



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne**.CENTERS

## **Claimant Self Service Tutorial**

Welcome to the Claimant Self Service tutorial. This tutorial was developed to show you how to create an Uplink account and how to navigate the screens you will see if you decide to file a claim for unemployment insurance benefits.



[Help](#)
[Contact](#)
[Resources](#)

## Claimant Self Service Logon




**Important Information**

**Job Opportunities**

For information about upcoming Hoosier job fairs and other current employment opportunities, please visit <http://in.gov/dwd/2425.htm>

**1099G**

**01/09/2015**

Unemployment insurance claimants, please take a moment to review the address and personal information listed in your Uplink homepage. DWD will use the address listed to mail your tax statement form 1099G beginning January 31, 2015. Hoosiers who have moved should update their current mailing address as soon as possible. You can update your personal information on your Uplink homepage, as well as download a copy of your 1099G form. Visit [www.in.gov/dwd/1299G.htm](http://www.in.gov/dwd/1299G.htm) for more information.

**Treasury Offset Program**

**01/16/2015**

If you recently received a letter from the Indiana Department of Workforce Development regarding the Treasury Offset Program (TOP), [click here](#) for more information and answers to frequently asked questions.

**Unemployment insurance recipients can choose to have both federal and state income taxes withheld from benefits**

**07/30/2014**

Due to a change in Indiana law, beginning Wednesday, July 30, 2014, Hoosier unemployment insurance recipients who have chosen to have federal income taxes withheld from their weekly unemployment benefits will also have state income taxes withheld. New recipients can also choose to have state and federal income taxes withheld from their weekly benefits when they are filing their initial claim for benefits in Uplink, Indiana's online filing system. For more information visit DWD's website, [www.in.gov/dwd](http://www.in.gov/dwd).

**Reset Passwords to Login**

**01/19/2014**

In an effort to further safeguard your information, you may need to reset your password in order to log into your Uplink homepage. Please be sure to select a password you have not used in the past. For more information about how to reset your password, click the link "Click here for information about resetting your User ID and Password", which is located below and to the right.

**New Requirement to Receive Unemployment Insurance Benefits Starting October 2013**

**10/01/2013**

Due to a recent change in Indiana law, Hoosiers receiving unemployment insurance benefits must visit their local WorkOne for a review of their work search records and an orientation to WorkOne services after their 4th week of benefits. You are also required by law to keep records of your 3 weekly work searches and be able to show a record of work searches when requested. If a record of work searches cannot be readily verified at the in-person visit, weekly benefits could be withheld. This in-person is part of a new law passed aimed at getting unemployed Hoosiers back to work as quickly as possible. Hoosiers who are required to visit a WorkOne will begin receiving notices in October. Anyone who fails to comply risks losing their unemployment insurance benefits. Please see DWD's website, [www.in.gov/dwd](http://www.in.gov/dwd) for more information.

**Make Sure to Validate Your Address**

Please check your Claimant Homepage within Uplink Claimant Self Service (CSS) two to three times each week for updates. This will enable you to see if additional links, or request for additional information are required.

**Login**

**User Name**

**Password**

NOTE: The information you provide when applying for unemployment insurance will be matched against national databases to verify your eligibility for benefits.

Logon

**IN Uplink inquiry**



- View Payments
- View Claims
- View Issues
- View Overpayments

Download on the  


**Need more help with Uplink?**

**Allow Popup Windows for Uplink:**  
 Click here for information about resetting your User ID and Password  
 Do not use the BACK button - click here to find out why

**For Your Information**

**NEW - Recent Unemployment Insurance Fraud Convictions**  
 Need help paying your mortgage?  
 Calculate Remaining Weeks of Benefits  
 File Your Taxes for Free  
 Voter Registration





CSS (RM01) 201310120130100031 11

The Indiana Department of Workforce Development's Claimant Self-Service System is called Uplink. If you are a first time user of Uplink, you must create a new account.

couplink Help Contact Resources

## Create Account

Fields marked with an asterisk \* are required.

### Personal Information

First Name *	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>	Suffix	<input type="text"/>
SSN *	<input type="text"/> - <input type="text"/> - <input type="text"/>	Confirm SSN *	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Birth *	<input type="text"/>		
	(mm/dd/yyyy)		

### Account Details

Create a Username *	<input type="text"/>		
Create a Password *	<input type="text"/>	Confirm Password *	<input type="text"/>
Security question *	<input type="text"/>	Answer *	<input type="text"/>

Back Next

INDIANA WORKFORCE DEVELOPMENT WorkOne

CSS UIM01.20.101.20180108 01:17

You should complete each of the fields shown above. Those fields with an asterisk just to the right of the fields are mandatory. Double-check your Social Security number to be sure that you entered it correctly. The last time that your Social Security number will appear in Uplink will be on this screen.

