

KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

ABLE AND AVAILABLE STATEMENT

K-BEN 31 Web (Rev. 1-14)

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|---------|---|
| MAIL: | Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539 |
| FAX: | (785) 296-3249 |
| EMAIL*: | KDOLforms@dol.ks.gov |

Claimant Name: _____ SSN: _____

The Employment Security Law requires that you must be able and immediately available for employment with no undue restrictions to receive unemployment benefits. You have indicated that you have the following restriction(s) that may prevent you from accepting employment or limit your availability to work:

- Incarceration Out of town/area/state Part-time employment
 Personal or unknown reasons Primary care giver Transportation

For each restriction checked above, complete the related section. You must also complete the last section and the certification. Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by the due date may result in a denial of benefits or possible overpayment.**

INCARCERATION:

Are you currently incarcerated? YES NO Date incarceration began (mm/dd/yyyy): _____

Release date (mm/dd/yyyy): _____ Location of incarceration: _____

OUT OF TOWN/AREA/STATE:

Date you left (mm/dd/yyyy): _____ Return Date (mm/dd/yyyy): _____

Reason for travel: _____

PART-TIME EMPLOYMENT:

Type of work you are seeking: Full time Part time Both

Will you accept employment of 40 or more hours per week if offered? YES NO

If NO, explain: _____

Employment the past 18 months has been: Full time Part time Average hours worked per week: _____

PERSONAL OR UNKNOWN REASONS:

Dates unavailable to work due to personal reasons (mm/dd/yyyy) Begin: _____ End: _____

Reason(s) you were unavailable for work: _____

PRIMARY CARE GIVER:

List the ages of the individuals for whom you are providing care: _____

Date provider care lost (mm/dd/yyyy): _____ Date provider hired (mm/dd/yyyy): _____

If offered a job, do you have a care provider? YES NO

If YES, provide name, address and phone number of care provider:

(Care provider can be a friend, relative, neighbor or temporary arrangement until permanent arrangements are made.)

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ ZIP: _____

If NO, explain how you would be available to work if offered a job: _____

KANSAS UNEMPLOYMENT CONTACT CENTER

Kansas City Area (913) 596-3500 • Topeka Area (785) 575-1460 • Wichita Area (316) 383-9947 • All Other Areas (800) 292-6333

Kansas Department of Labor
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Claimant name: _____ Social Security number: _____

TRANSPORTATION:

Did/do you have transportation to work or to look for work? (If you have a way to get to job interviews and work, answer YES. This could be friends, relatives or public transportation.) YES NO

Date transportation lost (mm/dd/yyyy): _____ Date transportation obtained (mm/dd/yyyy): _____

THE BELOW SECTION AND CERTIFICATION MUST BE COMPLETED BY EVERYONE:

Are you looking for work? YES NO If NO, explain: _____

Type of work you are looking for: _____

Do you have experience or training in this type of work? YES NO

If YES, amount of experience: Number of weeks: _____ Number of months: _____ Number of years: _____

Number of days per week you are willing to work: _____

Shifts you are willing to work (check all that apply): 1st 2nd 3rd

If you are only willing to work one specific shift, explain why: _____

Miles you are willing to travel to your job: _____ The least wage per hour you will accept on your next job: \$ _____

List your efforts to seek work in the past 7 days:

| Date of Contact | Name of Employer | Method of Contact | Results of Contact |
|-----------------|------------------|-------------------|--------------------|
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| | | | |

If no contacts were made, explain: _____

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____

Phone: (_____) _____ Date (mm/dd/yyyy): _____

SUBMIT

*NOTE: Protecting claimants' identity is important to us. Please be advised that: (1) email communication is not a secure method of communication; (2) any email that is sent between you and this agency may be copied and held by various computers it passes through as it is transmitted; (3) persons not participating in the communication between you and KDOL may intercept the communication by improperly accessing your computer or this agency's computer or even some computer unconnected to either of us that this email passes through. If you do not want to communicate with KDOL through email, please call KDOL or mail your communication to KDOL, instead of using email.