.



ELIGIBILITY CONDITIONS FOR STATE EXTENDED BENEFIT (SEB) CLAIMANTS

Legislation has been enacted establishing stricter requirements for all individuals claiming State Extended Benefits (SEB). You must observe the following requirements to remain eligible for SEB.

Active Work Search: Regardless of your prospects for work, an SEB claimant is expected to make a more diligent and active search for work than would normally be required of an individual receiving regular benefits. To meet the availability requirements, you must make a “*good faith*” effort to find work. You must use those methods which a reasonable, prudent person, anxious to find work, would use. To meet the work search requirements, refer to the Eligibility Requirements 1-5 on pages 6 and 7 of the Nevada Unemployment Insurance Facts for Claimants Handbook. **Union attachment will no longer take the place of an active work search. You must seek work each week regardless of your union attachment, temporary layoff, or on-call status.** You must submit written evidence of your work search on the forms provided which, at a minimum, must include: a list of employers contacted, dates of contacts, persons contacted, type of work applied for, method of employer contact (e-mail, telephone, in-person, etc.), and results of your contact. Your work search contacts will be verified by a UI Representative. Failure to look for work, **for any reason**, during any week you claim will result in disqualification. Compelling or uncontrollable reasons may **not** be considered when an SEB claimant fails to seek work. The illness and disability provisions of Nevada law **do not** apply to SEB claimants.

You will be denied State Extended Benefits if you: (1) failed to look for work for **any** reason during a week claimed; or (2) failed to accept a suitable job referral by the Nevada JobConnect office; or (3) failed to accept an offer of suitable work given to you in writing.

If you are denied benefits for any of the above reasons, you will remain ineligible until you have worked at least four (4) weeks and earned a minimum of four (4) times your weekly benefit amount.

If you did not seek work during a week because you were ill, on vacation, or did not have transportation, for example, you may choose not to send in your weekly claim form for that week. Once you are able and available to actively seek work, you must reopen your claim to start receiving SEB benefits again, by contacting one of the telephone numbers listed on the letter contained in this packet.

If you move or have moved to another State: The conditions outlined above will still apply to your SEB claim if you move out of Nevada. You will still be eligible to receive SEB as long as the new state you are residing in is in an Extended Benefits period. If you move to a state which is not paying Extended Benefits, you will only be entitled to be paid for two (2) more weeks of SEB. If the state you are living in later starts an Extended Benefits period, you may be entitled to reopen the Nevada SEB claim. If you move back to Nevada, and Nevada is still in an Extended Benefits period, you may be entitled to reopen the Nevada SEB claim.

Prospects for Work: If you do not have a return to work date within four (4) weeks of the effective date of your claim, your job prospect classification will be deemed as “*not good*”. Under this provision, **any** work which is within your capabilities is considered suitable work. Your job prospects will remain as “*not good*”, until otherwise shown. You must be willing to accept **any** offer of suitable work listed with the Nevada JobConnect office or an offer in writing. **Suitable work, as defined by law, includes any job which:** (1) is within your capabilities to perform; (2) pays a gross wage exceeding your weekly benefit amount; and (3) pays not less than the State or Federal minimum wage, whichever is greater.

If you have a definite date to return to work within the next four (4) weeks, written evidence must be furnished to the Agency and will be reviewed to change your job prospect classification to “*good*”.



CONDICIONES DE ELEGIBILIDAD PARA LOS RECLAMADORES DE BENEFICIOS EXTENDIDOS DEL ESTADO. (SEB)

La legislación ha puesto en lugar requerimientos más estrictos para todos los individuos reclamando Beneficios Extendidos del Estado (SEB). SE deben de observar los siguientes requisitos para permanecer elegible para SEB.

Búsqueda de Trabajo Activa: Independientemente de sus prospectos de trabajo, un reclamador de SEB tiene la expectativa de hacer un esfuerzo más activo y diligente de búsqueda de trabajo, de lo requerido de un individuo recibiendo beneficios regulares. Para cumplir con los requisitos de disponibilidad, se debe de hacer un esfuerzo “**de Buena Fé**” para encontrar trabajo. Debe de usar los métodos cuales una persona razonable y prudente, con ansia de encontrar trabajo usaría. Para cumplir con los requisitos de Búsqueda de Trabajo vea los “Requisitos de Elegibilidad” 1-5 en las páginas 6 & 7 del Folleto de Información para los Reclamadores de Asegurancia de Desempleo de Nevada. **El pertenecer a un sindicato ya no reemplazará el mantener una Búsqueda de Trabajo Activa. Deberá buscar trabajo cada semana así sea miembro de sindicato, esté en descanso temporal, trabajando medio tiempo, ó por llamada.** Deberá someter evidencia por escrito de su búsqueda de trabajo en las formas provistas cual, a lo mínimo, debe incluir: Lista de lugares de trabajo contactados, fechas, personas contactadas, tipo de trabajo por el cual aplicó, método de contacto (e-mail, teléfono, etc...), y resultados de su esfuerzo. Sus contactos de trabajo serán verificados por un representante del Departamento. El Fallar el buscar trabajo, **por cualquier razón**, durante cualquier semana que reclame resultará en descalificación. Razones incontrolables u otras obligaciones podran **no ser** tomadas en consideración cuando un Reclamador de SEB falla el buscar trabajo. Provisiones de desabilidad y enfermedad de la ley de Nevada **no son aplicables** a los reclamadores de SEB.

