



Commonwealth of Massachusetts Executive Office of Labor and Workforce Development

អ៊ិនធឺណែត UI

ដាក់ពាក្យសុំសំណើជំនួយគ្មានការងារថ្មីមួយ



របៀបដាក់ពាក្យសុំសំណើជំនួយគ្មានការងារថ្មីមួយ

របៀបដាក់ពាក្យសុំសំណើជំនួយគ្មានការងារថ្មីមួយក្នុងអ៊ិនធឺណែត UI:

- បើកកាំព្យួរ
- ចូលទៅអ៊ិនធឺណែត
- នៅលើចន្លោះអាស័យដ្ឋាន សូមវាយចូល www.mass.gov/dua <បញ្ចូល>។

កំណត់សារ៖ កម្មវិធីរុករកគេហទំព័រដែលបានណែនាំឲ្យប្រើគឺ

Desktop Browser

[Microsoft®](#)

[Mozilla Firefox](#)

ឧត្តមជាង

[Apple® Safari](#)

[Mozilla Firefox](#)

ឧត្តមជាង

Windows® 7 និងឧត្តមជាង Mac® OS X 10.x

Internet Explorer 9.x ឬឧត្តមជាង Microsoft Edge មិនគាំទ្រឡើយ

Versions 35 ឬ

Versions 35 ឬឧត្តមជាង

មិនគាំទ្រឡើយ

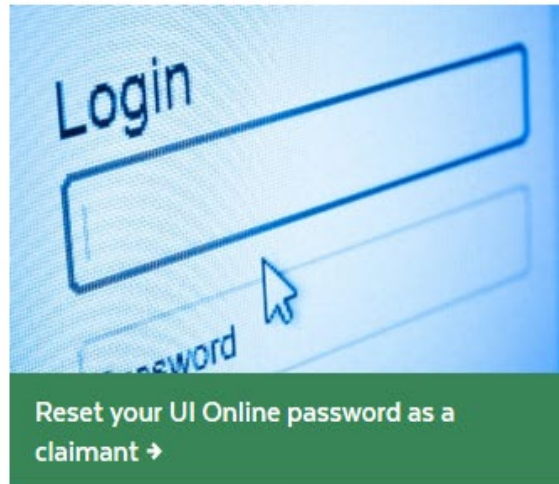
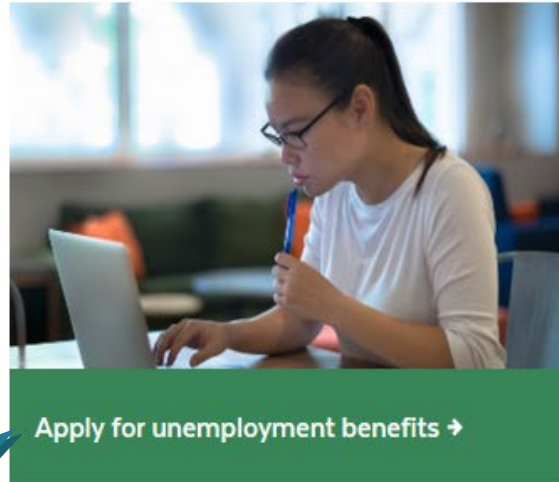
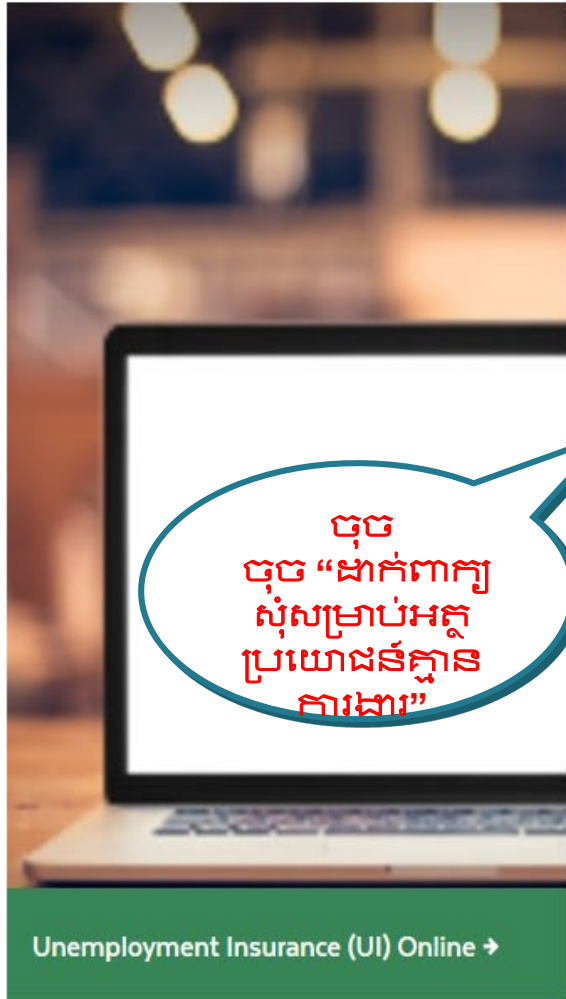
Versions 35 ឬ

Versions 35 ឬឧត្តមជាង



ចុច “ដាក់ពាក្យសុំសម្រាប់អត្ថប្រយោជន៍គ្មាន ការងារ”

Department of Unemployment Assistance





Apply for unemployment benefits

Have you lost your job? You may qualify for temporary income to support you while you look for a new one.



You should apply for unemployment benefits during your first week of total or partial unemployment. Most claims are processed within 21-28 days after filing. It may take longer if there is an issue with your claim.

