WE ARE YOUR DOL

NEW YORK STATE OF OPPORTUNITY. | **Department of Labor**

www.labor.ny.gov

Request for Rate Based on Weeks of Employment

To request a benefit rate based on weeks of employment, you must complete this form and return it to the above Department of Labor address with a copy of your proof of employment and earnings for each week of employment for the base period indicated below. It must be received within ten calendar days of the Date Mailed as stated on your most recent Monetary Benefit Determination. Do not send the originals of your supporting payroll documents as they cannot be returned. Your Request for Rate Based on Weeks of Employment cannot be processed until all Requests for Reconsideration have been reviewed and the establishment of your base period has been finalized. You will be notified of the action taken regarding your request within three weeks of receipt.

Complete only the front of this form if you have worked for one employer or you have worked for two or more employers consecutively. If you worked during the same week(s) for two or more employers, complete the worksheet on the back of this form first and transfer the appropriate information to the front of the form. If you have more than seven employers during the base period, list the information on a separate sheet of paper and attach it to this form.

_____**Please print clearly**_____

Last Name: _____First name: _____Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: XXX – XX - __ __ __ __

Base Period: From _____ **Through** _____
(Enter these dates from the previously issued T402, Monetary Benefit Determination)
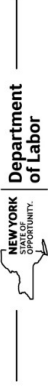
A. Employer Name and Address	B. Length of Pay Period; i.e. weekly, bi-weekly, etc.	C. Total Weeks Paid During Base Period	D. Total Wages Paid During Base Period
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$
E. Total Weeks and Wages Worked During the Base Period			$
F. Total Weeks Worked from Part 2 (on back)			

G. Recomputation Formula:

1. Divide the total wages by the total weeks (the lesser of **E** or **F**) to calculate the average weekly wage ……………………………………………………………………$ _____

2. Divide the average weekly wage by 2 to arrive at your proposed rate based on weeks and wages. The rate cannot exceed $504……………………………………..…$ _____

3. Enter your current benefit rate from your last T402 Monetary Benefit Determination form …………………………………………………………………$ _____

4. Subtract line 3 from line 2. The amount must be $5 or more to receive the recomputed rate based on weeks and wages…………….…………………………….…..$ _____

Certification: I certify that all information and records submitted are true and accurate. I understand that this information is subject to verification and penalties can be imposed for false statements.

Signature: _____ Date: ____/____/_____ Telephone No.: _____

LO 403.5 (9/19)

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Request for Rate Based on Weeks of Employment
Part 2 - Record of Concurrent Employment in Base Period

SS# XXX – XX - ___ ___ ___ ___   NAME: _____   Base Period: From ___/___/___   Thru ___/___/___

Weeks →	*								
Employer →									

PHOTOCOPY THIS FORM IF YOU WORKED FOR MORE THAN 7 EMPLOYERS DURING YOUR BASE PERIOD

INSTRUCTIONS:

1. ***** List all week ending dates (Sunday) for your entire base period. See **T402 – Monetary Benefit Determination** for dates of your base period.

2. Enter a check mark (✓) in the chart above for each week in which you worked for each base period employer.

3. Total the number of weeks for each employer and enter on the front of this form with the wages for each employer.

4. Using chart above, count each week for which you have entered a checkmark. Count each week only once even if you have more than one **checkmark for that week**. This will be your total weeks of employment in your base period. Enter this amount here ☐ and on "Total Weeks Worked Part 2," line "F" on the front of this form.

Photocopy & enclose proof of employment for all weeks worked for each employer. ***Do not send original documents.***

Instructions for Request for Rate Based on Weeks of Employment

Your entitlement to benefits and weekly benefit rate have been established based upon a formula using your high calendar quarter(s) earnings in your base period. Depending on your employment history, you may qualify for a higher weekly benefit based upon one-half of your average weekly wage. To request a review of your weekly benefit rate, all of the following must apply:

- Your request must be received within ten calendar days of the date of your latest Monetary Benefit Determination.

- The establishment of your base period has been finalized.

- You must have at least 20 weeks of employment in your base period. A week of work is defined as a Monday through Sunday period during which you were paid remuneration for employment for an employer covered under the New York State Unemployment Insurance Law.

