

# Weekly Claim Form: Self Employment Assistance (SEA) Program



Name:	CID or SSN:	
	BYE:	CAT:850

**Saturday** ending date of the week claimed:

1. During this week did you devote 40 hours to establishing your own business and becoming self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During this week did you earn any income from your self employment? If yes, the total gross amount of these earnings are: \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During this week did you work as an employee for an employer? If yes, please complete the following (for the claimed week): _____ Number of hours: _____ Total gross earnings: \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you voluntarily leave work or were you discharged or suspended from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you receive or have you received holiday or vacation pay for any period including this week? If yes, please complete the following (for the claimed week): _____ Gross amount: \$_____ Type of payment: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**To return document:** Visit [unemployment.oregon.gov/contact-us](http://unemployment.oregon.gov/contact-us) and submit a new ticket. We recommend using Google Chrome, Firefox or another browser other than Internet Explorer.

**Certification:** I hereby claim benefits under Oregon Employment Department Law. I certify that I have not claimed benefits under any other state or federal system for any part of this period and that all the statements I have made on this form are true and correct.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

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