

**INFORMATION FOR FILING YOUR INITIAL UNEMPLOYMENT CLAIM
FILE BY INTERNET 24 HOURS/7 DAYS A WEEK – WWW.FILECTUI.COM**

INSTRUCTIONS TO EMPLOYEE: *(EMPLOYER: Please turn to “UC-61” at end of packet)*

This packet has been prepared to assist you in filing a new claim for Unemployment Compensation benefits. Your employer should have completed the Unemployment Notice on the last page of this packet. However, if it was not completed, you should file your claim without it.

Please read the following information and follow the instructions provided throughout the packet.

SECTION A - GENERAL INFORMATION

Q. What will I find in this packet?

- A. ■ Information for filing your Unemployment Compensation claim.
 ■ Specific instructions for filing your claim for benefits.
 ■ Voluntary income tax withholding information and General Release form.
 ■ Employment Services offered by the Connecticut Department of Labor.

Q. Can I file for unemployment benefits?

A. Yes. You have a legal right to file a claim for unemployment benefits. A separation packet and/or a separation letter are not required to file a claim for unemployment benefits. To protect your benefits, **do not delay filing**. The EFFECTIVE DATE of your unemployment claim depends upon the **date that you complete your claim for benefits**.

Q. How do I file a claim for unemployment benefits?

A. **BY WEB IN ENGLISH OR SPANISH: Claims for unemployment compensation are taken by web in English or Spanish.** Website is available 24 hours a day, 7 days a week – WWW.FILECTUI.COM.

Q. What if I am unable to use the web?

A. You may report in person to a Department of Labor/American Job Center. Unemployment specialists will assist you in helping you with your internet claim. To find the nearest office, directions and scheduled hours of assistance available, please visit www.filectui.com.

Q. Will I qualify for unemployment benefits?

A. The Connecticut Unemployment Compensation Act is intended to provide benefits to workers who have earned enough wages to qualify and meet certain eligibility requirements. You may be scheduled for a fact finding hearing to determine your eligibility to receive benefits under this act. Printed material regarding eligibility for unemployment compensation is available at all DOL/American Job Centers, many public libraries, and our website at www.ct.gov/dol.

Q. What will the Labor Department need to know?

A. Information about you, your dependents, and your work history will be used by the Connecticut Department of Labor to establish your claim. All correspondence, including a Debit Card, will be mailed to the address of record that you give us, unless you select Direct Deposit as your method of payment.

Important: Be sure that all information you provide is accurate. Any information you provide is subject to verification. Intentionally making a false statement or failing to disclose material facts to obtain benefits is a violation of the law.

By initiating a claim for unemployment benefits you will be authorizing the release, to the Connecticut Department of Labor, of wage and other information that may be required to determine your eligibility.

SECTION B - FILING YOUR CLAIM

TO FILE YOUR CLAIM or REOPEN an existing claim go to www.FILECTUL.COM This website can also be used to file weekly unemployment claims, inquire about past claim activity, select your method of payment and enter your banking information, ask questions and access links that provide information about unemployment compensation.

To find directions to your nearest American Job Center location please visit - . <https://www.ctdol.state.ct.us/ajc/FactSheets.htm>

SECTION C - EMPLOYMENT SERVICES AVAILABLE

Search job opportunities at www.cthires.com

DOL/American Job Centers offer a variety of Employment Services

Internet Access for Job Search

Computers for Résumé and Cover Letter Writing

Employer Recruitment

Veteran's Services

Labor Market Information

Internet Access for Job Search

Employment Workshops:

- Successful Job Search Strategies
- Interviewing Strategies & Techniques
- Looking for Work over 40
- Job Club Support Groups
- Fundamentals of Résumé Writing
- Using the Internet in your job search

For more information about employment services we offer, visit your nearest DOL American Job Center

Have an unemployment question or problem?