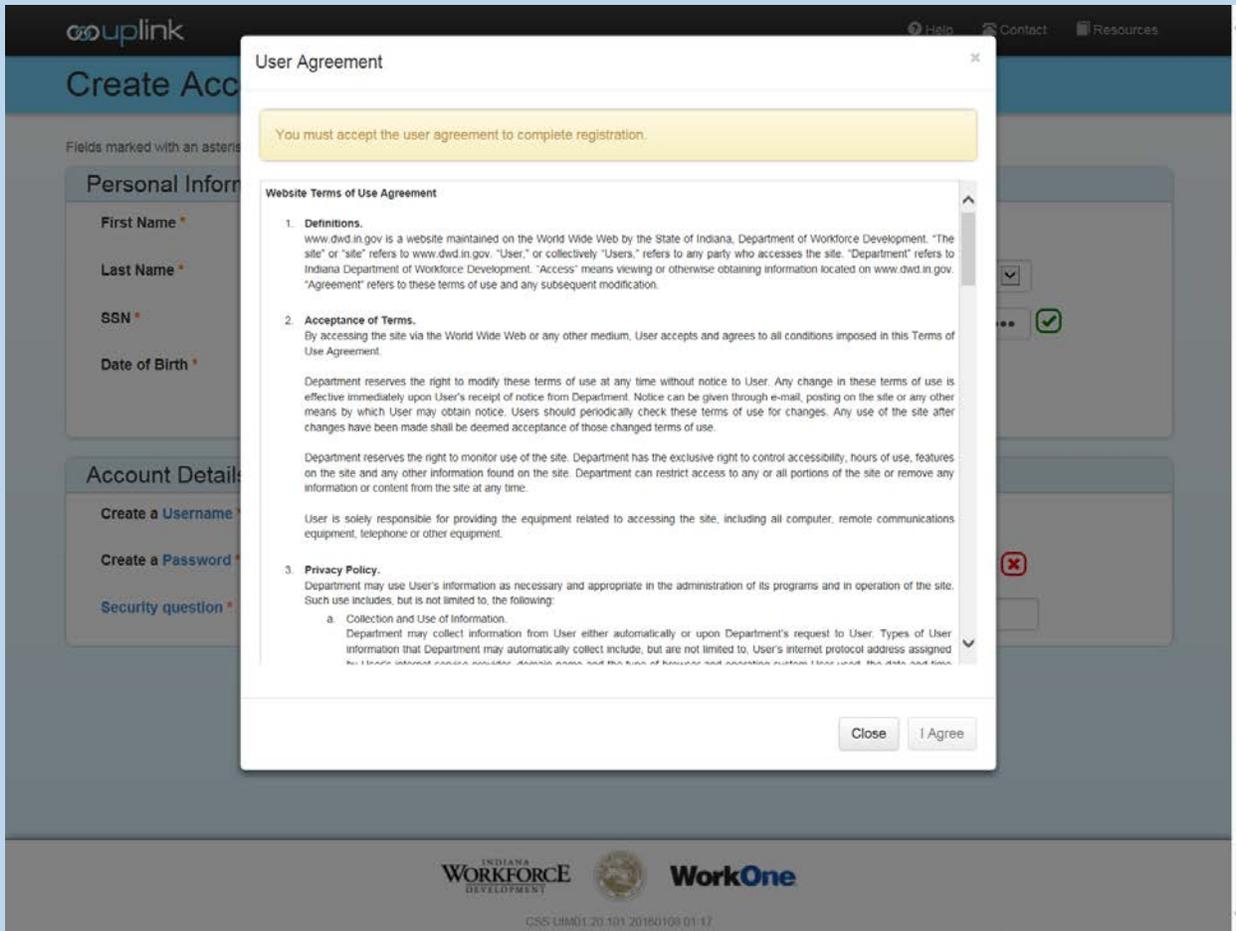
You must enter your Date of Birth using the format shown in parentheses under that field. You may also click the calendar icon to the right of that field to find your Date of Birth. Using the calendar icon will the date you choose in the Date of Birth field. All date fields in Uplink have this option.

You will then create a Username. The word “Username” is shown in blue as a hyperlink. Many words in Uplink are hyperlinks. To use a hyperlink, click on the blue word or phrase. A box will appear with a definition of that word or phrase. At times, a hyperlink can also take you to a different screen where more information can be found about that word or phrase. If a box fails to appear after clicking on a hyperlink, the most likely cause is your computer’s popup blocker. Turn off all popup blockers to view hyperlink boxes.

After you enter your Username, double check to make sure that you did not misspell it. Misspelled Usernames are a common problem for many new Uplink customers. You will need your Username to log into Uplink in the future.

Next, you will enter a password, reenter it, select a security question, and create a security answer. Keep in mind that your password is case sensitive. "Case sensitive" means that the field will recognize the difference between upper and lower case letters. You must reenter your password using the exact same upper and lower case letters every time.

Make sure you choose a security question that you will be able to answer later. Double check your security question answer to make sure that you did not misspell it. Keep in mind that your security question answer is case sensitive.



Next, you must read and accept the User Agreement. Read the agreement carefully and click "I Agree."

## Create Account Confirmation

**\*\*\* STOP \*\*\***

Please take time to check your Social Security Number and Date of Birth. This information will be verified with the Social Security Administration. If you need to correct the information displayed below, please click **Back**. If your information is correct, click **Next** to continue.

### Account Summary

Social Security Number    \*\*\* - \*\* - \*\*\*\*

First Name    Bob

Middle Initial    T

Last Name    Peterman

Suffix

Date of Birth    07/08/1985

Create a Username    BTPete

Create a Password    \*\*\*\*\*

Confirm Password    \*\*\*\*\*

Security question    What is your mother maiden name?

Answer    Koss

After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

Back    Next

You will then be shown a confirmation screen. Review each of your entries one more time to make sure there are no errors. If you need to make changes, click the "Back" button to return to the entry screen for editing. If all information is correct, click the "Next" button.

**Uplink** Help Contact Resources

## Claimant Self Service Logon

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**Important Information** 7

**Job Opportunities**

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Please check your **Claimant Homepage** within Uplink Claimant Self Service (CSS) two to three times each week for updates. This will enable you to see if additional links, or request for additional information are required.

**Login**

Congratulations, you have successfully created an account. Please logon with your Username and Password.

**User Name**

**Password**

NOTE: The information you provide when applying for unemployment insurance will be matched against national databases to verify your eligibility for benefits.

**Logon**

New User? Forgot Password? Forgot UserName?

**IN Uplink Inquiry**



- View Payments
- View Claims
- View Issues

Now that you have an account established, you will be asked to logon. This is done by entering your newly created Username and password and clicking the “Logon” button.

If you forget your Username or password, you can click on one of the appropriate buttons under the “Logon” button. You will then be asked for your Social Security number and Date of Birth, and you will be required to answer your security question. Once that information is successfully entered, your password will be reset. You must then create and reenter a new password.

If you clicked on the “Forgot Username” button, pay close attention to the Username that will be displayed for you after you enter the answer to your security question. That new Username is what you will use to log back into Uplink.

## Claimant Registration : Personal Information

[Home](#) / 
 [Change Personal Info](#) / 
 Personal Information

Please provide your personal information

Fields marked with an asterisk \* are required.

### Claimant Details

<b>First Name *</b>	<input type="text" value="JOHN"/>	<b>Middle Initial</b>	<input type="text" value="P"/>
<b>Last Name *</b>	<input type="text" value="SMITH"/>	<b>Suffix</b>	<input type="text"/>
<b>Date of Birth *</b>	<input type="text" value="12/01/1959"/> <input type="button" value="📅"/> <small>(mm/dd/yyyy)</small>	<b>Gender *</b>	<input type="text"/>

Have you worked under a different last name within the past 18 months? \*
  Yes
  No

Next

Now you will begin the registration process. You will be asked for your personal information. If you previously filed a claim in Uplink, or if you have an existing claim in Uplink, your personal information will already be listed. Carefully review the information listed and make any necessary changes.