- You must provide proof of **all** of your base period weeks of employment and wages. Acceptable proof includes paycheck stubs, payroll envelopes, or cancelled checks. Your proof must show name of employer, pay period/date of payment, wages and your name and/or Social Security n umber. In no event may the benefit rate calculated based on your acceptable proof be more than the maximum benefit rate currently in effect.

- The benefit rate based on one-half of your average weekly wage must be at least **$5.00** more than the weekly benefit amount based on the quarterly earnings formula as reported on your latest Monetary Benefit Determination form.

The Request for Rate Based on Weeks of Employment is separate from a Request for Reconsideration. The request for Reconsideration is discussed in Section 4 of the claimant handbook: "How much will I receive in benefits each week?" A Request for Rate Based on Weeks of Employment cannot be made until you finalize the base period to utilize and a determination has been issued on any Request for Reconsideration.

On the reverse side is an example of a completed Request for Rate Based on Weeks of Employment form. The example assumes a benefit claim filed in the 4th quarter 2017 and wages employers reported to the New York State Wage Reporting system within the basic base period July 1, 2016 through June 30, 2017.

Employer	Wages				Base Period
	2/2017	1/2017	4/2016	3/2016	
Good Construction, Inc.	$5,000	$6,594	$7,812	$1,375	$20,781
Better Construction, Inc.	$640				$640
Best Construction, Inc.				$6,440	$6,440
Total	$5,640	$6,594	$7,812	$7,815	$27,861

The rate based on one twenty-six (1/26) of the high quarter wages is $300. For those with $3,575 or less wages in the high quarter, the weekly benefit rate is based on one twenty-fifth (1/25).

The rate based on weekly employment and wages data as evidenced by acceptable proof is $309. (See calculations on page 2 of the instructions.)

NOTE: If you worked for more than one employer in the same week for one or more weeks, you must first complete Part 2 on the back of the Request for Rate Based on Weeks of Employment form. In the example below, the total weeks on line **F** are less than the sum of the weeks as shown on line **E** due to concurrent employment in the base period.

Example – Request for Rate Based on Weeks of Employment

A. Employer Name and Address	B. Length of Pay Period; i.e. weekly, bi-weekly, etc.	C. Total Weeks Paid During Base Period	D. Total Wages Paid During Base Period
1. Good Construction, Inc. Anytown, NY 10101	Bi-weekly	43	$ 20,781
2. Better Construction, Inc. Anytown, NY 10101	Bi-weekly	2	$ 640
3. Best Construction, Inc. Anytown, NY 10101	Weekly	8	$ 6,440
4.			
5.			
6.			
7.			
E. Total weeks and wages worked during the base period		53	$ 27,861
F. Total weeks worked from Part 2		45	

G. Recomputation Formula Example

1. Divide the total wages by the total weeks (the lesser of line **E** or **F**) to calculate the average weekly wage ………………………………………………………….…….$ 619.13
2. Divide the average weekly wage by 2 to arrive at your proposed rate based on weeks and wages. The rate cannot exceed $504.…………………….……..……..$ 309.57
3. Enter your current benefit rate from your last T402 Monetary Benefit Determination form………………………………………………………….……..…$300.00
4. Subtract line 3 from line 2. The amount **must** be $5 or more to receive the recomputed rate based on weeks and wages.…………………………….……..…..$ 9.57

Example	1	2	3	4	5	6	7	8	9	*	40	41	42	43	44	45	46	47	48	49	50	51	52
Weeks→ Employer↓	7/03/16	7/10/16	7/17/16	7/24/16	7/31/16	8/07/16	8/14/16	8/21/16	8/28/16		4/02/17	4/09/17	4/16/17	4/23/17	4/30/17	5/07/17	5/14/17	5/21/17	5/28/17	6/04/17	6/11/17	6/18/17	6/25/17
A				✓	✓	✓	✓	✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
B																				✓	✓		
C	✓	✓		✓	✓	✓	✓	✓	✓														
Etc.																							
				X											X	X							

Key:	
X	= No work available
*	= Weeks 10-39; worded 26 weeks for "A"

Gross Weeks	53
Concurrent Weeks	8
Net Weeks	45