

Filing an Initial Claim OR Reopening an Existing Claim

- Michelle Mills

- Workforce Development Rep

When to open an initial claim?

- You have the right to file a claim in the first week that you have worked less than your normal full-time hours.
- If you have a valid claim and it expires, you will need to file a new claim.
- The first time you file an initial claim, you will need to register your User ID and Password. The log in information you create will be used every time you enter the system.

When to reopen an existing/inactive claim

- If you have a break in filing (returned to work full time or need to decline a week of UC for any reason),
- If you have reported excessive earnings, or
- If you have reported partial earnings.

- **COMPLETING A REOPEN IS THE SAME PROCESS AS FILING A NEW CLAIM.**

- **YOU WILL BE ASKED ALL OF THE SAME INFORMATION.**

Multi-Factor Authentication MFA

To safeguard the personal data of Pennsylvania's unemployment claimants against fraudulent activity, we have added multi-factor authentication (MFA) to the Unemployment Compensation (UC) system login process. All claimants must set up MFA.

Multi-factor authentication (MFA) reinforces the UC system's security with an added layer of protection to the sign-in process. Users provide additional identity verification when accessing their UC accounts by entering a code delivered to the claimants by text message or email.

After entering your usual login credentials, you'll have the option to receive a temporary verification code via either text message or email. You must retrieve and enter that code before you can access the UC dashboard.

You must have a valid cell phone number or email on record to complete the MFA process. If your contact information needs to be updated, contact the UC Service Center.

The 6-digit MFA code is required to be entered upon registration, or to login, if you registered before the feature was activated. MFA will also be required if you attempt to change the bank account information on record.

Account Verification

For your security and protection, this website requires a two-step verification. You have the option to receive your 6 digit verification code either from your cell phone message, or from your email address. Once you have made your selection you will be taken to the account verification page where you will be able to request your code. The system can change your selection if it deems the selected method is undeliverable.

Please select from the following options of how you would like to receive your 6 digit verification code.

*Where should we send your verification code?

☐ Cell phone text message to (xxx)xxx-9999

☒ Email message to bc*****@pa.gov

[Continue](#)

If you can't provide the needed information, you will be redirected to the contact staff page.
[\[Contact Staff\]](#)

After you have made your selection, the system will provide a 6-digit code, and you will be prompted on the following screen to enter the code received.

Account Verification

For your protection and security we have sent you a 6 digit verification code via Text from 74036. Text and data charges may apply. When you receive this code please enter it below. You will be asked for this verification once per device per location. You may be asked to enter a verification code again upon login if your location or device changes. Your message ID is 06526.

Your verification message has been sent by text message. Please allow a few moments for delivery.

*Please enter the 6 digit numeric verification code:

[Validate Verification Code](#)

[Didn't receive the code? Send a new verification code to \(xxx\)xxx-9191.](#)

[Need help? Click here.](#)

If you can't provide the needed information, you will be redirected to the contact staff page.
[\[Contact Staff\]](#)

Note: After successfully passing MFA, if you have not previously passed ID.Me, you will have to go through the ID.Me verification process. After successfully navigating ID.Me, you will be brought to the claimant dashboard.

► News and Announcements

► Services Preview

▼ Widgets

From your Dashboard you can either choose “Start an Unemployment Claim” OR “File for Weekly Benefits.”

▼ Unemployment Services



[PA CareerLink®](#)

Complete mandatory work registration requirements, search for work, or schedule an RESEA session.



[Provide Additional Documentation](#)

Upload documents that were requested during claim intake or fact finding.



[Unemployment Benefit Overview](#)

Information about the Unemployment Benefit program.



[Start an Unemployment Claim](#)

File an initial claim or re-open an existing claim.



[PEUC Program Information](#)

Information about the Pandemic Emergency Unemployment Compensation (PEUC) Program.



[File for Weekly Benefits](#)

File a weekly claim and certify eligibility.



[Claim Summary](#)

View a summary of your unemployment benefits claim.