Double check your Date of Birth while you are on this screen. This is the only time you will have the chance to correct your Date of Birth.

## Claimant Registration : Address

Home / Change Personal Info / Personal Information

Please provide your address information

Fields marked with an asterisk \* are required.

### Address Details

<b>Country *</b>	<input type="text" value="USA"/>	<b>City *</b>	<input type="text" value="Indianapolis"/>
<b>Mailing Address *</b>	<input type="text" value="1234 West Ave"/> <input type="text"/>	<b>State *</b>	<input type="text" value="Indiana"/>
<b>Workone Center</b>	<input type="text" value="INDPLS. EASTSIDE"/>	<b>Zip code *</b>	<input type="text" value="46204"/> - <input type="text"/>

Note: Enter a Workone Center, if your address is located in Indiana

Next

You will enter your address on this screen.

## Claimant Registration : Address

Home / Change Personal Info / Personal Information

Invalid address. Please select correct address.

Please provide your address information

Fields marked with an asterisk \* are required.

### Address Details

Note: The system is unable to validate the entered address. You can proceed with the address you entered by selecting the User Entered Address. Please select the User Entered address below and press the Select button, or press the Cancel button to change your address.

#### User entered address

1234 West Ave  
Indianapolis, IN 46219

Select Cancel

Uplink will validate the address that you entered. If the address you entered does not match the United States Postal Service listing, you will receive a message indicating that the address is invalid. Often, an address does not match a United States Postal Service listing due to a misspelling or incorrect zip code. Carefully review and select the appropriate address.

## Claimant Registration : Contact

[Home](#) / [Change Personal Info](#) / [Contact Information](#)

Please provide your contact information

Fields marked with an asterisk \* are required.

### Contact Details

Home Telephone   
(xxx-xxx-xxxx)

Alternate Telephone   
(xxx-xxx-xxxx)

Cellular Telephone   
(xxx-xxx-xxxx)

Fax Number   
(xxx-xxx-xxxx)

Email Address

Preferred Contact Method

You must provide your contact information so that the Department can contact you regarding any problems with your claim. Providing the correct contact information will speed up the review process for your claim.

## Claimant Registration : Demographics

Home / Change Personal Info / Demographics Information

Please provide your Demographic information

Fields marked with an asterisk \* are required.

### Demographic Details

Education Level \*

Race \*

Ethnicity \*

Disabled \*  Yes  No

Veteran \*  Yes  No

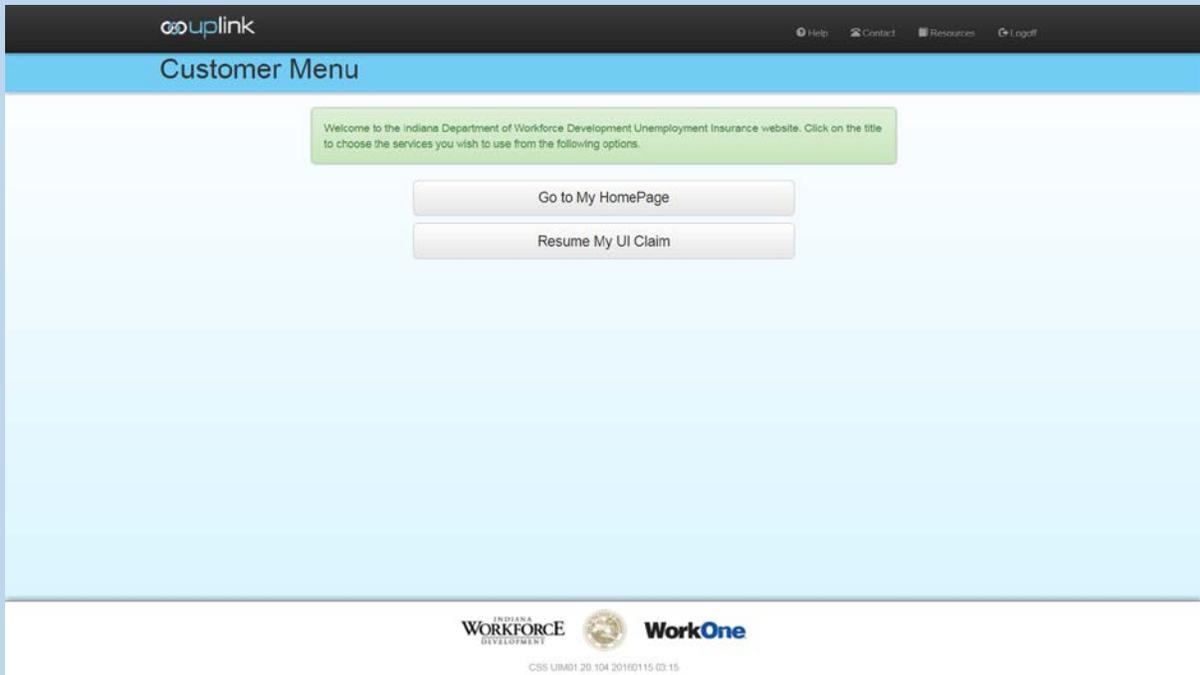
Citizen \*  Yes  No

Alien Registration Number

Note: Enter alien registration number, only if not a citizen

Next

This screen requires you to enter your demographic information. If you are not a citizen, you must enter your Alien Registration number.



To file an unemployment insurance claim, click the “File a New Unemployment Insurance Claim” button.

## Apply for Benefits : Initial Filing

Fields marked with an asterisk \* are required.

Has all of your employment been in **Self-Employment** since 10/01/2014 ? \*  Yes  No

Have you applied for benefits in another state at any time since 10/01/2014 ? \*  Yes  No

Has all of your employment been in another state since 10/01/2014 ? \*  Yes  No

Has any of your employment been in another state since 10/01/2014 ? \*  Yes  No

Do you currently reside in Indiana? \*  Yes  No

Have you been employed by the military since 10/01/2014 ? \*  Yes  No

Have you been employed by the Federal Government since 10/01/2014 ? \*  Yes  No

At this moment are you in the State of Indiana? \*  Yes  No

Next

You must answer a series of questions, starting on this screen, in order to file a claim for unemployment insurance benefits. Read each question carefully before answering. Answering questions incorrectly could create a delay on your claim. If you are unsure how to answer any question, you may view the Claimant Handbook, which is available on your Claimant Homepage, or you may call the Customer Service Center at 1-800-891-6499.

