

**Weekly Certification Form
Reemployment Assistance Plan**

For the week beginning on Monday _____
(mo/day/yr)

Applicant's Name _____

Parish/School/Agency _____

I hereby certify that:

1. I have registered my desire for employment with the Employment Service Division, North Carolina Security Commission and I am available for employment and am actively seeking employment.
2. I have not received payments during the past week for services rendered.
3. I understand that failure to present this application on time or falsification of any information herein makes me ineligible for assistance under this plan.

Signature _____ Date _____

Received by _____ Date _____ Time _____

Note: This form must be received by the employer by 5 P.M. of the Monday immediately following the week covered by the form. No Payments will be paid if this form is received after this time.