**READING FORM UC-44FR – REQUEST FOR RELIEF FROM CHARGES**

<table>
<thead>
<tr>
<th>Employer Account Number</th>
<th>Employee Social Security Number and Name</th>
<th>Employee Date of Affiliation</th>
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**BASE-YEAR PERIOD**

- **Beginning and ending dates of base year period**
  - From
  - To

**EMPLOYER ACCOUNT NUMBER**

- For use only

**LAST DATE FOR TIMELY REQUEST**

- By this date in order for your request for relief to be considered timely.

**FINANCIAL DECISION MAILING DATE**

- Form must be postmarked or faxed by this date.

**Effective date of claim**

- If **appears in this field, there has been a revision to the financial determination.**

**Expiration date of claim**

- Date Forms UC-44 and UC-44 (FR) were mailed

**Date Forms UC-44 and UC-44 (FR) were mailed**

- Total wages the claimant earned in the highest quarter

**Percentage of charges for which you are liable**

- Total wages and credit weeks from all employers in claimant’s base year

**Financial eligibility code for UC benefits**

- 1=Eligible
- 2, 3, 6 & U=Ineligible
- 7=Conditionally eligible-subsequent claim

**BASE-YEAR WAGES AND CREDIT WEEKS**

- **Total wages**
- **Credit weeks**
- **Total of all employers**
- **High QTR. WAGES**
- **Your percent charge**

**Serv ice Center**

- **Type of Claim**
- UC

**Blocks for Co Use Only**

- Sequence number

**Quarters included in the base year and wages for each quarter that were paid to the employee**

- 1st Qtr=January 1 to March 31
- 2nd Qtr=April 1 to June 30
- 3rd Qtr=July 1 to September 30
- 4th Qtr=October 1 to December 31

**Total base year wages claimant earned while in your employ**

- Weekly benefit rate, number of weeks eligible, and maximum amount for which claimant is eligible

**Number of dependents, weekly dependent’s amount, and maximum amount for which claimant is eligible**

- Financial eligibility code for UC benefits

**UC Service Center through which the claim was filed**

- UC and UC Service Center through which the claim was filed