## Apply for Benefits : Separating Employer

Your **base period** is from 10/01/2014 to 09/30/2015 .

Note: The end date is required for the last employer

Employer Name	Select your Last Employer	Dates of Employment
---------------	---------------------------	---------------------

If your last employer is not listed above, use one of the following buttons to add your last employer.

Add Indiana Employer

Add Federal Employer

Add Military Employer

Add Out of State Employer

Note: A last employer must be selected above before continuing

Next

Names of employers you have worked for in the past will automatically appear on this screen. If one of the employers listed is the very last employer you worked for (even if it is a part-time employer), you should click on the appropriate circle in the “Select Your Last Employer” column, enter the dates of employment in the date fields that will appear next to that employer, and click on “Next” at the bottom of the screen. If your last employer is not listed, you must click on the appropriate button to add your last employer.

## Apply for Benefits : Add Employer

Please identify your last employer by using one of the following options.

**Option 1**

Enter the employer name and click on the Search button

**Option 2**

If you are unable to find your employer from the search option above, click on the Manual Entry button

**Employer Selected**

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

You may search for your last employer by typing your employer’s name into the field under “Option 1” and clicking the “Search” button. You may manually enter your last employer under “Option 2”.

## Apply for Benefits : Search Employer

Fields marked with an asterisk \* are required.

<b>Employer Name *</b>	<input type="text" value="White Castle"/>	<b>Phone Number</b>	<input type="text"/>
			(999-999-9999)
<b>Employer FEIN</b>	<input type="text"/>	<b>Zip Code</b>	<input type="text"/> - <input type="text"/>
<input type="button" value="Search"/>			

Business Name		Business Address	
<input checked="" type="radio"/>	WHITE CASTLE SYSTEM INC	555 W GOODALE ST COLUMBUS OH, 43215	
<b>Enter dates of Employment:</b>			
<b>From</b>	<input type="text"/>	<b>To</b>	<input type="text" value="12/01/2015"/>
	(mm/dd/yyyy)		(mm/dd/yyyy)
<input type="button" value="Add Employer"/>			

Can't find your Employer? [Click here](#) to add the employer manually.

If you select "Option 1," a list of employer names will appear, each name containing the string of characters you typed into the "Search" field on the previous screen. If your last employer appears in this list, select it by clicking in the circle to the left of your employer's name, enter the dates of your employment and click on the "Add Employer" button. This will place an employer's name in the list of your employers on the previous screen. If you are unsuccessful in searching for your last employer by name, you may click on the "Click here" hyperlink to add your employer information manually.

## Apply for Benefits : Add Employer

Please identify your last employer by using one of the following options.

### Option 1

Enter the employer name and click on the Search button

Search

### Option 2

If you are unable to find your employer from the search option above, click on the Manual Entry button

Manual Entry

### Employer Selected

WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC
 555 W GOODALE ST COLUMBUS OH, 43215

Remove Selected Employer

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

Finished Adding Employers. Continue to next screen

Regardless of the Option you chose, once your last employer appears in the list, click on the “Finished Adding Employers. Continue to Next Screen” button.

## Apply for Benefits : Separating Employer

Your **base period** is from 10/01/2014 to 09/30/2015 .

Note: The end date is required for the last employer

Employer Name	Select your Last Employer	Dates of Employment	
WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC	<input type="radio"/>	<input type="text"/> to <input type="text"/>	<input type="button" value="Remove"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)	

If your last employer is not listed above, use one of the following buttons to add your last employer.

Add Indiana Employer

Add Federal Employer

Add Military Employer

Add Out of State Employer

Note: A last employer must be selected above before continuing

Next

You will then select your last employer, enter your dates of employment, and click on "Next."

## Apply for Benefits : Separation

Fields marked with an asterisk \* are required.

Employer: WHITE CASTLE SYSTEM INC

Reason Employment ended: \*

If Quit or Discharge, select the reason why?

Will you be returning to work for this employer and have been given a return to work date? \*  Yes  No

If you will be returning to work for this employer, enter return to work date:    
(mm/dd/yyyy)

Last date for which wages will be paid: \*    
(mm/dd/yyyy)

Will you/are you receiving separation pay from this employer? \*  Yes  No

Will you/are you receiving vacation pay from this employer? \*  Yes  No

[Next](#)

Here, you will select the reason your employment ended along with other information regarding your separation. The last date for which wages will be paid is the last day you were actually paid for – not the day you received your last paycheck. In other words, if you last worked on a Wednesday the 8<sup>th</sup> and were paid for two additional days of vacation through Friday the 10<sup>th</sup>, the last date for which wages will be paid to you is Friday the 10<sup>th</sup> (even if you don't receive your check until the 17<sup>th</sup>).

## Apply for Benefits : Other Separation

Fields marked with an asterisk \* are required.

Are you currently receiving any disability benefits? \*  Yes  No

Are you a member in good standing of a union with a hiring hall? \*  Yes  No

If yes, what is the Union Name?  

Union Dues Paid Through Date    
(mm/dd/yyyy)

Are you/will you receive pension pay from a base period employer? \*  Yes  No

Did you/will you receive either a 401K lump sum distribution or a 401K monthly distribution from a base period employer?  Yes  No

If you are eligible to receive benefits, would you like taxes withheld from your claim check? \*  Yes  No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? \*  Yes  No

If yes, what is the name of the Employer?  

If yes, what is your start / return to work date?    
(mm/dd/yyyy)

Next

If you are a member of a union hiring hall, answer “Yes” to the question, “Are you a member in good standing of a union with a hiring hall?” and click the button that looks like a magnifying glass to search for the name of your union. After clicking the search button, a search box will appear. Enter the name of your union and click “Search.”

Mark “Yes” to the question, “Are you/will you receive a pension from a base period employer?” only if you are planning to collect a pension during your unemployment claim period. For example, if you are 30 years old and are not planning on receiving your pension from your last employer until you turn 65, answer “No” to that question.

