



DIOCESE OF CORPUS CHRISTI

Diocesan Unemployment Compensation Trust Application

Name: _____ today's Date: ____/____/____

Social Security Number: ____ - ____ - ____ Home Address: _____

City/State/Zip Code: _____

____ Laid Off ____ Resigned ____ Discharged ____ Other

Reason for separation: _____

IF YOU QUIT YOUR JOB: COMPLETE PART ONE. IF YOU WERE DISCHARGED, COMPLETE PART TWO.

PART ONE

I quit my job because: _____

If you quit because of working conditions, describe the situation in detail: _____

What did you do to resolve the problem before resigning? (For example, did you ask for a transfer or leave of absence, file a grievance or talk to your supervisor?): _____

PART TWO

I was discharged by (Name of person & title): _____

Reason: _____

If you were discharged for violation of company or union rule, please explain: _____

I hereby sign this claim with the knowledge that the law prescribes penalties for false statements made for the purpose of obtaining or increasing benefits not due. I certify that I am the individual named on this claim, and my answers to questions hereon are true and correct to the best of my knowledge and belief.

Claimant's Signature: _____

THIS SIDE TO BE COMPLETED BY EMPLOYEE'S FORMER DEPARTMENT/DIVISION/PARISH/SCHOOL

Claimant's last place of diocesan employment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Claimant was employed from: _____ Through: _____

Claimant's position: _____ Hours Per Week: _____ Final Salary: _____

Details of the Claimant's separation from work and reason for response: _____

PLEASE PROVIDE THE **GROSS WAGES** FOR THE LAST FIVE (5) QUARTERS OF EMPLOYMENT:

FIRST QUARTER _____

SECOND QUARTER _____

THIRD QUARTER _____

FOURTH QUARTER _____

FIFTH QUARTER _____

PREPARER'S SIGNATURE

TITLE

Department/Division/Parish/School