ដាក់ពាក្យសុំសម្រាប់
អត្ថប្រយោជន៍គ្មាន
ការងារតាម
អ៊ិនធឺណែត

[Apply for unemployment benefits online →](#)

[Check eligibility →](#)

សូមអានសេចក្តីថ្លែងការព្រមាន



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Logon

* Indicates Required Field

1. អាននិង
ចុចដើម្បី
អនុញ្ញាត

WARNING

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.*

Welcome to Massachusetts Unemployment Insurance (UI) Online Application

Please provide your Social Security Number

Social Security Number:

*

Confirm your Social Security Number:

*

2. បញ្ចូល
លេខសន្តិសុខ
សង្គមក្នុង
វិស័យទាំងពីរ

Next

3. ចុច
បន្ទាប់

ចាប់ផ្តើមសំណុំបែបបទអត្ថប្រយោជន៍គ្មានការងារ



[Change Password](#) | [Logoff](#)

Unemployment Initial Claim Submit Process



1 Coronavirus Disease 2019 (COVID-19) Emergency Information

To expedite the issuing of payments there will be no "waiting week."

If you are unable to work due to the COVID-19 emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

Getting Started with the Massachusetts Unemployment Benefits Online Application

[Do I meet the eligibility requirements?](#)

[When should I file for unemployment benefits?](#)

[What information will I need to apply for benefits?](#)

[What if I worked in another state?](#)

[How will my unemployment benefits be determined?](#)

[How are benefits paid?](#)

[Can I file if I was in the Military or worked for the Federal Government?](#)

[Web page viewing tips](#)

[System Security](#)

[Start the Unemployment Benefits Application](#)

Upon Completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application.
Your application will NOT be processed if you exit before you submit your unemployment benefit application.

Note : Do not select the 'Back' button on your browser. Instead, use the [Previous](#) and [Next](#) buttons.

It would be beneficial to be connected to a printer in order to print important documents.

ចុចដើម្បី
ចាប់ផ្តើមសំណុំ
បែបបទ

សូមអានបញ្ជី ហើយចុចបន្ទាប់



Unemployment Initial Claim Submit Process



1. សូមអាន
បញ្ជីព័ត៌មាន

Information Checklist

Information you will need to supply in order to apply for unemployment benefits:

- Your Social Security Number
- If you are not a citizen of the United States, your alien registration number
- Your residential address
- Your mailing address
- Your telephone number
- Your birth date
- Your employment history (most recent 15 months) which includes:
 - The names of all your employers
 - Employer addresses
 - Employer phone numbers
 - Reasons for separation from your employers
 - Employment start and end dates
 - Recall dates
- The social security numbers and dates of birth for your dependents
- Your union name and local number (if you are a member of a union)
- If you were in the Military you will need information from your DD-214 Member 4 (not mandatory to apply)
- If you were a Federal Employee, you will need information from your SF8 (not mandatory to apply)
- Your e-mail address (optional)
- If you want to use direct deposit you will need your bank account number and bank routing number

Select [Print](#) if you would like to see this list in a printer-friendly window.

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2. ចុច
បន្ទាប់



សូមអានសេចក្តីថ្លែងការណ៍ស្តីពីសិទ្ធិឯកជនភាពទិន្នន័យ

Logon

* Indicates Required Field

1. អាន
សេចក្តីថ្លែងការណ៍
សិទ្ធិឯកជនភាព

Unemployment Initial Claim Submit Process



Data Privacy Authorization

The information you provide is required by the Department of Unemployment Assistance (DUA) to determine your eligibility for unemployment insurance benefits. This information is confidential and will not be disclosed except as allowed by law.

Your social security number is needed to file a claim, to identify you, to obtain wage information, to determine your eligibility for benefits and for reporting your receipt of unemployment compensation to the IRS and other government agencies for the administration of their programs. Your application cannot be processed without all personal and employment information requested herein. 26 U.S.C. 6109(a) requires DUA to obtain your social security number from you when you file your claim for benefits.

Employers are authorized by law to provide DUA with information needed to determine your eligibility for benefits. This information includes your dates of employment, wages paid and the reason for your employment separation. Information you provide about why you left specific employment may be disclosed to that employer so that DUA may determine your eligibility for benefits.

I certify that all information provided is accurate and that the answers to all questions are true and correct. I know that Massachusetts Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA will verify my information to assure its accuracy. By selecting 'Yes', I acknowledge that, under penalty of perjury, all information provided is complete and accurate to the best of my ability.

2. ប្រសិន
បើយល់
ព្រម ចុច
បាទ/ចាស

I have read and agree with the above: ☒ Yes ☐ No*

Note: If you check 'No' you cannot continue through this application. Tell me more about [data privacy](#).

3. ចុច
បន្ទាប់

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តើអ្នកបានធ្វើការក្រៅម៉ោងសប្តាហ៍មុនឬទេ?



Commonwealth
of Massachusetts

Friday, March 17, 2017

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Unemployment Initial Claim Submit Process



1. ចុចបាន/ចាស់
តែប៉ុណ្ណោះ
ប្រសិនបើអ្នក
បានធ្វើការក្រៅ
ម៉ោងសប្តាហ៍មុន
ឬក៏បានធ្វើការ
ផ្សេងទៀតដែលបាន
កំណត់របស់អ្នក

When will my claim begin?

Your claim begin date will be:

Sunday, March 12, 2017

You may be eligible for an earlier begin date if you worked part-time last week. Did you work part-time last week?

☐ Yes ☐ No*

2. ចុចទេ
ប្រសិនបើអ្នកបានធ្វើ
ការតាមចំនួនម៉ោង
ឬក៏បានធ្វើការ
ផ្សេងទៀតដែលបាន
កំណត់របស់អ្នក

3. ចុច
បន្ទាប់

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ចំនួនម៉ោងបានធ្វើការ



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* Indicates Required Field

Unemployment Initial Claim Submit Process



Work Hours

You may apply for unemployment benefits if:

- You were separated from employment.
- Your hours have been reduced and you will work less than your regular schedule of working hours.

1. During the week of Sunday, through Saturday, how many hours did you or will you work? *

If you were totally unemployed please enter zero.