[TAA Handbook](#)

Review your rights and responsibilities when filing for and receiving TAA benefits.

[More Unemployment Services](#)

▼ My Benefits Plan

1 Unemployment Insurance Claims - Regular Active

Open Issues: 1

[View Your Benefit Summary](#)

▼ Need help or more information

[Assistance Center](#)

Find the answers to your questions or issues.

[Learning Center](#)

Watch self paced training videos and tutorials.

Note that help is available on most pages by clicking the information icon

▼ My Personal Profile



[Update Contact Information](#)

Review and update name, address, phone or e-mail.



[Update Banking Information](#)

Change your Unemployment Insurance payment method.

[View your Personal Profile and Contact Information](#)

▼ My Messages



4 Unread Messages



0 Read Messages

[Enter the Message Center](#)

Welcome to Pennsylvania's Unemployment Compensation (UC) Benefits System

On the next screen, you will be asked to enter your social security number to begin the application process. [Why do I have to provide my social security number?](#)

You **MUST** use your correct social security number, name and date of birth to complete the application process.

The Pennsylvania Department of Labor and Industry routinely exchanges information with other state, federal and local agencies. Computer resources are used to detect illegal receipt of benefits and to verify information provided. Providing correct and complete information will ensure the accuracy of your claim. Providing incorrect information, or information on someone other than yourself, may be considered fraud. False statements are punishable pursuant to 18 Pa. C.S. §4904, relating to unsworn falsification to authorities. A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under section 801 of the UC Law, 43 P.S. §871, and may be subject to a fine, imprisonment, restitution and loss of future benefits.

NOTE: Your session will time out after 120 minutes of inactivity. Gather all the necessary information before you continue. For a complete list, view our [application requirements checklist](#).

Click *Next* to proceed to the next screen.

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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Workers' Compensation Information

Did you receive Workers' Compensation payments?

* In the last 18 months, did you
receive Workers' Compensation
payments?

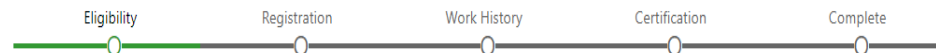
☒ Yes ☐ No

Only answer “YES” to this question if you were injured on the job and received “workers compensation” in the last 18 months.


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Work History Verification

*Did you work between 10/1/2020 and 9/30/2021? ☒ Yes ☐ No

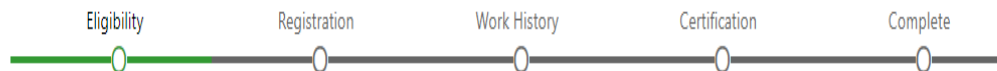
If you answer Yes to this question, you will have to enter at least 1 Employment History while filing this claim.

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If you answer Yes to this question, you will have to enter at least one Employment History while filing this claim.

Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

States You Have Worked In

* Have you worked in two or more states between
10/1/2020 and 9/30/2021?

☒ Yes ☐ No

States Where You Have Claimed Unemployment

* Have you claimed unemployment insurance benefits
within the last 12 months?

☐ Yes ☐ No

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States Where You Have Claimed Unemployment

* Have you claimed unemployment insurance benefits within the last 12 months?

☒ Yes ☐ No

Select all states where you have applied for unemployment insurance benefits within the last 12 months.

☐ Pennsylvania

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas |
| <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri | <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Virgin Islands | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Wyoming | | | |

Select all states where you have applied for unemployment insurance benefits within the last 12 months.


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Federal Service

* Have you worked for, or earned wages from, the United ☒ Yes ☐ No
States federal government (not military) between
10/1/2020 and 1/31/2022?


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Military Service

* Were any of your wages earned in the military from
10/1/2020 to 9/30/2021?

☒ Yes ☐ No

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* Indicates required fields.

For help click the information icon next to each section.

Login Information

Login Name:



Security Question:

If you have created a Keystone ID username and password, the information on this page will be prepopulated. Please review it for accuracy.