Los beneficios de SEB le serán negados si: (1) Usted falló el buscar trabajo por cualquier razón durante cualquier semana reclamada; o (2) falló el aceptar referencia de trabajo aceptable de con el Nevada JobConnect; o (3) falló el aceptar una oferta ofrecida por escrito de trabajo aceptable.

Si es negado beneficios por cualquier de las razones mencionadas arriba, permanecerá descalificado hasta que halla regresado a trabajar, halla trabajado a lo mínimo 4 semanas y halla ganado 4 veces la cantidad de su beneficio semanal.

Si no buscó trabajo porque estuvo enfermo, tomó tiempo libre, o no tuvo método de transporte, por ejemplo, podría el nó enviar su forma de la semana. Tan pronto tenga habilidad de buscar trabajo y mantener record de su búsqueda de trabajo, entonces deberá re-abrir su reclamo para comenzar a recibir sus beneficios de SEB otra vez, llamando a uno de los números telefónicos listados en este paquete.

Si se cambia o se cambió fuera del Estado: Las condiciones mencionadas arriba todavía aplican a su reclamo de SEB. Todavía podrá recibir beneficios de SEB siempre y cuando el Estado al que usted se halla cambiado esté en un período de Beneficios Extendidos. Si se cambia usted a un Estado que no esté pagando beneficios de SEB, tendrá usted solo el derecho de recibir 2 semanas más de beneficios. Si el Estado al que usted se ha cambiado empieza a pagar Beneficios Extendidos, podría usted re-abrir su reclamo en Nevada. Si se cambia de regreso a Nevada, y Nevada está todavía en el período de SEB, podría tener derecho a re-abrir sus reclamo de SEB en Nevada.

Prospectos de Trabajo: Si usted no tiene fecha especifica de regreso de trabajo dentro de 4 semanas a partir de la fecha de comienzo de su reclamo de SEB, su clasificación de prospectos de trabajo sera considerada como “**Insuficiente = Not good**”. En esta provisión, **cualquier** trabajo ofrecido dentro de sus capacidades físicas es considerado trabajo aceptable. Sus prospectos de trabajo permanecerán como “**Insuficiente=Not good**”, hasta que halla muestra de lo contrario. Deberá el tener la disponibilidad de aceptar **cualquier** trabajo enlistado en el Nevada JobConnect ú ofrecido por escrito. **Trabajo aceptable es definido por ley como incluyendo cualquier trabajo cual:** (1) es dentro de sus capacidades físicas, (2) paga, antes de impuesto, un salario que es más de lo que recibe en su Beneficio por Semana, y (3) paga nó menos de el salario mínimo Estatal o Federal, cualquiera sea mayor.

Si tiene una fecha definitiva de regreso al trabajo dentro de 4 semanas próximas, evidencia por escrito deberá ser sometida al Departamento y su clasificación de prospectos de trabajo será cambiada de “**Insuficiente=Not good**” a “**Suficiente=Good**”.

SAMPLE- WEEKLY CLAIM FOR STATE EXTENDED BENEFITS (SEB)

**STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING and REHABILITATION
EMPLOYMENT SECURITY DIVISION
500 E. Third St.
Carson City, NV 89713**

Check if your address has changed and provide new address.

Indicate the **Week Ending Date** you are filing:

(Must be a Saturday date) ←
Do not return until after the week has expired.

The first week ending date you are eligible to file for will be the first Saturday after the effective date of your claim. See below.

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

A. SAMPLE - ANSWERS FOR CLAIM FOR BENEFITS

- Were you able to work **AND** actively seeking work as required for the benefit week claimed above? . . . [] YES [] NO
If "NO", explain: _____
- Did you start school **OR** attend training during the week? [] YES [] NO
- Did you refuse work **OR** did you fail to apply for a job as directed by a Nevada Job Connect office? . . . [] YES [] NO
If "YES", explain: _____
- Did you **OR** will you receive vacation pay, holiday pay, severance pay, or wages in lieu of notice during the week claimed? [] YES [] NO
If "YES", type of payment _____, Employer's Name _____
and gross amount (before taxes) paid \$ _____
- Did you work **OR** were you self-employed during the week claimed? [] YES [] NO
If "YES", gross amount (before taxes) earned, plus tips. \$ _____
Employer's Name _____
Reason for separation: Lack of work Discharge Voluntary Quit **OR** On Call Part-time Full-time

You must answer questions 1 – 5 in this section.