2. How many hours do you normally work during the week? *

3. ចុច
បន្ទាប់

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1. បញ្ចូលចំនួនម៉ោងដែលធ្វើការ
ក្នុងសប្តាហ៍ដែលអ្នកកំពុងដាក់
ពាក្យសុំសេវាប្រយោជន៍
(ប្រសិនបើមាន) ត្រង់នេះ

2. បញ្ចូលចំនួនម៉ោង
បានធ្វើការមួយសប្តាហ៍
ជាប្រចាំត្រង់នេះ

សំណួរដើម



* Indicates Required Field

1. សារពិធីករ សំខាន់

Unemployment Initial Claim Submit Process



1 Coronavirus Disease 2019 (COVID-19) Emergency Guidance

Being impacted by COVID-19 may include but is not limited to the following:

- Employer closed
- Hours reduced
- You or someone in your household is quarantined
- You or someone you are caring for is "high risk" (older adults and/or persons with serious chronic medical conditions)
- Lack of childcare

2. ចុច បាទ/ចា សំ ប្រសិនបើអ្នក ត្រូវបានប៉ះទង្គិច ដោយ COVID- 19

Are you out of work because you have been impacted by the COVID-19?

☐ Yes ☐ No*

Initial Questions

Tell us about your employment.

1. Indicate **all** type(s) of employment you had since (1/1/2019) :*

- ☐ I have not worked since last year (1/1/2019)
- ☐ Employed in **Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed in **Non-Massachusetts** (excluding military and federal civilian employment)
- ☐ Employed by the **Military** in Active Duty
- ☐ Employed as a **Federal Civilian**

3. អ្នកដាក់ពាក្យសុំ ភាគច្រើនបានធ្វើ ការក្នុងរដ្ឋ Massachusetts ហើយនឹងចុចក្រុង នេះ

4. គ្រាន់តែចុច បាទ/ចាសំ ប្រសិនបើអ្នកបាន ដាក់ពាក្យសុំសម្រាប់ អត្ថប្រយោជន៍ក្នុង រដ្ឋមួយទៀត។ បើ មិនដូច្នោះទេ ចុច ទេ

2. Since 3/17/2019 have you applied for unemployment benefits from a state other than Massachusetts?

☐ Yes ☐ No*

3. Enter your residential address:

5. ចុចអាស័យដ្ឋាន លំនៅដ្ឋាន

Address Line 1: *

Address Line 2:

City: *

State: MA - Massachusetts *

ZIP Code: *

Country: US - United States Of Americ. *

6. ចុច បាទ/ចាសំ ប្រសិនបើអ្នករស់ នៅក្នុង MA ហើយ បច្ចុប្បន្នមាន 1 គ្នាមាន ក្នុង MA

4. Are you presently in Massachusetts?:

☐ Yes ☐ No*

ការផ្ញើឯកសារអាសយដ្ឋាន



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Logon

Unemployment Initial Claim Submit Process



1. ចុចលេខស្លៀក
ប+4 ក្នុង
ជាមួយអាសយ
ដ្ឋានរបស់អ្នក

Address Validation - Residential

The address you entered is verified to ensure that the U.S. Post Office can deliver mail to that address. For faster mailing, we also add the zip+4code. Please select the most accurate mailing address below.

Possible Matches

- ☒ 19 Staniford St
Boston, MA 02114-2502

Provided Address

- ☐ 19 Staniford Street
Boston, MA 02114

Previous

Next

2. ចុច
បន្ទាប់



បញ្ចូលព័ត៌មានអ្នកសំណើទាមទារ



Commonwealth
of Massachusetts

Logon

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Field

1. ទំព័រនេះនឹង
មានបង្ហាញ
សម្រាប់តែអ្នក
ដាក់ពាក្យសុំ
ដំបូងប៉ុណ្ណោះ

2. បំពេញក្នុងវិ
ស័យជាមួយ
ផ្កាយទាំងអស់

Unemployment Initial Claim Submit Process



Claimant Authentication

1. Enter your Social Security Number(No Dashes):
2. Confirm your Social Security Number:
3. Birth Date:
4. Gender:
5. First Name (as it appears on your Social Security card):
6. Middle Initial:
7. Last Name (as it appears on your Social Security card):
8. Driver's License Number:
9. Issued by State:

	*
	*
	*
<input type="radio"/> Female <input type="radio"/> Male	*
	*
	*
	*
Select One	

3. អ្នកមិនចាំបាច់
ត្រូវការដាក់បញ្ចូល
លេខប័ណ្ណបើកឡាន
ឬប័ណ្ណរដ្ឋចេញផ្សាយឡើយ

Previous

Submit

4. ចុច
ដាក់
ចូល



កំណត់ពាក្យសម្ងាត់ និងសំណួរសុវត្ថិភាព



Commonwealth
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Friday, 1

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[Change Password](#) | [Logoff](#)

* Indicates Required Field

1. ទំព័រនេះនឹង
មានបង្ហាញ
សម្រាប់តែអ្នក
ដាក់ពាក្យសុំ
ដំបូងប៉ុណ្ណោះ

Unemployment Initial Claim Submit Process



Set Password

Please choose a new password and other information by entering it in the fields below and clicking Save. For additional information on password security, please refer to the [password guidelines](#).

លំនាំពាក្យសម្ងាត់៖

- យ៉ាងហោចណាស់មានអក្សរ 8 តួ
- អក្សរធំមួយ
- អក្សរតូចមួយនិង
- អក្សរពិសេសមួយ

New Password:

Confirm Password:

Security Question:

Security Answer:

Confirm Security Answer:

2. វាយបញ្ចូល
ពាក្យសម្ងាត់
ហើយឆ្លើយ
សំណួរសុវត្ថិ
ភាព

3. ចុច
សន្សំ

Save

Remember this information. You will need it to access your claim online.