E-mail Address

*** Primary E-mail:**



*** Confirm Primary
E-mail Address:**

Demographic Information

*** Date of Birth:**

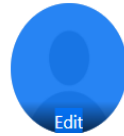


Age:

*** Gender:**

*** Have you registered with
the Selective Service?**

Name



* **First Name:**

Middle Initial:

* **Last Name:**

If you have worked under a different name than what has been entered, [Go here if you have worked under a different name.](#)

Be sure your name appears exactly as it is shown on your Social Security card. If there is a mismatch, we must conduct a manual review which could result in delays.

If you had a legal name change (such as a marriage or divorce) which has not yet been changed with the Social Security Administration, please provide that name by clicking the link, “Go here if you have worked under a different name.”

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Residential Address

This is where you live.



* Address Line 1 :

Address Line 2:

* Zip Code:

* City:

* State:

* Country:

Mailing Address



This is where you receive your mail.

☐ Use residential address

* Address Line 1 :

Address Line 2:

* Zip Code:

* City:

* State:

* Country:

This is where you will receive your mail if different from your residential address.

If your mailing address and residential address are the same, simply check the box “Use residential address” to copy the information into the fields.

Phone Numbers



* Primary Phone:

* Primary Phone Type:

* Primary Phone Mode:

Alternate Phone:

Alternate Phone Type:

Text Message Cell

Phone Number:

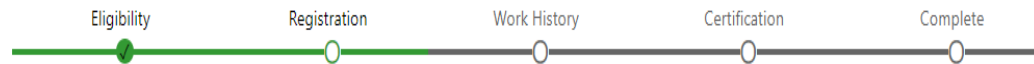
Only certain communications can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.

Fax:

-

-

Unemployment Insurance Claim Filing Process



* Indicates required fields.

For help click the information icon next to each section.

Preferred Notification Method

* Please select a method in which you prefer to receive your notifications:

Internal Message with Email Notification ▼

Please note that determining your eligibility benefits may be delayed if Postal Mail is selected.

There is a menu with three communication choices on this screen. Here is what each of these choices mean:

1. **Postal Mail** – You will receive paper copies of all notices. Electronic versions will still be available in your Dashboard, even if you never access them.
2. **Internal Message with Email Notification** - The system sends a message to your UC system inbox and also sends a message to the external email address you provided, alerting you to log in because a message/document is waiting for your review.
3. **Internal Message** – The system sends a message to your UC system inbox, only.

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* Indicates required fields.

For help click the information icon next to each section.

Dependents

Pennsylvania law allows for an additional \$5 per week in benefits for one dependent, and \$8 per week in benefits for two or more dependents (that's \$8 together; not \$8 each). If you have dependents and wish to be paid this additional amount, you must click the "Add Dependents" link.



* Do you have dependents? ☐ Yes ☒ No

You will be prompted to enter your relationship to the dependent and their SSN and birthdate.

A dependent can be a legally married spouse who lives with you. Children under the age of 18 or children older than 18 with a mental or physical infirmity.

Citizenship

Citizen of U.S. or U.S. Territory.

U.S. Permanent Resident – You will be prompted to enter information found on your work authorization documents.



* Citizenship:

Citizen of U.S. or U.S. Territory

Alien/Refugee Lawfully Admitted to U.S. – You will be prompted to enter information found on your work authorization documents.

Disability



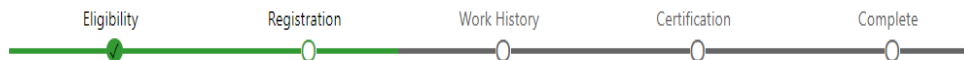
* Do you wish to disclose a disability?

- ☐ Yes, I have a disability I wish to disclose.
☒ No, I do not have a disability.
☐ I do not wish to answer.


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Education Information

* Your Highest Education Level Achieved:

High School Diploma ▼

If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.

* Are you attending school?

No, Not Attending Any School ▼

* Do you have specific plans to enroll or attend school or vocational training in the next 12 months?