## Apply for Benefits : Work Search

Fields marked with an asterisk \* are required.

**Primary occupation you are looking for \***

**Secondary occupation you are looking for**

**Select a Workone center for work search help**

**What was your rate of pay from WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC \*** \$  per

**Lowest rate of pay you are willing to accept \*** \$  per

**If you have stated a higher wage than your last wage, please explain why?**

Next

You will then answer questions regarding the type of work and rate of pay you wish to accept. You will select the Workone center you wish to visit to assist you with reemployment.

## Apply for Benefits : Occupation

Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.

This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ

OR

Enter occupation here



### Search Results

Please select from the following list:

- Machinists
  Tool and Die Makers

You must select the job title that best describes your occupation. You may do so by clicking on the letter your occupation begins with or by typing your occupation in the search box and clicking on "Search." You may need to scroll to the right to see the "Search" button. By performing either of these methods of searching, a list of occupations to choose from will be displayed. You may continue searching until you find the occupation that best matches your own.

The following four images are views of the summary screen. Scroll all the way down to the end of the screen and make sure you double check each answer. Click the “Edit” button to make any needed corrections or additions. Once you are satisfied with all of the answers you gave, you may click the “Print” button to print the summary, if desired. When you are finished, click the “Continue” button.

couplink

[Help](#) [Contact](#) [Resources](#) [Logout](#)

## Apply for Benefits : Summary

Please carefully review each section of the information you have provided.  
If you need to change something, select "Edit" button which will take you back to that section to make changes.

### Personal Information

First Name:	JOHN	Middle Initial:	P
Last Name:	QUAGMIRE	Suffix:	
Date of Birth:	12/01/1959	Gender:	M

### Address Information

Country:	USA	Mailing Address:	1234 WEST AVE,
City:	Indianapolis	State:	IN
Zip code:	46219		

### Contact Information

Home Telephone:	Alternate Telephone:
Cellular Telephone:	Fax Number:
Email Address:	

### Demographic Information

couplink

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### Demographic Information

Education Level:	12 - Twelfth Grade	Race:	No Answer
Ethnicity:	No Answer	Disabled:	No
Veteran:	No	Citizen:	Yes

### Eligibility

Have you filed for Workers' Compensation for an injury you received on the job since 10/01/2014?	No
Are you currently self-employed?	No
Are you currently attending school or training?	No
Is there a medical reason you cannot accept full-time work?	No
Is there any other reason you cannot accept immediate full-time employment?	No
Can you work full-time now if a job is offered to you?	Yes

### Employers - Regular

Employer Name	Address	Dates of Employment
WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC	555 W GOODALE ST COLUMBUS OH, 43215	- 12/01/2015

### Separation - Regular

Employer Name	WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC
Reason Employment ended	Discharged/Fired
If Quit or Discharge, select the reason why?	Attendance Related

Will you be returning to work for this employer and have been given a return to work date? No

Last date for which wages will be paid: 12/01/2015

Will you/are you receiving [separation pay](#) from this employer? Yes

Will you/are you receiving vacation pay from this employer? No

Edit

### Other Information

Are you currently receiving any disability benefits? No

Are you a member in good standing of a union with a hiring hall? No

Are you/will you receive pension pay from a [base period](#) employer? No

Did you/will you receive either a [401K lump sum distribution](#) or a [401K monthly distribution](#) from a [base period](#) employer? No

If you are eligible to receive benefits, would you like [taxes withheld](#) from your claim check? Yes

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? No

Edit

### Work Search

[Primary occupation](#) you are looking for : Janitor

[Secondary occupation](#) you are looking for : Janitor's Helper

Nearest workforce one center: INDPLS. WESTSIDE

What was your rate of pay from WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC : 15.00 per Hour

Lowest rate of pay you are willing to accept: 8.00 per Hour

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? No

Edit

### Work Search

[Primary occupation](#) you are looking for : Janitor

[Secondary occupation](#) you are looking for : Janitor's Helper

Nearest workforce one center: INDPLS. WESTSIDE

What was your rate of pay from WHITE CASTLE SYSTEM INC, DBA WHITE CASTLE SYSTEM INC : 15.00 per Hour

Lowest rate of pay you are willing to accept: 8.00 per Hour

If you have stated a higher wage than your last wage, please explain why?

Edit

### Occupation

Occupation: Machinists

Edit

Once you have reviewed all of the above information, select 'Next' below

Print Next

## Apply for Benefits : Submit Claim

Claim Effective Date : 01/03/2016

Print

### Penalties for Falsification

**WARNING**  
**IMPORTANT UNEMPLOYMENT INSURANCE INFORMATION**

I understand that I must report all earnings from employment or self-employment regardless of source, including:

- regular payroll
- part-time employment
- temporary employment
- payments made in cash
- payments made by some other method (room and board, trading labor, being given a material item)

I understand that I must report the gross amount of any earnings (total before deductions) and that those earnings must be reported on the voucher for the week that the work was performed, regardless of when payment was made. I understand that working during one normal pay period and delaying payment until later is not allowable in claiming unemployment insurance benefits.

Each week that I claim unemployment benefits, I must advise the Indiana Department of Workforce Development (IDWD) if I am engaged in any self-employment activities and understand that such self-employment may affect my eligibility even though I may not have direct earnings.

I am responsible for protecting my password and not giving it to anyone. If I give my password to another person and benefits are claimed, I will be held responsible.

I also understand that I must be physically and mentally able to work full-time, available for full-time work, and actively seeking full-time work in order to be eligible for unemployment benefits. If I have been granted a work search waiver by IDWD, I do not have to seek other work, but I still must be able to work and available for work. I cannot be incarcerated or hospitalized and be eligible for unemployment benefits.

Finally, I am aware that if I knowingly make any false statements or fail to provide required information, this could be considered as fraudulent behavior. If detected, this would require repayment of my unemployment benefits, will cause penalty and interest to be added to the overpaid amount, will cause elimination of wages for future use in receiving unemployment benefits, and may lead to civil and/or criminal prosecution.