Unemployment Initial Claim Submit Process



Contact Information

First Name: **Charles**
Middle Initial:
Last Name: **Smith**
Suffix:

Residential Address

Address Line 1: **19 Staniford St**
Address Line 2:
City: **Boston**
State: **MA**
Zip: **021142502**
Country: **US**

Mailing Address

Check this box if Mailing Address is same as Residential Address: ☐

In care of (c/o):
Address Line 1:
Address Line 2:
City:
State: **MA - Massachusetts** ▼
ZIP Code:
Country: **US - United States Of Americ** ▼

ចូចលើប្រអប់ប្រសិន
បើអាស័យដ្ឋានលិខិត
ដូចគ្នានឹងអាស័យដ្ឋាន
មានលំនៅដ្ឋាន។
(ប្រសិនបើទេ សូម
បំពេញក្នុងវិស័យ
អាស័យដ្ឋាន)



អាស័យដ្ឋាន លេខទូរស័ព្ទ វិធីស្នើសុំឆ្លងគ្នា និងភាសា

Mailing Address

Check this box if Mailing Address is same as Residential Address:
☐

In care of (c/o):
Address Line 1:
Address Line 2:
City:
State:
MA - Massachusetts
ZIP Code:
Country:
US - United States Of America:

Telephone Number

Home:
Cell:
Other:
International:
Enter email address:
Re-enter email address:

3. ជ្រើសយកអេឡិចត្រូនិចសម្រាប់ដំណើរការលឿនជាង

Correspondence Preference

Choosing electronic correspondence will ensure that benefits are processed and paid faster.
How would you like to receive your correspondence?
☐ Electronic ☐ US Mail*
Note: If you select electronic correspondence you must provide an email address.

Primary Language

DUA will make best efforts to provide you with services in your primary language.
Is English your primary language?
☐ Yes ☐ No*

1. វាយបញ្ចូលលេខទូរស័ព្ទផ្ទះ លេខទូរស័ព្ទដៃ (ប្រសិនបើមាន) កែទូរស័ព្ទដៃ វាអាចដាក់បញ្ចូលក្នុងវិស័យទាំងពីរ

2. វាយបញ្ចូលអាស័យដ្ឋានអ៊ីមែលក្នុងវិស័យទាំងពីរ (សូមបញ្ជាក់ថាពិនិត្យអ៊ីមែលរបស់អ្នកជាប្រចាំ សម្រាប់ព័ត៌មានសំខាន់)

3. ជ្រើសយកអេឡិចត្រូនិចសម្រាប់ដំណើរការលឿនជាង

4. តើភាសាអង់គ្លេសជាភាសាចម្បងរបស់អ្នកឬ? ចុចបាទ/ចាស ឬទេ

ព័ត៌មានផ្ទាល់ខ្លួន



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Unemployment Initial Claim Submit Process



2. ប្រសិនបើអ្នកមិនមែនជាពលរដ្ឋអាមេរិក អ្នកនឹងត្រូវបានស្នើសុំឱ្យផ្តល់ព័ត៌មានបន្ថែម

1. ចុចដើម្បីឆ្លើយសំណួរស្តីពីព័ត៌មានផ្ទាល់ខ្លួន

Personal Information

1. Are you a Military Veteran ? ☐ Yes ☐ No*
2. Race : *
3. Are you of Hispanic heritage? : ☐ Yes ☐ No ☐ I choose not to answer*
4. Select your highest level of education completed: *
5. Do you have a Disability? ☐ Yes ☐ No ☐ I choose not to answer*
6. Are you a U.S. citizen? ☐ Yes ☐ No*
7. Are you required by a court order or other government agency to pay child support?
 - A. In Massachusetts? ☐ Yes ☐ No*
 - B. In a state other than Massachusetts? ☐ Yes ☐ No*
8. If you have qualified dependent children, you may be eligible to collect additional benefits. Click [here](#) to review the definition of qualified dependents. Do you wish to apply for dependency allowances? ☐ Yes ☐ No*

3. ប្រសិនបើអ្នកកំពុងតែបញ្ចូលកូនៗ ពឹងផ្អែក អ្នកនឹងត្រូវបានស្នើសុំឱ្យផ្តល់ព័ត៌មានបន្ថែម

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4. ចុចបន្ទាប់



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of Massachusetts

Friday, March 17, 2017

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* Indicates Required Field

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Unemployment Initial Claim Submit Process



Work Information

1. Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent?

☐ Yes ☐ No*

2. Have you been notified by an employer of a definite return to work date?

☐ Yes ☐ No*

If Yes, enter your return to work date, and select means of notification:

(mm/dd/yyyy)

☐ In Writing ☐ Not in Writing

3. Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?

☐ Yes ☐ No*

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1. យើងយល់ថា ក្នុងករណីជាច្រើន អ្នកដាក់ពាក្យសុំនឹងពុំមានការត្រឡប់ដាក់ច្បាប់ ទៅកាលបរិច្ឆេទធ្វើការឡើយ

2. ចុចបន្ទាប់



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Unemployment Initial Claim Submit Process



Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

2. ចុច
ស្វែងរក

Search

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1. បញ្ចូល
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Note: Click on a different page number for additional job title options.

ជ្រើសយកពិពណ៌នាការងារ

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Unemployment Initial Claim Submit Process



1. ជ្រើសយក និង
ចុចពិពណ៌នាការងារ

General Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation.
- Once you have located the most accurate description of your occupation, select the button associated with the Job Title, and select **Next**.
- For additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

Search Results

Select	Job Title	Description
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants, Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

2. ចុច
បន្ទាប់

ចំនួនឆ្នាំបានធ្វើការ



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Unemployment Initial Claim Submit Process



Additional Occupation Information

Job Title: **Bus Drivers, School or Special Client**

[Search](#)

To search for job title select search

How many years have you done this type of work?:

Note: If you have worked for less than one year, enter 1.