B. SAMPLE WORK SEARCH ACTIVITY

List the employers you contacted to seek employment during the week. Complete all information and record this information in your work search records. Work search records for all State Extended Benefits will be verified. **Failure to complete this section or listing unverifiable contacts will result in a delay or denial of benefits.** (Please print the information below)

Date	Employer's name, contact name and title	Employer Address & Phone Number or website address	Type of Work	Method/Results
05/04/10	ABC Electric Co., John Smith, owner	1 Main Street, Reno NV 775-123-4567	Electrician	Telephoned, not accepting applications
05/05/10	XYZ Systems Electric Co., Jane Doe, HR Rep	203 First St, Carson City, NV 775-456-1238	Supervisor	Filled out application in person & left resume
05/07/10	Smith & Sons Electric Co., Lucy Ball, secretary	smithsons@sbcglobal.web	Electrician	e-mailed resume, not hiring

The examples shown in these boxes are for example only, and to show you how to complete these sections.

You must provide your complete work search activity for each week. All sections must be completed.

I hereby claim benefits under Nevada law and certify my answers are true. I understand the law provides penalties for making false statements to obtain or increase benefits. A SIGNATURE IS REQUIRED FOR PROCESSING. THE FORM WILL BE RETURNED INCOMPLETE. Please return this form to DETR- Employment Security Division, Attn: SEB Weekly Claim Filing, 500 E. Third St., Carson City, NV 89713, or by fax to (775) 687-3444 or (702) 486-5351, Attn: SEB Weekly Claim Filing.

Signature of claimant _____ Date _____

You must sign and date your weekly claim form before you mail it in.

If you are uncertain what Saturday week ending date to write in the "Week ending date" box at the top right-hand side of page, refer to verbal instructions received when you established your claim or call the Telephone Claim Center.



WEEKLY CLAIM FOR STATE EXTENDED BENEFITS (SEB)

<p align="center">STATE OF NEVADA DEPARTMENT OF EMPLOYMENT, TRAINING and REHABILITATION EMPLOYMENT SECURITY DIVISION 500 E. Third St. Carson City, NV 89713</p> <p><input type="checkbox"/> Check if your address has changed and provide new address.</p>	<p>Indicate the Week Ending Date you are filing:</p> <p>_____</p> <p>(Must be a Saturday date) Do not return until after the week has expired.</p>
NAME (Last, First, Middle)	SOCIAL SECURITY NO.

A. CLAIM FOR BENEFITS

1. Were you able to work AND actively seeking work as required for the benefit week claimed above? . . . [] YES [] NO If “ NO ”, explain: _____
2. Did you start school OR attend training during the week?..... [] YES [] NO
3. Did you refuse work OR did you fail to apply for a job as directed by a Nevada Job Connect office? . . . [] YES [] NO If “ YES ”, explain: _____
4. Did you OR will you receive vacation pay, holiday pay, severance pay, or wages in lieu of notice during the week claimed? [] YES [] NO If “ YES ”, type of payment _____, Employer’s Name _____ and gross amount (before taxes) paid \$ _____
5. Did you work OR were you self-employed during the week claimed? [] YES [] NO If “ YES ”, gross amount (before taxes) earned, plus tips.. . . . \$ _____ Employer’s Name _____ Reason for separation: <input type="checkbox"/> Lack of work <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit OR <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

B. WORK SEARCH ACTIVITY

List the employers you contacted to seek employment during the week. Complete all information and record this information in your work search records. Work search records for all State Extended Benefits will be verified. Failure to complete this section or listing unverifiable contacts will result in a delay or denial of benefits. (Please **print** the information below)

Date	Employer’s name, contact name and title	Employer Address & Phone Number or website address	Type of Work	Method/Results

I hereby claim benefits under Nevada law and certify my answers are true. I understand the law provides penalties for making false statements to obtain or increase benefits. A SIGNATURE IS REQUIRED FOR PROCESSING. THE FORM WILL BE RETURNED IF INCOMPLETE. Please return this form to DETR- Employment Security Division, Attn: SEB Weekly Claim Filing, 500 E. Third St., Carson City, NV 89713, or by fax to (775) 687-3444 or (702) 486-5351, Attn: SEB Weekly Claim Filing.

Signature of claimant _____ Date _____