☐ Yes ☐ No

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Unemployment Insurance Claim Filing Process

Eligibility


Registration

Work History

Certification

Complete

• Indicates required fields.

 For help click the information icon.

Employment Information

* Current Employment Status:

Not Working

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Employment information

* Current Employment Status:

Not Working

None Selected
Working Full Time
Working Part Time
Not Working
Never Worked
Other


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Employment - Status

* If offered a job, are you able and available to accept it? ☒ Yes ☐ No

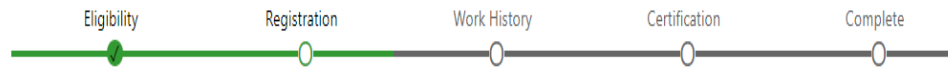
* Are you self-employed, or the owner, or operator of a business or farm? ☐ Yes ☒ No

* Are you in an elected, appointed or in a major policy making position? ☐ Yes ☒ No


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Employment - Miscellaneous

* Since you have become unemployed, are you working on a commission basis? ☐ Yes ☒ No

* Are you attending school or training? ☐ Yes ☒ No

* Did you become unemployed or partially unemployed as a direct result of a foreign trade competition covered by a [Certified Trade Petition](#)? (If not sure, answer No.) ☐ Yes ☒ No

* Have you been employed by a public or private school, college or university during the past 18 months? ☐ Yes ☒ No

* In the last 18 months, have you worked as a professional athlete? ☐ Yes ☒ No


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.


Major Disaster Information

* Are you unemployed as a direct result of a major disaster? ☐ Yes ☒ No

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* Indicates required fields.

 For help click the information icon.

Labor Union Member

* Are you a member of a labor union or union hiring hall ☒ Yes ☐ No
which finds / obtains work for its members?

Search for Union:

Union Number:

Union Name:

Union Street Address:

Zip code:

City:

State:

Phone Number: - -


* Do you use the [Union Hiring Hall](#) as your sole method for Job Seeking? ☒ Yes ☐ No

* Are you a paid-up member of a Craft Union obtaining work through a union hiring hall? ☒ Yes ☐ No

Do you have an expected return to work date? ☐ Yes ☒ No

When choosing your union from the drop-down list, if it is not listed, there is a box to check where you can enter it manually.

• Indicates required fields.

 For help click the information icon.

Job Title

Please enter a job title below. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

What is your desired job title?

Mechanical Maintenance Worker

Your desired job and occupation titles can be changed at any time after registration.

Job Occupation

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s):

Helpers--Installation, Maintenance, and Repair Workers ▼

[[Search for an occupation](#)]

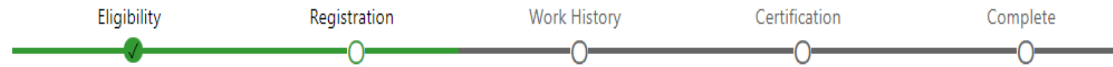
Occupation Title: **Helpers--Installation, Maintenance, and Repair Workers**

Occupation Code: **49909800**


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Ethnic Origin

* Are you of Hispanic or Latino heritage? ☐ Yes ☐ No ☐ Information Not Provided

* Race - Please check all that apply:

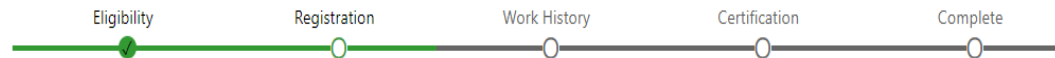
- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ I do not wish to answer.

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Return to Home

Unemployment Insurance Claim Filing Process



• Indicates required fields.

 For help click the information icon.

Identification Information

* Do you have a valid driver's license? ☒ Yes ☐ No

Driver's License Number:



State Issued:

Pennsylvania ▼


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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Military Service

Veterans may be entitled to additional State and Federal benefits. Please answer the following questions.