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1. វាយ
បញ្ចូលចំនួន
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ការ

2. ចុច
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1. ជ្រើសយកហើយ
ចុច
ជម្រើស
ដកពន្ធ

Unemployment Initial Claim Submit Process



Tax Withholding Options

Unemployment benefits are taxable income under both federal and Massachusetts law. You may be required to make quarterly estimated payments to federal and state income tax. I authorize the Department of Unemployment Assistance to do the following regarding income taxes withholding:

- ☐ Withhold Federal income tax at the rate of 10%; or
- ☐ Withhold State income tax at the rate of 5.1 ; or
- ☐ Withhold Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1 , for a combined rate of 15.1
- ☐ I choose not to have any income tax withheld from my benefits

Note: You may change your income tax withholding choice at any time.

2. ចុច
ដាក់ចូល

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ជ្រើសរើសបញ្ជីឥណទាន ឬការដាក់ប្រាក់ដោយផ្ទាល់



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Unemployment Initial Claim Submit Process



Payment Options

All unemployment Insurance payments are electronic

with the exception of your first payment which will be made by paper check. When an unemployment benefit payment is made, the payment is made by either a:

- Deposit made to an unemployment debit card; or
- Direct deposit to a personal checking or savings account. Deposits can only be made to banks in the U.S

1. ការដាក់
ប្រាក់ដោយ
ផ្ទាល់នឹង
បញ្ជីឥណទាន
ដើម្បីការ
កាន់តែឆាប់
រហ័ស

Your payments will be made to an unemployment debit card unless you select direct deposit and complete the information below or if there is a problem with your direct deposit information.

- ☒ I would like my benefits paid via a **unemployment debit card**
- ☐ I would like my benefits paid by **direct deposit** to a personal bank account

2. ចុច
ដាក់ចូល

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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.

Employer Business Name	Employer Legal Name	Status	
Massachusetts Employment	{UnKnown}	INCOMPLETE	* Update

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/17/2017 is needed to determine your eligibility and benefit amount. Click the "Add" button below to add additional Employment.

Employment Type: [Add](#)

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1. ក្នុងករណី
ភាគច្រើន
និយោជិក
នឹងដាក់
បញ្ចូល
ព័ត៌មាន
ដោយ
ស្វ័យប្រវត្តិ
ហើយនឹងត្រូវ
ការធ្វើ
បច្ចុប្បន្នភាព

2. ចុចធ្វើ
បច្ចុប្បន្ន
ភាព

3. ប្រសិន
និយោជិករបស់
អ្នកពុំមាន
បង្ហាញដោយ
ស្វ័យប្រវត្តិទេ
សូមប្រើចន្លោះ
ទាញចុះ ដើម្បី
បន្ថែមឈ្មោះ

វាយបញ្ចូលឈ្មោះនិយោជកនិងស្វែងរក



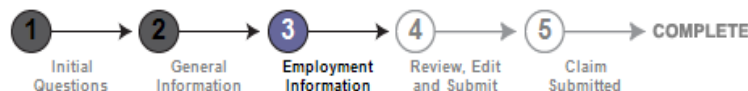
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Unemployment Initial Claim Submit Process



Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☐ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Emp**
- To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

View Search Tips

Employer Name:	<input type="text"/>	<input type="checkbox"/> Contains
Employer City:	<input type="text"/>	
Federal Employer Identification Number (FEIN):	<input type="text"/>	

3. ចុចស្វែងរក

Search

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1. ដើម្បីដំណើរការការទូទាត់របស់អ្នកកាន់តែឆាប់រហ័ស សូមដាក់បញ្ចូលឈ្មោះនិយោជកដូចគ្នាបេះបិទ ដូចដែលវាបង្ហាញនៅលើ កន្លែងស្នាក់ ឬ W-2 របស់អ្នក។

2. វាយបញ្ចូលឈ្មោះនិយោជកដូចដែលវាដាក់បង្ហាញនៅលើកន្លែងស្នាក់ ឬ W-2

ជ្រើសរើសនិងជ្រើសយកនិយោជករបស់អ្នក



Massachusetts Employer Search

You previously said you worked for a Massachusetts employer. Is this correct? ☒ Yes ☐ No*

- If **Yes**, complete the following information:
- If **No**, select the **Next** button. This will remove this Massachusetts employment from your employment list.

You indicated you had Massachusetts employment since 1/1/2016

- To search for your Massachusetts employer enter at least 2 characters of your employer's name in the **Employer Name** field. To perform a 'Contains' search you must enter at least 5 characters and select the 'Contains' checkbox.
- Select the **Search** button to begin your employer search.

[View Search Tips](#)

Employer Name: ☐ Contains
Employer City:
Federal Employer Identification Number (FEIN):

Search

Reset

Review the following list of employers. After choosing your employer, select the **Next** button.

Search Results

Select	Employer Doing Business As (DBA) Name	Legal Name	Employer Address
<input checked="" type="radio"/>	FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	68 Industrial Blvd Ste 6, Hanson, MA, 02341-1547

[What if I cannot find my employer in the search results?](#)

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1. ជ្រើសយកហើយ
ចុចនិយោជករបស់
អ្នក

2. ចុច
បន្ទាប់

ឆ្លើយនឹងសំណួរអំពីនិយោជិក



You selected you worked for:

Massachusetts Employer Legal Name: **FIRST STUDENT MANAGEMENT LLC**

Massachusetts Employer Doing Business As (DBA) Name: **FIRST STUDENT MANAGEMENT LLC**

Employer Legal Address:

600 Vine St

Suite 1400

Cincinnati

Ohio

45202-2400

Employer Physical Location Address:

68 Industrial Blvd Ste 6

Hanson

Massachusetts

02341-1547

Most Recent Work Address

Enter the physical location where you performed work for this employer, if different than the address listed above.

Address Line 1:

Address Line 2:

City:

State: **Massachusetts**

ZIP Code:

Phone:

ext:

*Did you work full time for this employer?

