

The Goodyear Tire & Rubber Company

P.O. Box 4670 Tyler, Texas 75712-4670 FAX # (903)-535-1501
535-1567

EMPLOYER USE ONLY

100% 40HR. GROSS _____
WK # _____ STATE \$ _____
ADD. DEDUCT \$ _____
REASON _____
APPROV. _____ DATE _____

(F-321 12/07)

WEEKLY APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS (TO BE FILLED OUT BY EMPLOYEE-PLEASE PRINT)

NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DEPT/CC# _____ Application for Benefit Week Beginning Saturday _____

During the benefit week, did you have any outside earnings? YES NO

If "Yes", show the total gross amounts of all such earnings for that week, whether received or not. \$ _____

Name and address of Employer - Including self-employed _____

Total Gross Earnings _____ (Acceptable verification of earning required)

During the benefit week were you hospitalized or under the care of a doctor? YES NO

Have you applied for or did you receive any Social Security Benefits? YES NO

If "Yes" what was the amount? \$ _____

Are you receiving a pension or disability benefit financed in whole or in part, by the Company? YES NO

If "Yes" what was the amount? \$ _____

Are you receiving any other type of income from the State or Federal Government? YES NO

If "Yes", name the source of income _____ Amount of income? \$ _____

If your state System benefits were reduced for any reason other than earnings reported above, state reason:

If you are ineligible for a State System Benefit, state reason: _____

I hereby apply for a Supplemental Unemployment Benefit and certify that during the Benefit Week indicated above:

- A. My state system benefit was not reduced for any reason other than that shown above.
- B. I had no other earnings than those reported.
- C. I did not fail or refuse to accept employment deemed suitable under the state system, except as indicated in above.
- D. I was not eligible for and was not claiming any accident or sickness or any other disability benefit (except which I have received or could have received while working full time), or any company pension or retirement benefits.
- E. I did not receive an unemployment benefit under any contract or program of another employer or under any other "sub" plan of the company (and) was not eligible for such a benefit under a contract or program or another employer with whom I had greater seniority than with the company nor under any other "sub" plan of the company in which I had credit units which were credited earlier than my oldest credit units under this plan.

I UNDERSTAND THAT MY CREDIT UNITS WILL BE FORFEITED FOR WILLFUL MISREPRESENTATION OF A MATERIAL FACT IN CONNECTION WITH THE APPLICATION. I ALSO AUTHORIZE THE COMPANY TO EXAMINE ANY RECORDS MAINTAINED BY THE STATE WITH RESPECT TO MY UNEMPLOYMENT BENEFIT CLAIMS.

APPLICANT SIGNATURE: _____ DATE: _____