* Did you ever serve over 180 consecutive days in active duty for the US military? ☐ Yes ☐ No

* Have you been classified as a disabled veteran?

This military service question is unrelated to the previous military questions which were associated to your base year wages and UC eligibility.

This question is asked solely to see if you may qualify for various veteran workforce programs.

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Payment Deductions

* Do you want Federal Tax withheld?

☐ Yes ☒ No

(If yes, it would be 10.00% of the weekly benefit amount):

Effective Date of change to Federal Tax Withheld:


Backdate Unemployment Insurance Claim

* Would you like to backdate this claim?

☒ Yes ☐ No

IMPORTANT: Your request for backdating your reopen/additional claim will be reviewed. You will receive a notice that weeks are available for certification. You will receive a determination regarding your eligibility for payment.

* Backdate Effective Date:

01/23/2022 

You cannot backdate an additional or reopened claim to a date prior to the original effective date (9/12/2021).

* Please enter the reason why you are backdating this claim

If you are requesting backdating, you can request it here. The effective date must be a Sunday. You must also include a reason for the request.

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Requesting backdating when reopening a claim

- If you are attempting to file a weekly certification and are notified that you have an existing claim that needs to be reopened, but you were not able to file for that particular previous week, you must say “YES” to the backdate question and enter the previous Sunday date. For example, you attempt to file on 3/20/22 for the week ending 3/19/22, the system is telling you that you need to reopen, complete the reopen and request backdating to 3/13/22 (Sunday date).

Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Unemployment Compensation Claim Extension

If you have worked since the last time you filed for unemployment compensation, please click the *I have worked since my last filing* button below. Otherwise, click the *I have NOT worked since my last filing* button below to continue processing your claim.

I have worked since my last filing

I have NOT worked since my last filing

This screen appears during the reopen process.

If you have not worked since the last time you filed a weekly certification, click the “I have NOT worked since my last filing.”

Unemployment Insurance Claim Filing Process



Unemployment Insurance Claim Confirmation

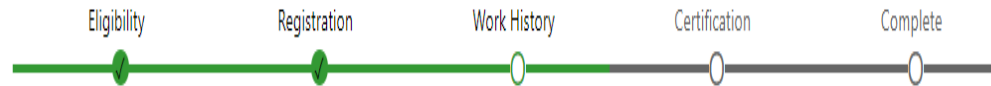
If you would like to review what the system has on file for your Unemployment Compensation claim up to this point, click the *Review My Claim* link below. Otherwise click the *Next* button to continue.

[\[Review My Claim \]](#)


If you have NOT worked since your last filing, you will not have to enter any additional employment history.

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Unemployment Insurance Claim Filing Process



* Indicates required fields.

 For help click the information icon.

Employer Search

To help expedite your employment history process, we need to find the employer you were employed by in our system. Enter the employer name and click the *Search* button below.

If the employer you are entering is not located in Pennsylvania, [click here](#).

* Employer Name,
FEIN or State Tax
ID:

If you HAVE worked since your last filing, you will have to enter your last employer here and the information will prepopulate in the next screen.

If the employer's name is unique, you will be able to choose it and go directly to the next page where contact information is automatically populated.

Search

Cancel

Eligibility

Registration

Work History

Certification

Complete

* Indicates required fields.



For help click the information icon.

Employer

* Employer Name:

* Address:

Address 2:

* Zip Code:

* City:

* State / Province:

* Country:

* Phone Number: - - Ext: Type:

You may need to add the employer's phone number if it is not listed.

Linked
Pennsylvania's
Unemployment
Compensation (UC)
Benefits System
Employer Account:

Not linked to any account

[Change](#) if you have selected the wrong employer, please click **CHANGE** to return to the previous page.

In this section, the system would like to get the industry classification information for this employer. It may have been preset for you below based on the employer information you entered. If it has not been preset below, click *Search for Industry Code (NAICS)* below to search for an appropriate industry classification for the employer entered.