☐ Yes ☐ No

Enter your total period of employment with this employer:

Employment Start Date:

(mm/dd/yyyy)

Employment End Date:

(mm/dd/yyyy)

* Have you been separated from this employer more than once since 1/1/2016?

☐ Yes ☐ No

*Are you considered working on-call for this employer?

☐ Yes ☐ No

*Are you a member of a corporation or a shareholder of this company?

☐ Yes ☐ No

*Are you a sole proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole proprietorship and/or partnership at this company?

☐ Yes ☐ No

*Are you a school Employee?

☐ Yes ☐ No

*1. Are you paid by the city or town?

☐ Yes ☐ No

*2. Are you paid by a private employer?

☐ Yes ☐ No

ក្នុងករណីភាគច្រើន
ចម្លើយទាំងនេះនឹង
ជាចម្លើយថា ទេ

ជ្រើសយក និងចុចពិពណ៌នាការងារ



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Unemployment Initial Claim Submit Process



Occupational Information

- Enter your job title and select **Search** to locate the most accurate description of your occupation. Once you have located the most accurate description of your occupation, select the button associated with the Job Title, select **Next**.
- Additional information related to a Job Title, select the hyperlink associated with the job title.

Job Title:

Search

Reset

Search Results

Select	Job Title	Description
<input type="radio"/>	Bus Drivers, School or Special Client	Transport students or special clients, such as the elderly or persons with disabilities. Ensure adherence to safety rules. May assist passengers in boarding or exiting.
<input type="radio"/>	Bus Drivers, Transit and Intercity	Drive bus or motor coach, including regular route operations, charters, and private carriage. May assist passengers with baggage. May collect fares or tickets.
<input type="radio"/>	Taxi Drivers and Chauffeurs	Drive automobiles, vans, or limousines to transport passengers. May occasionally carry cargo. Includes hearse drivers. Excludes "Ambulance Drivers and Attendants, Except Emergency Medical Technicians" (53-3011) and "Bus Drivers" (53-3020).

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2. ចុច
បន្ទាប់

ជ្រើសរើសហើយចុចើលមូលហេតុដាច់ការងារ



Occupational Information

Enter your job title while working for the employer listed above:

*Job Title: Bus Drivers, School or Special Client

To enter your job title for this employer select search

Search

Reason For Separation from this employer

*

- ☐ **Still Working:** You are working "part-time" or "on-call".
- ☐ **Layoff:** Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.
- ☐ **Quit:** You decided to leave your employment for reasons including: another job; moved; to avoid being fired; work related, personal, or medical reasons.
- ☐ **Discharged:** Your employer ended your employment for a reason other than a layoff.
- ☐ **Leave of Absence:** You and your employer have an agreement that you will take some time off work and you anticipate that you will return to work with this employer in the future.
- ☐ **Suspension:** Your employer will not allow you to work pending an investigation or as a disciplinary action.
- ☐ **School Employee:** You are on a semester/term break from school-related employment.
- ☐ **Strike:** You are not working due to a strike.
- ☐ **Lockout:** You are not working as a result of a lockout.
- ☐ **Conviction:** You were discharged by your employer or quit your job due to a conviction of a felony or misdemeanor.

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1. ប្រសិនបើការដាក់ពាក្យសំណើទាមទាររបស់អ្នកគឺជាលទ្ធផលនៃចម្លើយបន្ទោះអាសន្ន COVID-19 មូលហេតុដាច់ការងារ

2. ចុចបន្ទាប់

ចុចដើម្បីបន្ថែមចំណងជើង



Friday, March 31, 2017
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Unemployment Initial Claim Submit Process



Additional and Complete Employment

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility and benefit amount.

- If an employer is listed with a status of "Incomplete," select the "Update" button to review and complete the missing information.
- If the list of employers has a status of "Complete" and reflects all the employment that you have had in the past year, select "Next."
- If the list does not include all the employment that you have had in the past year, select the type of employment and the "Add" button below.
- **If you worked for the same employer in multiple states, please list your employment in each state as a separate employer.**

Employer Business Name	Employer Legal Name	Status		
Massachusetts Employment				
FIRST STUDENT MANAGEMENT LLC	FIRST STUDENT MANAGEMENT LLC	COMPLETE	* Update	Delete

Provide Additional Employers

A complete list of employment from 1/1/2016 to 3/31/2017 is needed to determine your eligibility. Use the "Add" button below to add additional Employment.

Employment Type: [Add](#)

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2. ចុច
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1. នៅពេល
និយោជិកទាំង
អស់ត្រូវបាន
បន្ថែមហើយ
ស្ថានភាព បាន
បញ្ចប់ សូមចុច
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* Indicates Required Field

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Unemployment Initial Claim Submit Process



1. ឆ្លើយសំណួរទាំងអស់មានសញ្ញាផ្កាយ

Eligibility Information

Since Friday, January 1, 2016, have you applied for or are you receiving any of the following:

1. Payments from a [Union Pension Fund](#) contributed to by one or more employers? (including lump sum and periodic payments) ☐ Yes ☐ No*

2. Payments from a pension fund, annuity fund, or retirement account contributed to by an employer? (Including 401K and lump sum or periodic payments.) ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, applied for, or are you receiving any of the following:

3. [Workers' compensation](#) payments for the loss of wages? ☐ Yes ☐ No*

Since Friday, January 1, 2016, have you received, are you receiving, or do you expect to receive any of the following:

4. Vacation or Personal Time Off (PTO) pay because of or upon your severance of employment(includes temporary layoffs) ☐ Yes ☐ No*

5. Severance Pay or any other payments due to separation from employment?

- Severance or other pay may include any types of payment such as severance pay, pay in lieu of dismissal notice, continuation pay (not performing services but still being paid), a retention or "stay" bonus or any other payment based on years or length of service. ☐ Yes ☐ No*
- Does NOT include regular earnings for work performed.

