How to Complete Arizona Initial Claim for Unemployment Insurance

Page 1 (UB-105 (1-08)): Provide responses to all sections (questions 1 – 25)

Page 2 (UB-105 (1-08 Reverse)):

- Question 26, complete as follows:
  - Last Employer You Worked for: Plan #00856
  - Company’s Name: Arizona State University
  - Mailing Address: P.O. Box 875612
  - Tempe, AZ 85287

- Question 27, complete as follows:
  - Last Day of Work before filing this claim: 01 21 2009
  - Employer’s Phone Number: 480.965.9011

- Answer question 28, then skip to question 33 and place an X in the box.

- Answer questions 35 & 36

- #38 is signature line- make sure you sign your name here

- Back at the top of page 2, in shaded area:
  - Employer No.: 2067060-000
  - Send Notice: No

Form Submission

When you complete all four forms, you can fax, drop off, mail or send by intercampus mail:

**FAX**
480.965.1971
Attn: Employee Service Center

**Drop Off/Mail**
HR Employee Service Center
University Services Building
1551 S. Rural Rd., Tempe, AZ 85287

**Intercampus Mail**
HR Employee Service Center
MAIL CODE 5612

**IMPORTANT:** DO NOT submit the completed forms directly to DES.
Page 3 (UB-130 (7-06)) WORK HISTORY: Complete all sections as indicated; use this information for first entry:

- Last Employer Name: Arizona State University
- Payroll Address: P.O. Box 875612
- City: Tempe,
- State: AZ
- Zip Code: 85287
- Reason for Separation: place an X in the box labeled “Still Working part time”


- Read certification, write your name and social security number where indicated
- Indicate your decision regarding Voluntary Election for Federal/State Income Tax Withholding by marking an X in the appropriate box
- Sign where indicated
- Date where indicated