**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. 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)