Since Friday, January 1, 2016:

6. Were you paid to participate in or train for professional sporting events at any level as a coach, athlete, or referee? ☐ Yes ☐ No*

7. Are you currently enrolled in a Full Time School or a training program?

- Full Time School is described as a course or training program providing a minimum of at least 20 hours of supervised classroom training per week or 12 credits each semester or the equivalent. ☐ Yes ☐ No*

2. ចុចបន្ទាប់

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កំណត់សកម្មភាពស្វែងរកការងារ



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Unemployment Initial Claim Submit Process



Important Information about Your Unemployment Benefits

Please read and certify:

a. If you are unable to work due to the *Coronavirus – COVID-19* emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

b. If your current unemployment claim is not due to *Coronavirus – COVID-19* emergency:

- You still need to conduct a weekly work search.
- Acceptable work search activities include reviewing job postings online and working on your resume.
- You do not need to accept work offered to you if you are under quarantine or have been instructed to stay at home.

c. If you move and change your address or your telephone number you must update your contact information in the UI Online system immediately.

☐ I have read and understand the information above. I understand that DUA will verify the information that I provide.*

1. អាន
ហើយបញ្ជាក់

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2. ចុច
បន្ទាប់

ពិនិត្យមើល កែសម្រួល ហើយដាក់បញ្ចូលសំណុំ បែបបទ



Commonwealth
of Massachusetts

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* Indicates Required Field

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Unemployment Initial Claim Submit Process



1. ចាប់ផ្តើមពិនិត្យ
មើលព័ត៌មាន

Application Not Yet Complete

Your **application is not yet submitted**. To complete your application you must do the following:

- Review your entries before submitting this claim by selecting the links below or scrolling down the screen.
- If you need to change your entries select the **Modify** button to go back to the appropriate section of the claim.
- Re-enter your social security number to verify your identity.
- Select Submit the Unemployment Benefits Claim, and wait for a confirmation page.

Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date: Sunday, March 26, 2017

What are your gross earnings for the week ending Saturday, March 25, 2017:

How many hours do you typically work during a week: 40

How many hours did you work during the week of Sunday, March 26, 2017 through



Review and Edit Contents

To review each section of your claim click on the section header links below or scroll down the screen:

- [Initial Questions](#)
- [General Information](#)
- [Employment Information](#)
- [Eligibility Questions](#)

1. ពិនិត្យមើល
សំណួរដើម ហើយគ្រាន់
តែកែប្រែប្រសិនបើមិន
ត្រូវ

The following is a summary of your entries during this Unemployment Benefit Application process:

Initial Questions

Benefit Claim Effective Date:	Sunday, March 26, 2017
What are your gross earnings for the week ending Saturday, March 25, 2017:	
How many hours do you typically work during a week:	40
How many hours did you work during the week of Sunday, March 26, 2017 through Saturday, April 1, 2017:	0
Are you unemployed as a direct result of a disaster:	No
Employed in Massachusetts (excluding military and federal civilian employment):	Yes
Employed in state other than Massachusetts (excluding military and federal civilian employment):	No
Employed by the Military in Active Duty:	No
Employed as a Civilian Federal Employee:	No
Since 3/27/2016 have you applied for unemployment benefits from a state other than Massachusetts:	No
Enter the ZIP code of your home address:	021142502

Modify

ពិនិត្យមើលព័ត៌មាន



General Information	
First Name:	Charles
MI:	
Last Name:	Smith
Residential Address	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
Mailing Address	
In care of (c/o):	
Address Line 1:	19 Staniford St
Address Line 2:	
City:	Boston
State:	Massachusetts
Zip:	021142502
Country:	United States Of America
Telephone Numbers	
Home:	6176543210
Cell:	6177654321
Other:	
International:	
Correspondence Preference	
How would you like to receive your correspondence:	Electronic
If Electronically, enter your email address:	csmith@detma.org
Re-enter email address:	csmith@detma.org
In order to properly staff our customer service center, indicate your preferred language, using this dropdown menu:	English
If your preferred language is not in the list above, select one from this dropdown menu:	

1. ពិនិត្យមើល
ព័ត៌មានការងារទាំង
អស់ ហើយត្រាន់តែត្រៃ
ប្រែ
ប្រសិនបើមិនត្រូវ

ពិនិត្យមើលព័ត៌មាន



1. ពិនិត្យមើល
ព័ត៌មាន
ការងារទាំង
អស់ ហើយ
គ្រាន់តែកែ
ប្រែប្រសិនបើ
មិនត្រូវ

Personal Information	
Are you a military veteran:	No
Ethnic Heritage:	Not Hispanic or Latino
Race:	White
Select your highest level of education completed:	Master's Degree
Do you have a disability:	No
Are you a U.S. citizen?	Yes
Are you required by a court or other enforcement agency to pay child support in Massachusetts:	No
In a state other than Massachusetts:	No
Do you have qualified dependents:	No
Work Information	
Are you a union member who is currently seeking work exclusively through a union hiring hall or business agent:	No
Is your employment seasonal:	No
Do you have a definite recall date:	No
If yes, what is your recall date:	-None-
Select your primary occupation:	Bus Drivers, School or Special
Years of Work:	10
Are you customarily laid off and do you later return to work with the same or different employer in your industry and/or your occupation?	No
Payment Options	
Tax withholding preference:	Both Federal income tax at the rate of 10% and Massachusetts state income tax at the rate of 5.1%
I would like my benefits paid by:	Debit Card
Modify	

ពិនិត្យមើលព័ត៌មានការងារ



Massachusetts Employment Information

1. ពិនិត្យមើល
ព័ត៌មានការងារទាំងអស់
ហើយគ្រាន់តែកែប្រែ
ប្រសិនបើមិនត្រូវ

MA Employer Legal Name: FIRST STUDENT MANAGEMENT LLC

MA Employer Doing Business As (DBA) Name: FIRST STUDENT MANAGEMENT LLC

Employer Legal Address: 600 Vine St
Suite 1400
Cincinnati
Ohio

Employer Physical Address: 45202-2400
8002076926 115
68 Industrial Blvd Ste 6
Hanson
Massachusetts
023411547
7814474445