Department of Labor Contact Center:

Monday - Friday: 8:00am - 5:00pm

Saturday: 8:00am - 3:00pm

Closed Sun & holidays

1 203-941-6868

1 860-967-0493

1 800-956-3294

TTY - 711 or 800-842-9710



SECTION D - VOLUNTARY WITHHOLDING OF INCOME TAX FROM UNEMPLOYMENT BENEFITS

IMPORTANTE - TENGA ESTO TRADUCIDO INMEDIATAMENTE

Benefits are taxable - Any unemployment benefits you receive are fully taxable as income by the IRS and the Connecticut Department of Revenue Services, **PROVIDED YOU ARE REQUIRED TO FILE A TAX RETURN.**

- # You may voluntarily have taxes withheld for Federal and Connecticut income taxes.
- # The Internal Revenue Service has set the amount to be withheld at 10%, rounded to the nearest whole dollar, of your total weekly unemployment benefit payment.
- # Connecticut has set the amount to be withheld for Connecticut income tax at 3%, rounded to the nearest whole dollar, of your unemployment benefit payment. State law requires that **the choice to withhold applies to both taxes**, not one or the other.
- # You may elect to have the Department of Labor deduct these withholdings and forward them to the appropriate tax agency. Or, if you do not want taxes withheld right away, you can contact the Call Center any time during your benefit year to begin having taxes withheld with the first payment issued to you after your request has been processed. If you elect to have taxes withheld, you may change your election during your benefit year. The Department of Labor **CANNOT REFUND** any taxes withheld. Refunds will have to be resolved with the tax agency.
- # Any legally-required reductions in your weekly benefit amount, such as part-time earnings, retirement payments, severance or vacation pay, offsets of prior unemployment payments, or child support intercept payments (CSI), will be taken from your weekly benefits **PRIOR** to any voluntary tax withholding. The amount of the CSI deduction or overpayment offset will be considered part of the weekly payment against which the tax withholding amounts are calculated. Listed below are examples of withholding deductions.

| Weekly Benefit | 10% IRS Withholding | 3% CT Withholding | Total Withholding | CSI | Payment Amount |
|----------------|---------------------|-------------------|-------------------|---------|----------------|
| \$150.00 | \$15.00 | \$5.00 | \$20.00 | \$0 | \$130.00 |
| \$225.00 | \$23.00 | \$7.00 | \$30.00 | \$75.00 | \$120.00 |
| \$300.00 | \$30.00 | \$9.00 | \$39.00 | \$0 | \$261.00 |
| \$350.00 | \$35.00 | \$11.00 | \$46.00 | \$90.00 | \$214.00 |



SECTION E - *Babel Notice for Limited English Proficient Individuals with 11 Language*

(Spanish, Chinese, French, German, Tagalog, Italian, Vietnamese, Korean, Polish, Russian and Portuguese)

English

IMPORTANT! *This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document.*

DEADLINE FOR APPEAL: *If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document.*

IMMEDIATELY: If needed please visit one of our American Job Centers for assistance in the translation and understanding of the information in the document(s) you have received. Visit www.filectui.com for office locations.

Spanish

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

PLAZO LÍMITE PARA APELAR: Si usted está en desacuerdo con esta determinación o decisión, debe presentar una apelación antes del plazo límite indicado en este documento.

INMEDIATAMENTE: Si es necesario, visite uno de nuestros Centros de Trabajo Estadounidense para obtener ayuda en la traducción y comprensión de la información contenida en los documentos que ha recibido. Visite www.filectui.com para ver las ubicaciones de las oficinas.

Chinese

重要提示! 这份文件包含有关失业补偿的权利、责任和/或利益的重要信息。您需要理解本文件中的信息，这一点至关重要。

上诉截止日期: 如果您不同意本裁定或决定，您必须在本文件所载截止日期前提出上诉。

即刻：如有需要，请访问我们的美国就业中心网站之一以获得翻译协助，并了解您收到的文件内容。[请访问www.filectui.com](http://www.filectui.com) 以了解办公地址。

French

IMPORTANT! Ce

document contient des informations importantes sur vos droits d'allocation de chômage, vos responsabilités et/ou vos bénéfices. Il est indispensable que vous compreniez le contenu de ce document.

DATE LIMITE POUR FAIRE APPEL: Si vous n'êtes pas d'accord avec cette détermination ou décision, vous devrez faire un appel avant la date limite signalée dans ce document.

IMMÉDIATEMENT : le cas échéant, veuillez consulter une de nos agences pour l'emploi américaines afin d'obtenir de l'aide avec la traduction et la compréhension des informations contenues dans le ou les documents qui vous ont été remis. Pour savoir où se trouvent nos locaux, consultez le site www.filectui.com.

