**This WF-42 reporting template must be filled out completely.** Use only the last four digits of the unemployment claimant’s Social Security number (SSN), password-protect the template and save it as a Microsoft Word document, attach the template to an e-mail, and send it to [wfui.coordinator@twc.state.tx.us](mailto:wfui.coordinator@twc.state.tx.us). The password to open the WF-42 form must be sent to the WFUI coordinator in a separate e-mail.

**Local Workforce Development Board (Board) reporting a potential unemployment benefits eligibility issue**:

Board name and number:

Workforce Solutions Office name and number:

**Workforce Solutions Office staff identified a potential unemployment benefits eligibility issue for the following claimant:**

Claimant Name:

Last four digits ONLY of claimant’s SSN:

**RESEA** – Check only if the potential issue reported on this form was found during the provision of RESEA services. Do not check this box for failure to report to RESEA orientation.

**If the claimant did not participate in all required RESEA services, check the box below:**

Claimant did not participate in all required RESEA services. In the Comments field below, list the services in which the claimant did not participate.

**Claimant is not able to work or is not available for work.** Check all applicable issues and include details in the Comments field below.

Transportation

Child care

Illness or injury for multiple days or weeks

Work search

Days and hours willing to work

Excessive wage demand

Incarcerated (in the Comments field below, include the dates of incarceration, if known)

Claimant is deceased (in the Comments field below, include date of death and who reported it, if known)

**Check other issues that are related to the unemployment claim that have not been reported to UI via WorkInTexas.com.** Start and end dates are required for each issue reported below.

Returned to full-time work and still receives unemployment benefits. If the box is checked, the following fields are required:

Date started work:       Employer name:       Hourly wage (if known):

Unreported or underreported earnings. If the box is checked, the following fields are required:

Date started work:       Employer name:       Hourly wage (if known):

Quit a job. If the box is checked, the following fields are required:

Date started work:       Employer name:       Date quit work:

**Note**: In the Comments field below, state the reason the claimant quit, if known.

Fired from a job. If the box is checked, the following fields are required:

Date started work:       Employer name:       Date fired from work:

**Note**: In the Comments field below, state details about the job separation, if known.

**Comments.** When reporting any “able to work and available to work” issues related to potential unemployment benefits eligibility, provide specific details. (Maximum of 2,000 characters)