* Employer's NAICS code [Search for Industry Code \(NAICS\)](#)
(the primary industry
of the employer):

* Did you earn at least \$3,498 from this employer? ☐ Yes ☐ No

* Is this your last employer? ☐ Yes ☐ No

* Is this employer considered a temporary agency? A temporary agency specializes in finding positions for individuals looking for work on a temporary basis. ☐ Yes ☐ No

* Enter the EMPLOYER'S name (not your name) as shown on your check stub:

If known, enter the employer's Pennsylvania state tax ID:

If Maritime, enter the vessel name:

Job Title

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

* Job title:

Occupation

[[Search for an occupation](#)]

* Occupation title:

Occupation code:

Position

* Type of employment:


* Full or part-time:

* Number of hours a week you normally work? (excluding overtime):
Whole Hours:
Partial Hours:

* Gross Salary:

* Salary is based upon:

* Salary is commission-based: ☐ Yes ☐ No

* Date you began work:  (MM/DD/YYYY) [Today](#)

* Are you currently employed with this employer? ☐ Yes ☐ No

* Gross earnings this week:

* Number of hours worked this week:

Employer's Reason for Separation:

Partial Employment is defined as a reduction in your normal and customary hours with your regular full-time employer due to a lack of work.

* Reason for Separation:

* Additional information on reason for separation:

One option under “type of employment” is SEASONAL WORKER.

Do not choose this option- a “seasonal worker” is a very specific agricultural job in UC law.

If reopening, enter the date you returned to work following your pervious layoff as the date you began work.

If you are not currently working for the employer listed, do not answer this question “yes”, even if you will be returning to the employer at a later date.

* Last day worked:

 (MM/DD/YYYY) [Today](#)

Duration of Job:

0 Year(s) 0 Month(s) 0 Day(s)

* Did this employer tell you that you would be recalled to your job?

☐ Yes ☐ No

* Was this employment with a public or private school, college or university (e.g. teacher, athletic coach, maintenance staff); or with a governmental agency that provides services (e.g. educational support staff, or crossing guard) to a school, college or university? (If you worked as a bus driver for a transportation company and not directly for a school, answer NO.)

☐ Yes ☐ No

* Did you own stock and serve as an officer for the company where you were last employed?

☐ Yes ☐ No

* Was your job eliminated because the work was transferred out of the country?

☐ Yes ☐ No

* Are you a spouse or parent of this employer?

☐ Yes ☐ No

For “Last day worked,” enter the date that you actually last reported to work, even if you are still working on a part-time basis.

Benefit Payment Information

Please indicate if you will receive benefit payments from any of the following categories from this employer.

* Did you or will you receive any [Severance Pay](#)?

☐ Yes ☐ No

Pension / Retirement Information

Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.

* Pension / retirement benefits:

☐ Yes ☐ No

* 401K / 403B / Personal IRA / KEOGH:

☐ Yes ☐ No


* Military service connected disability compensation (Answer No if paid by VA):

☐ Yes ☐ No

Save

Cancel

• Indicates required fields.

 For help click the information icon

Employment History

Company Name	Location	Job Title (Occupation)	Start / End Dates	UI Claim	Action
No Employment History					

If the employment information was entered properly on the previous screens, this screen will have the employment information listed here under “Employment History.”.

Additional Employment History

* Are there any other employment history items that you would like to add? ☒ Yes ☐ No

If you answered Yes to the question “Did you work between 10/1/2020 and 9/30/2021?”, you will have to enter at least 1 Employment History while filing this claim.

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If you get to this screen after entering your most recent period of employment and it is blank, say “YES” to “Are there any other employment history items that you would like to add?” Then complete the information again.

If you leave this blank and hit “next” you will have an “open issue” on your unemployment claim, “no work history added” and it will prevent your weekly benefit payments from processing.

Base Period Employment Information

Monetary Finality Date 10/5/2021

Below are the employers for which you earned income between 4/1/2020 and 3/31/2021.