German

WICHTIG! Diese(s) Dokument(e) enthält (enthalten) wichtige Hinweise zu ihren Rechten, Pflichten bzw. Leistungen im Rahmen der Arbeitslosenunterstützung. Es ist entscheidend, dass Sie die Informationen in diesem Dokument verstehen.

FRIST ZUR BESCHWERDEEINLEGUNG: Wenn Sie mit der Feststellung oder Entscheidung nicht einverstanden sind, müssen Sie vor Ablauf der in diesem Dokument aufgeführten Frist eine Beschwerde einlegen.

ALS SOFORTMASSNAHME: Besuchen Sie bitte erforderlichenfalls eines unserer American Job Center, um Hilfe bei der Übersetzung oder dem Verständnis der Informationen in dem/den Dokument(en) zu erhalten, das/die Sie erhalten haben. Geschäftsstellenstandorte können unter www.filectui.com eingesehen werden.

Tagalog

IMPORTANTE! Ang mga dokumentong ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong mga karapatan na makatanggap ng kabayaran, mga responsibilidad at /o benepisyo dahil sa pagkawala ng trabaho. Napakahalagang maunawaan mo ang mga impormasyong nilalaman sa dokumentong ito.

HULING ARAW PARA UMAPILA: Kung hindi ka sumasang-ayon sa pagpapasiya o desisyon, dapat kang maghabol o magharap ng apila bago dumating ang huling araw na nabanggit sa dokumentong ito.

AGARAN: Kung kinakailangan mangyaring bisitahin ang aming mga Amerikanong Sentro ng Trabaho (American Job Center) para sa tulong sa pagsasalin at pag-unawa sa impormasyon sa (mga) dokumento na tinanggap mo. Bisitahin ang www.filectui.com para sa mga lokasyon ng opisina.

Italian

IMPORTANTE: Questo documento contiene informazioni importanti sui Suoi diritti di indennizzo di disoccupazione, sulle sue responsabilità e i suoi benefit. E' cruciale che Lei comprenda appieno le informazioni contenute in questo documento.

SCADENZA PER IL RICORSO: Se non si trova in accordo con questa determinazione o decisione, dovrà presentare ricorso prima della scadenza riportata nel presente documento.

IMMEDIATAMENTE: se necessario, per ricevere assistenza nella traduzione e nella comprensione delle informazioni contenute nei documenti ricevuti, visitare uno dei nostri American Job Center. Visitare www.filectui.com per le sedi degli uffici.

Vietnamese

QUAN TRỌNG: Tài liệu này chứa đựng tin tức quan trọng về quyền hạn, trách nhiệm và/hoặc những lợi lộc được đền bù trong khi thất nghiệp. Đó là điều tối cần thiết mà quý vị phải hiểu rõ những tin tức trong tài liệu này.

HẠN CHÓT KHIẾU NẠI: Nếu quý vị không đồng ý với quyết định này, quý vị phải nộp đơn khiếu nại trước hạn chót ghi rõ trong tài liệu này.

NGAY LẬP TỨC: Nếu cần thiết xin đến một trong những Trung Tâm Việc Làm Hoa Kỳ (American Job Centers) để được trợ giúp trong việc thông dịch và hiểu những thông tin trong (các) tài liệu mà quý vị nhận được. Xin truy cập www.filectui.com để biết địa chỉ các văn phòng.

Korean

중요! 이 문서는 실업보상 권리, 책임 및/또는 혜택에 대한 중요한 정보가 포함되어 있습니다. 이 문서에 있는 정보를 이해 하는 것은 매우 중요합니다.

항소 마감: 이 결정에 이견이 있으시면 항소인은 문서에 언급된 마감일 전에 항소를 제기하셔야 합니다.

즉시: 귀하가 수령하신 문서의 내용에 대한 번역 및 이해를 위해 도움이 필요하시면 미국 직업 센터(American Job Centers)에 방문하십시오. www.filectui.com 접속하시면 지역별 직업 센터의 위치가 수록되어 있습니다

Polish

WAŻNE! Dokumenty mogą zawierać ważne informacje o Pana(-i) prawach do zasiłków dla bezrobotnych, obowiązków i/lub świadczeń. Zrozumienie informacji zawartych w niniejszym dokumencie jest bardzo ważne.