Physical location Where Work Was Performed:
Employment Start Date: Saturday, January 2, 2010
Employment End Date: Friday, March 24, 2017

Have you had multiple periods of Employment with this Employer since Friday, January 1, 2016: Yes

Are you considered working on call for this Employer: No

Did you work full time for this Employer: Yes

Are you a member of a corporation or a shareholder of this company: No

Are you a sole-proprietor, a partner in a partnership, or do you work for a family member who owns/operates a sole-proprietorship and/or partnership at this company: No

Are you a school employee: No

1. Are you paid by the city or town:
2. Are you paid by a private employer:

Reason for separation from this Employer: **Layoff:** Your employment ended due to: lack of work; temporary layoff; your position being eliminated; employer's business closed.

Most Recent Employment Begin Date: Monday, February 27, 2017

Most Recent Employment End Date: Friday, March 24, 2017

Occupation with this employer: Bus Drivers, School or Special

ពិនិត្យមើលព័ត៌មានហើយផ្ទៀងផ្ទាត់អត្តសញ្ញាណ



Eligibility Information	
Have you applied for or are you receiving payments from a union pension fund contributed to by one or more employers:	No
Have you applied for or are you receiving payments from a pension fund, annuity fund, or retirement account contributed to by an employer:	No
Have you applied for or are you receiving workers' compensation payments for the loss of wages:	No
Have you applied for or are you receiving vacation or Personal Time Off (PTO) pay because of or upon your separation from employment:	No
Have you applied for or are you receiving severance or other payments due to separation from employment:	No
Have you paid to participate in, or train for professional sporting events at any level as coach, athlete, or referee:	No
Are you currently enrolled in school or a training program:	No

[Modify](#)

1. ពិនិត្យមើលព័ត៌មានលក្ខណសម្បត្តិនិងគ្រាន់តែកែប្រែប្រសិនបើមិនត្រូវ

2. ផ្ទៀងផ្ទាត់អត្តសញ្ញាណនិងភាពត្រឹមត្រូវនៃព័ត៌មានដោយចុច

Identity Verification	
<input type="checkbox"/> *	I have answered all questions fully and truthfully. I know there are penalties for giving wrong information. I know that to receive benefits I must meet the eligibility requirements.
By clicking Submit, I acknowledge that, under penalty of perjury, all information provided is as complete and accurate to the best of my ability.	
Enter Your Social Security Number:	<input type="text"/> *

3. បញ្ចូលលេខសន្តិសុខសង្គម

4. ចុចដាក់បញ្ចូលសំណុំបែបបទអត្តប្រយោជន៍គ្មានការងារ

[Submit the Unemployment Benefit Application](#)

Upon completion of your application, you must select the "Submit your Unemployment Benefit Application" button to process the application. **Your application will NOT be processed if you exit before you submit your unemployment benefit application.**

សំណើទាមទាររបស់អ្នកត្រូវបានបញ្ជូនសម្រាប់ ដំណើរការ



Print this page for your records. [Print Page](#)

Your claim has been sent for processing.

Your next steps:

✓ **Request benefits each week Sunday through Saturday between 6:00am and 10:00pm (EST) by:**

- Visiting www.mass.gov/dua and logging into your UI Online Account or,
- Calling DUA Telecert at 617-626-6338

✓ **Check your UI Online account frequently.** Log in and go to My Home Page to see important messages, check the status of your claim, and update your information.

Your Responsibility:



Learn about TOP - the [Training Opportunities Program](#) that pays benefits when you attend full-time, approved training.



Read your [Claimant Guide](#). It explains how to manage your claim, get help with your job search, and handle problems or questions.



Go to a [One-Stop Career Center](#) to get help with your job search. There are Centers [in all major cities](#) and many branch offices across our state.



Sign up with [JobQuest](#). It's a website that connects job seekers with employers.



To sign up for Direct Deposit, log in to your account or call 617-626-6800, option 3 from the main menu.

ចុចបាតុងហើយ
ចូលទៅទំព័រដើម
របស់ខ្លួនដើម្បីមើល
ព័ត៌មានអ្នកសំណើ
ទាមទារ

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My Home Page

My Inbox

[View and Maintain Account Information](#)
[Estimate Future Benefits](#)
[View And Request 1099G](#)
[View UI Records](#)
[Request TOP Application](#)

! Coronavirus Disease 2019 (COVID-19) Emergency Information

To expedite the issuing of payments there will be no "waiting week."

If you are unable to work due to the COVID-19 emergency:

- As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements.

Benefits Overview ⓘ

Claimant ID: 10850152

! Your application for unemployment benefits has been received and your employer(s) are being contacted for wage and [separation](#) information. You will receive a [determination](#) in the mail or a notification by email when your application is processed. It is your responsibility to come back each week and request benefits.

If your claim is approved you will only be paid for weeks that you have requested and for which you are found eligible. Learn more about the [UI Claims Process](#) and review [important information about requesting weekly unemployment benefits](#).

! You may submit your next benefit request beginning Sunday 03/22/2020 through Saturday 03/28/2020.

Claim Information

Benefit Year: 3/15/2020 - 3/13/2021

[When do I request payment for Benefits?](#)

Last Requested Week: None

[View Weeks Claimed](#)

Payments Overview ⓘ

You have no recent payments

Recent Payments

There were no payments made in the last 90 days.

[View Payment History](#)

Payment Preferences

Federal Tax Withholding: 0.00%

[Manage Payment and Tax Options](#)

State Tax Withholding: 5.05%

Payment Method: Debit card

Messages from DUA

! Get instant account updates! [Change your Preferred Contact Method](#) to "Electronic" and receive instant notifications via email.