### Benefits Rights and Information

For a full description of Benefits, Rights and Information, [click here](#) to read the Claimant Handbook. You may print the handbook if you wish. The Claimant Handbook is available on our website at <https://uplink.in.gov>. By clicking the button "Yes, I agree-File My Claim" you are agreeing to the responsibilities in the Claimant Handbook and indicating that you understand the Penalties for Falsification above.

### Terms and Policies

1) In applying for unemployment benefits, I understand I am required to read the Claimant Handbook. 2) I understand I must be fully or partially unemployed, able and available to work.

**WARNING**  
**IMPORTANT UNEMPLOYMENT INSURANCE INFORMATION**

I understand that I must report all earnings from employment or self-employment regardless of source, including:

- regular payroll
- part-time employment
- temporary employment
- payments made in cash
- payments made by some other method (room and board, trading labor, being given a material item)

I understand that I must report the gross amount of any earnings (total before deductions) and that those earnings must be reported on the voucher for the week that the work was performed, regardless of when payment was made. I understand that working during one normal pay period and delaying payment until later is not allowable in claiming unemployment insurance benefits.

Each week that I claim unemployment benefits, I must advise the Indiana Department of Workforce Development (IDWD) if I am engaged in any self-employment activities and understand that such self-employment may affect my eligibility even though I may not have direct earnings.

I am responsible for protecting my password and not giving it to anyone. If I give my password to another person and benefits are claimed, I will be held responsible.

I also understand that I must be physically and mentally able to work full-time, available for full-time work, and actively seeking full-time work in order to be eligible for unemployment benefits. If I have been granted a work search waiver by IDWD, I do not have to seek other work, but I still must be able to work and available for work. I cannot be incarcerated or hospitalized and be eligible for unemployment benefits.

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1) In applying for unemployment benefits, I understand I am required to read the Claimant Handbook. 2) I understand I must be fully or partially unemployed, able and available to work.

Back **Yes, I agree-File my Claim** No, I do not agree

You are then shown information regarding the penalties for falsifying your application for benefits, lying to the Department, and committing benefits fraud. You are also given information about your benefits rights, terms, and policies. You must scroll all the way down to the bottom of the screen and read each section. This is very important

information. In order to file your claim, you must agree to the information on this screen by choosing “Yes, I agree – File my claim.” If you do not agree, your claim will not be filed. Instead, you will be given information stating that your entries into the Uplink system will be kept on file for seven days, in the event that you change your mind and decide to file your claim.

## Apply for Benefits : Fact Finding

Issues were detected that require additional information in order to process your claim.

Please click on the link(s) listed below to provide the additional information required for each issue in order to complete your unemployment claim.

<b>Issue:</b>	<b>Attendance Related</b>	<a href="#">Provide Additional Information</a>
<b>Issue:</b>	<b>Deductible Income</b>	<a href="#">Provide Additional Information</a>

NOTE: The above issues will require further review in order to make a decision regarding your eligibility to receive benefits. The information you provide will be used in making this decision. Failure to provide correct and timely information may result in denial or delay of benefits.

[Claimant Homepage](#)
[Logoff](#)

If your answer to any question creates an issue that will require adjudication, you will be asked to provide additional information regarding that issue through a process called “fact-finding.” Clicking on the “Provide Additional Information” link will start the fact-finding process. You need to turn off your browser’s popup blockers to answer fact-finding questions. You must click on each link to provide all additional information that is requested on your claim.

## Dynamic Fact Finding

### DC-Attendance

Fields marked with an asterisk \* are required.

\*Were you told you were discharged for attendance issues?

If NO - When you completed your claim you said you had been discharged for attendance issues. Why has your answer changed? (After you answer this question, skip to the bottom of the page and click NEXT)

What was your job with this employer?

How long did you work for this employer?

What was your rate of pay in dollars per hour?

\$

How many hours a week did you work?

What was your last day of work?

(MM/DD/YYYY)

Next

384

Answer every question by typing in the boxes shown above. The questions you receive will differ depending on the answers you gave during the process of filing your claim.

## Dynamic Fact Finding

### Final Question

Fields marked with an asterisk \* are required.

For best customer service, please provide a valid contact telephone number.

\*The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution.

Next

41

Continue answering all applicable questions. When fact-finding is complete, provide the best phone number for the Department to contact you about your claim. Providing accurate contact information speeds up the review process on your claim. You must verify that your answers are correct to the best of your knowledge and that you understand the penalties for providing false information.



[Help](#)
[Contact](#)
[Resources](#)

## Dynamic Fact Finding

**Summary**

In the week for which you are claiming benefits, did you receive any of these payments: vacation pay, holiday pay or severance pay? Y

If No, when you completed your claim, you said you were receiving either vacation, holiday or severance pay? Why has your answer changed? (After you answer this question, SKIP to the bottom of the page and click NEXT)

Did you receive, or will you receive, holiday pay? (IF NO, SKIP to the bottom of the page and click NEXT) Y

What employer is paying the holiday pay? White Castle

Is the holiday in the week for which you are claiming benefits? N

What is your regular rate of pay with this employer? \$14

How many hours a week are you regularly scheduled for with this employer? 40

What is the gross amount (amount before deductions) of the holiday pay? 104

Did you receive, or will you receive, vacation pay? (IF NO, SKIP to the bottom of the page and click NEXT) N

What employer is paying the vacation pay?

When was it paid to you or when will it be paid to you?

When was your last regularly scheduled payday?

---

What was your rate or pay in dollars per hour?

How many hours a week are you regularly scheduled for with this employer?

What is the total gross amount (amount before deductions) of the vacation pay?

Did you receive, or will you receive, severance pay? (IF NO, SKIP to the bottom of the page and click NEXT) N

What employer is paying the severance pay?

What was your last day of work for this employer?

What is your regular rate of pay with this employer?

How many hours a week are you regularly scheduled for with this employer?

What is the total gross amount (amount before any deductions) of the severance pay?

When was it paid to you or when will it be paid to you?

For best customer service, please provide a valid contact telephone number. 222559888

The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution. Y

Next is your fact-finding summary screen. Scroll through to read all of your answers. Then click “Continue.”

