

## ACTIVE SEARCH FOR WORK WAIVER FORM

In order to be eligible to receive unemployment compensation (UC) benefits, Section 401(b) of the Pennsylvania Unemployment Compensation Law (UC Law) requires each claimant to make an active search for work during each week for which benefits are claimed. However, the UC law allows the Department of Labor & Industry to waive or alter the active search for work requirements for a claimant if the secretary determines that compliance with such requirements would be oppressive or would be inconsistent with the purposes of the UC law.

You may use this form to request the department to waive or alter the active search-for-work requirements for you. Enter your name and Social Security number below and provide detailed information explaining why your compliance with these requirements would be oppressive or inconsistent with the purposes of the UC law. Any additional documentation that supports your request may be attached to this waiver form. Copies of this form are available for download at **www.uc.pa.gov**.

**IMPORTANT: In order to be eligible for UC benefits, a claimant must be able to work and available for suitable work. If you request a waiver or alteration of the active search-for-work requirements for reasons that render you unable to work or unavailable for suitable work, you may be found ineligible for UC benefits.**

Name: \_\_\_\_\_ Social Security number: 

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(clearly print first and last name)

**I am requesting that my active search-for-work requirements be waived or altered for the week(s) of \_\_\_\_\_ for the following reason(s):**

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I certify that all information I have provided in this document is correct and complete. I acknowledge that false statements in this document 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: Department of Labor & Industry  
Office of Unemployment Compensation Benefits Policy  
ATTN: Adjudication Unit  
651 Boas Street, 6th Floor  
Harrisburg, PA 17121

**Remember!** If you are working full time, you are not eligible for benefits for that week. If you are working part time, you must report all work performed and gross wages earned during weeks claimed. Payments will be matched against wages reported by employers to the Department of Labor & Industry.