

SUBSTITUTE SCHOOL EMPLOYEE STATEMENT – CLAIMANT

K-BEN 3137 Web (Rev. 10-15)

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

*See important Email Notice on website.

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.**

Claimant name: _____ Social Security number: _____

Are you a substitute school employee? YES NO

List any school district(s) or contractor(s) you have worked for during the last and/or current school term:

School District / Contractor	Street, City State, ZIP	Phone (include area code)	Does your name remain on the school's list of approved substitute employees?		If NO, why was your name removed from the substitute list?	Do you have reasonable assurance of returning to work for this school during this school term?	
			YES	NO		YES	NO

Do you expect to return to work for any school district when the break ends? YES NO

Are you seeking and willing to accept work other than substitute positions? YES NO

Type of work you are presently seeking: _____

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

If YES, how much? _____

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

Date of Contact	Name of Employer	Method of Contact	Results of Contact

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: _____

Submit