**Apply for Benefits : File Claim Confirmation**

The Department of Workforce Development is committed to meeting our Federal requirements of paying claims within 21 days from the day you file your claim. Please visit our homepage (after you log onto the Uplink on-line system, click on the Go to My Home Page option) for the current status of your claim. If you are within the 21 day window of filing your claim, we ask that you please allow the process to be completed and not call or visit an office to inquire about the status. If there are issues, they will be identified and listed on your homepage. The homepage also allows you to check on the status of your weekly payments.

Until these issues are addressed, your claim is on hold and we can not process your claim. Please respond to inquiries as soon as possible to avoid a delay in your payment. You can provide the information necessary by responding to our mail correspondence or by clicking on the hyperlinked issues) under the "Issue Delaying Payment" heading (hyperlinked issues are ones that appear in blue and are underlined). To expedite your payment, please file your vouchers on line. Note: Filing paper vouchers could cause an additional 2 week payment delay compared to using the on-line voucher.

Your claim has been filed. The provided confirmation number is for tracking purposes. Copy it and keep it in a safe place until you receive your notice of eligibility and your first payment or a notice of ineligibility. You may want to print this page in order to have the contact information handy.

Confirmation Number: 61352213

**DWD Contact Information**

DWD Locations

Mailing Address	Phone Number	TDD for hearing impaired
Department of Workforce Development 10 North Senate UI Benefits Indianapolis, IN 46204	For Marion County - 1-317-232-6702 or 1-888-WORKONE (1-888-967-5663)	1-317-232-7560

**How to claim weeks of Unemployment Insurance**

The State of Indiana pays benefits on a weekly basis. Each benefit week begins on Sunday and ends at midnight the following Saturday. To file your weekly claim, you must file after the end of the week for which you want benefits. You must file within three weeks of the beginning of the week for which you want benefits. You may not be eligible for benefits for a week that is filed late. Every new claim begins with a "waiting week". A waiting week is the first eligible week you claim. Although you will not be paid for this week, you must file a weekly claim for the week. You serve only one waiting week for each new benefit year. To file your weekly benefit claim, log on to the Uplink system using <https://uplink.in.gov> and choose FILE MY WEEKLY CLAIM.

Your claim has been filed. The provided confirmation number is for tracking purposes. Copy it and keep it in a safe place until you receive your notice of eligibility and your first payment or a notice of ineligibility. You may want to print this page in order to have the contact information handy.

Confirmation Number: 61352213

**DWD Contact Information**

DWD Locations

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Print   Claimant Homepage   Logoff

**Go To Job Match**

While receiving unemployment insurance benefits you are required to be registered with our job matching service (IC 22-9-14-2). Failure to register with our job matching service within four (4) weeks of filing your claim will cause your benefits to be denied. Please visit <https://www.indianacareerconnect.com/> or report to the WorkOne office in your area and register for work.

If you would like to view your approximate potential benefit amount, [click here to access The Unemployment Benefits Estimator](#).

This is your File Claim Confirmation screen. A confirmation number is provided in the green box on this screen. Keep the confirmation number for future inquiries. You may print this screen, go to the claimant homepage, logoff, or search for job matches.

couplink Help Contact Resources DOE /

## Claimant Homepage

Overpayment Balance: \$ 0.00

### CLAIMS

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactivate Claim Summary	Remain Bal
UI	01/03/2016	12/31/2016				Pending	<a href="#">View</a>		

### PAYMENTS

Week End Date	Date Claimed	Date Paid	Amount Paid
01/08/2016			0.00

### ISSUES DELAYING PAYMENT

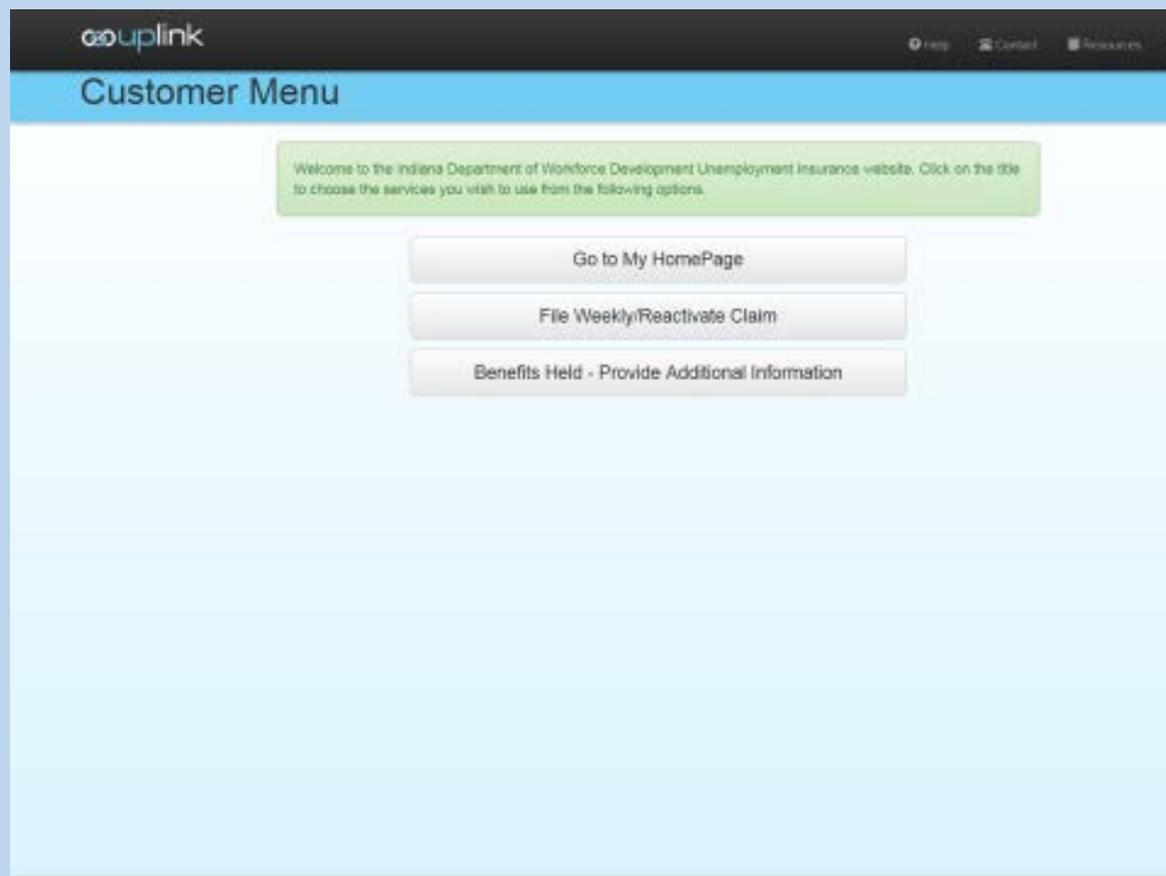
Issue	Effective Date	No
Attendance Related	01/03/2016	
Deductible Income	01/03/2016	

### SMARTLINKS

Looking for additional information?

