PO Box 15130
Albany, NY 12212-5130

NEW YORK STATE | Department of Labor

WORKING FOR YOU

IMPORTANT!
This form must be received within ten calendar days from the Date Mailed of your last Monetary Benefit Determination. **Please print clearly. If you do not, we cannot process this form.**

Unemployment Insurance Request for Alternate Base Period

Please print clearly.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Claim Effective/Start Date: ____ / ____ / _____ Claimant ID: _____ - _____

Form Requirements

If you wish to use the Alternate Base Period to increase your weekly benefit rate:

- Complete the steps below using black or blue ink.
- Include any documentation that could be considered proof of employment and wages such as pay stubs, W-2s, 1099s, vouchers, checks, tips, bonuses, meals, lodging, commissions, vacation pay and records of employment and/or payment.
- Photocopy all supporting documentation onto 8½ x 11 single-sided paper. Do not send originals.
- Write your name, your Claimant ID and your phone number on each attachment.
- This completed form and all attachments must be received within the time frame noted above in the IMPORTANT! message. **Please print clearly.**

  If the wages in your last completed calendar quarter exceed the "High Quarter Wages" on your Monetary Benefit Determination, use of the Alternate Base Period may increase your benefit rate. If you choose the Alternate Base Period to establish a claim, you will not be able to use these wages for a future claim.

Step 1 - Last Calendar Quarter Information

The last completed calendar quarter prior to your claim effective/start date is: ____ / ____ / _____ through ____ / ____ / _____

Refer to your Monetary Benefit Determination for calendar quarter dates and compare the Alternate Base Period Quarter wages with your records, then check the appropriate box below and proceed to the "Step" indicated.

☐ The Alternate Base Period Quarter Wages are incorrect or missing. (Proceed to Step 2)

☐ The Alternate Base Period Quarter Wages are correct. (Proceed to Step 3)

Step 2 - Wage Information

Complete the information below, include proof of wages and attach an additional page if you have information for more than (3) three employers.

Employer Name: _____ Quarterly Gross Wages: $ _____

Employer Address: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state: _____

Employer Name: _____ Quarterly Gross Wages: $ _____

Employer Address: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state: _____

Employer Name: _____ Quarterly Gross Wages: $ _____

EmployerAddress: _____

City: _____ State: _____ Zip: _____ If work was performed outside New York State, indicate state: _____

Step 3 - Acknowledgement

I certify that the above information is true to the best of my knowledge and I am aware that there are penalties for making false statements. I understand if I use the Alternate Base Period, these wages cannot be used for a future claim.

_____ ____ / ____ / _____ (_____) _____ - _____

Signature Required | Date | Area code | Telephone number

Step 4 - Return Instructions

This notice and all attachments must be received within the time frame noted above in the IMPORTANT! message.

Fax: 518-457-9378 This notice is your cover page. Indicate total number of pages _____

OR **Mail:** New York State Department of Labor, P.O. Box 15130, Albany, NY 12212-5130

Claim your weekly benefits on the web or by calling Tel-Service.

For more information visit our website: www.labor.ny.gov

For assistance, review your claimant handbook.