Employer	State Source	Q1 4/1/2020- 6/30/2020	Q2 7/1/2020- 9/30/2020	Q3 10/1/2020- 12/31/2020	Q4 1/1/2021- 3/31/2021	Total Wages	Wage %	SIDES
UNITED STATES STEEL CORPORATION (8199582)	PA	\$15,269.91	\$21,014.08	\$16,687.48	\$22,413.28	\$75,384.75	100.000%	
Total		\$15,269.91	\$21,014.08	\$16,687.48	\$22,413.28	\$75,384.75		

The current monetary determination became final on 10/6/2021. Use Override Finality function, if a High/Low monetary should be issued.

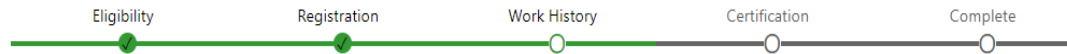
Monetary Information

* Please select the appropriate option below to indicate whether the employers and wages above are shown correctly:

- ☐ I agree that these are all of the employers and wages I had between 4/1/2020 and 3/31/2021.
[Select this option if you were Self-Employed during this period.](#)
- ☐ I had other employment and/or wages between 4/1/2020 and 3/31/2021 that are not shown.
[You do not need to select this option if the missing employment and/or wages include Self-Employment, Out-of-State, Military, or Federal Civil Service](#)
- ☐ I did not work at one or more of the employers listed above.

Please note, if this is a “reopen,” the base period employment information listed above will be from the initial application, not when you are completing the reopen.

Unemployment Insurance Claim Filing Process



Unemployment Insurance Claim Confirmation

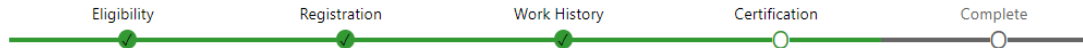
If you would like to review what the system has on file for your Unemployment Compensation claim up to this point, click the *Review My Claim* link below. Otherwise click the *Next* button to continue.

[\[Review My Claim \]](#)

Click “Review My Claim” to see all of your answers and make corrections if needed.

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Unemployment Insurance Claim Filing Process



Important Agreement

I want to file an Unemployment Compensation (UC) claim in the Commonwealth of Pennsylvania.

I certify that the information I give in this claim is true to the best of my knowledge. The Pennsylvania Department of Labor and Industry routinely exchanges information with other state, federal and local agencies. Computer resources are used to detect illegal receipt of benefits and to verify information provided. Providing correct and complete information will ensure the accuracy of your claim. Providing incorrect information, or information on someone other than yourself, may be considered fraud. False statements are punishable pursuant to 18 Pa. C.S. §4904, relating to unsworn falsification to authorities. A person who knowingly makes a false statement or knowingly withholds information to obtain UC benefits commits a criminal offense under section 801 of the UC Law, 43 P.S. §871, and may be subject to fine, imprisonment, restitution and loss of future benefits.

I am providing my social security number as required under the authority of the Internal Revenue Code of 1954, and the Social Security Act. Your social security number is mandatory for filing UC. Your social security number will be used to report the amount of any UC that you receive to the IRS as income that may be taxable. It will also be used to identify your claim, for statistical purposes, and to make sure you are eligible for UC and other public assistance benefits.

☐ Yes, I want to file this claim. ☐ No, I do not want to file this claim.

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Work Registration/Work Search and Waiting Week

EVERYONE FILING FOR UC BENEFITS MUST REGISTER WITH THE PA CAREERLINK.

You must register within 30 days of your initial application. If you do not register within 30 days, you will be denied UC benefits until the week after you are FULLY registered.

Union members and workers with a recall date are exempt from the work search requirements. When you are filing your weekly certification, if the question about work search appears, you should indicate “Yes,” you have completed your work searches or are otherwise exempt from the requirement.

The waiting week has returned- the first week of every new claim is a non-compensable waiting period. You must file for it to receive credit as your waiting week.

That ends the presentation.
Thank you for your time and attention.

ANY QUESTIONS?