DATA WYGAŚNIĘCIA TERMINU SKŁADANIA ODWOŁAŃ: Jeśli nie zgadza się Pan(-i) z decyzją zawartą w niniejszym dokumencie, odwołanie należy złożyć przed datą wygaśnięcia terminu wyszczególnionego w treści niniejszego dokumentu.

PILNE: W razie potrzeby odwiedź jedną z placówek American Job Centers, aby uzyskać pomoc w tłumaczeniu i zrozumieniu informacji zawartych w otrzymanym dokumencie. Odwiedź www.filectui.com, aby znaleźć lokalizację najbliższej placówki.

Russian

ВАЖНО! Данный документ(ы) содержит важную информацию о Ваших правах на пособие по безработице, ответственностях и/или выгодах. Крайне важно, чтобы Вы поняли всю информацию, представленную в данном документе(ах).

КРАЙНИЙ СРОК ДЛЯ ОБЖАЛОВАНИЯ: Если Вы не согласны с представленным постановлением или решением, Вы должны подать заявление на обжалование данного документа до крайнего срока, указанного в нём.

НЕЗАМЕДЛИТЕЛЬНО: При необходимости, пожалуйста, посетите один из наших Американских центров по трудоустройству (American Job Center) для получения переводческой помощи и понимания информации, содержащейся в полученном Вами документе (-ах). Посетите сайт www.filectui.com, где указаны адреса офисов.

Português

Importante! Este documento (s) contém informações importantes sobre seus direitos de indemnização do desemprego, responsabilidades e / ou benefícios. É importante que você compreenda as informações contidas neste documento.

Prazo para Recurso: Se você não concordar com esta determinação ou decisão, você deve apresentar e apelar antes do prazo referido no presente documento.

IMEDIATAMENTE: Se necessário, visite um dos nossos Centros Americanos de Trabalho para obter assistência na tradução e compreensão das informações contidas no(s) documento(s) que você recebeu. Visite www.filectui.com para os locais do escritório.

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STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev.
12/2020)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

SECTION F - UNEMPLOYMENT NOTICE

INSTRUCTIONS TO EMPLOYER:

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

INSTRUCTIONS TO EMPLOYEE:

Go to www.FileCTUI.com, click the **blue button** labeled "File or Reopen Your Unemployment Claim"

DO NOT SEND A COPY TO THE DEPARTMENT OF LABOR

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

| | | | | | | |
|--|--|--|--|--|--|--|
| A. EMPLOYER CONNECTICUT REGISTRATION NUMBER | | | | | | |
| B. EMPLOYER NAME | | | | | | |
| C. EMPLOYER ADDRESS | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| D. EMPLOYEE NAME | | | | | | | |
| E. SOCIAL SECURITY NUMBER | | | | | | | |
| F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE) | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----------------------|--|---|--|---|--|---------------------------|--|---|--|---|--|---|--|---|--|---|--|
| G. START DATE | | / | | / | | H. LAST DAY WORKED | | / | | / | | I. RETURN TO WORK DATE (if definite) | | / | | / | |
|----------------------|--|---|--|---|--|---------------------------|--|---|--|---|--|---|--|---|--|---|--|

| | | | | | | | | | | | | | | | | | |
|-----------------------------------|---------------------------------------|--|--|---|--|--|--|--|--|--|--|----------|--|--|--|--|--|
| J. YEAR TO DATE EARNINGS | \$ _____ | K. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday) | | | | | | | | | | \$ _____ | | | | | |
| L. REASON FOR UNEMPLOYMENT | <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Voluntary Leaving | <input type="checkbox"/> Discharge/ Suspension | <input type="checkbox"/> Leave of Absence | | | | | | | | | | | | | |
| | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------|-----------------------------|
| M. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK? | | | | | | | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------|-----------------------------|

| If yes, what type? | No. of hours/days covered | Amount | Dates Covered |
|--------------------|---------------------------|--------|---------------|
| | | | |

| | | | | | |
|---------------------------|--|-------------------|--|-------------|--|
| EMPLOYER SIGNATURE | | TITLE | | DATE | |
| TELEPHONE NUMBER | | FAX NUMBER | | | |