

LABOR DISPUTE STATEMENT – CLAIMANT

K-BEN 314 Web (Rev. 5-14)

MAIL:	Unemployment Contact Center P.O. Box 3539 Topeka, KS 66601-3539
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EMAIL*:	KDOLforms@dol.ks.gov

*See important Email Notice on website.

Complete and return this form 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: _____

Employer: _____ Phone: (____) _____

Employer street, city, state, ZIP: _____

Your position title: _____

Is your job covered by the labor-management agreement which is now in dispute? YES NO

Are you a member of a union? YES NO

If YES, name and local number: _____ Phone: (____) _____

Union street, city, state, ZIP: _____

Was the last location you worked being picketed? YES NO

If YES, by what union (name and local number)? _____

Did you refuse to cross the picket line when reporting for work? YES NO

Did you leave your job when the picket line was established? YES NO

Explain the situation in detail that caused you to stop work:

Name and title of individual who told you to stop work or not to return to work the next day:

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