[The Unemployment Information Homepage](#) contains links to Frequently Asked Questions, Employment Services, Handbooks, Debit Card Information, Veterans Programs and much more!

This is your Claimant Homepage. Once you have filed a claim for unemployment insurance benefits, the Homepage will contain information about that claim. When your claim has been established, you will be able to return to this screen to view information such as weekly benefit amounts, your claim's expiration date, and weekly voucher status. You can also see the issues on your claim that might be delaying payment on your claim.



Once your claim is established, you may file your weekly claim voucher online. To complete your weekly claim voucher, click on “File Weekly/Reactivate Claim” link. A weekly claim is called a “voucher.”

## Weekly Claims : Important Information

You have selected to file for an Unemployment insurance weekly benefit. In accordance to Indiana state law any misrepresentation of information provided on this claim is eligible to be prosecuted by law.

Next.

When you have read and agreed to the information in the yellow box, click “Next.”

## Weekly Claims : Eligible Weeks

Our records show that you are eligible to file Benefits for the following week.

* Do you want to file for this week?	* Did you start a job and permanently leave that job during the week ending Saturday 01/09/2016 ?	If separated, Last Day Worked (mm/dd/yyyy)
01/09/2016 : <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Pending

Note: When answering the Weekly Claim questions, remember your answers should apply to that week only. Often the answers vary from week to week, so pay close attention to the week you are filing for and answer the questions accordingly.

[Claimant Home](#)

[Next](#)

You must confirm that you wish to file a voucher for the week listed. You must provide information about whether you were separated from an employer during that week. If you were separated by an employer, you will be directed to another screen to provide information about that separating employer.

## Weekly Claims : Certification

Reminder: You are filing for the week ending 01/09/2016. Each of your answers should apply to this week only.

Do you want to file for the week ending 01/09/2016? \* YES

Did you start a job and permanently leave that job during the week ending Saturday 01/09/2016? \* NO

Did you look for full-time work? \*  Yes  No

Hint: Be sure to answer Yes to this question if you have been laid off and you have a return to work date, or if you are a member of a union with a firing list, or you have completed work searches for full-time employment.

Could you have worked the week ending Saturday 01/09/2016 if work was offered to you? \*  Yes  No

Hint: Be sure to answer Yes to this question if you are ready, willing and able to accept full-time work and start that job when offered. Also answer Yes if you have been laid off and you have a return to work date, or if you are a member of a union with a firing list.

Was there a change in your school or training status? \*  Yes  No

Did you work? \*  Yes  No

Did you refuse an offer of work? \*  Yes  No

Did you take time off from work? \*  Yes  No

Did you/will you receive holiday pay? \*  Yes  No

Did you/will you receive severance or vacation pay? \*  Yes  No

You will click on the “Yes” or “No” buttons to answer the questions above. You may click on each question to receive a more detailed explanation about the question. Once you have provided answers to all of the questions, click the “Next” button.

## Weekly Claims : Confirm Answers

### Responses for Benefit Week 01/09/2016

Do you want to file for the week ending 01/09/2016?	YES
Did you start a job and permanently leave that job during the week ending Saturday 01/09/2016?	NO
Did you look for full-time work?	YES
Could you have worked the week ending Saturday 01/09/2016 if work was offered to you?	YES
Was there a change in your school or training status?	NO
Did you work?	YES
Did you refuse an offer of work?	NO
Did you take time off from work?	NO
Did you/Will you receive holiday pay?	NO
Did you/Will you receive severance or vacation pay?	NO
If you are receiving a pension or 401k payment, has the amount of the payment or distribution changed since you filed your initial claim or last weekly claim?	NO

### Weekly Details

Employers	* What were your gross earnings?	* Was it Full or Part Time?	Hire Date	* Did you work for this employer between 04/01/2014 and 03/31/2015?
RICHMOND STATE HOSPITAL	60.0	Part Time	01/01/2015	No

\*\*\* STOP \*\*\*  
Please Review Your Answers Carefully

You will review and confirm your answers.

## Weekly Claims : Agreement

## VOUCHER CERTIFICATION

- I hereby certify that I fulfilled the registration for work requirements and that I am not receiving assistance allowance for training or education that would make me ineligible for unemployment benefits.
- I certify that I have reported any and all work, earnings, and self-employment activity for this week, even though I may not have yet been paid. I have also reported any that interfered with my ability to work full-time this week.
- I certify that all answers and information given in this application for benefits are true and accurate.
- I am aware that if I knowingly fail to disclose information or give false statements to receive unemployment benefits, I may lose my unemployment benefits, be required to repay benefits received improperly with interest and penalty, and may be subject to civil and criminal prosecution.

[Back](#)[Yes, I agree - File my Claim](#)[No, I do not agree](#)

You must certify your answers and agree to all of the statements in the green box. Read the statements carefully. If you agree, click "Yes, I agree – File my Claim."

## Weekly Claims : Fact Finding

Issues were detected that require additional information in order to process your claim.

Please click on the link(s) listed below to provide the additional information required for each issue in order to complete your unemployment claim.

Work Search Weekly	01/09/2016	<a href="#">Provide Additional Information</a>
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NOTE: The above issues will require further review in order to make a decision regarding your eligibility to receive benefits. The information you provide will be used in making this decision. Failure to provide correct and timely information may result in denial or delay of benefits.

[Claimant Home](#)
[Logoff](#)

Like with the initial claim filing process, your answers to voucher questions may create a need for you to provide additional information. You should click the “Provide Additional Information” link and answer questions in the same manner as you did during the initial claim fact-finding process.



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne**.CENTERS

**Thank you for using the  
Claimant Self Service Tutorial**

For additional questions, please contact the  
Customer Service Center at 1-800-891-6499.