<table>
<thead>
<tr>
<th>DATE</th>
<th>EMPLOYER-NAME AND ADDRESS</th>
<th>GROSS PAY AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reasons for separation from any employment shown above:** Lack of work ☐ Other* ☐

10. For the week(s) claimed in item 6 and/or 7 above, how much did you receive in income in the form of:
   a. Earnings from self-employment [ ] [ ]
   b. Commission payments [ ] [ ]
   c. Wages in lieu of notice [ ] [ ]
   d. Disability or severance pay [ ] [ ]
   e. Vacation pay [ ] [ ]
   f. Holiday pay [ ] [ ]
   g. Tips and gratuities [ ] [ ]
   h. Board, room, or both [ ] [ ]
   i. Railroad retirement benefits [ ] [ ]
   j. Social Security (OASI) [ ] [ ]
   k. Pensions from former employers including government and armed forces [ ] [ ]
   l. Workman's compensation [ ] [ ]
   m. Veterans education and training or subsistence allowance [ ] [ ]
   n. Educational Assistance Allowance under the War Orphans Act of 1945 [ ] [ ]

11. For the week(s) claimed above in item 6 and/or 7:
   a. Were you fully able to work? ☐ Yes ☐ No*
   b. Were you available for work? ☐ Yes ☐ No*
   c. Did you refuse any jobs offered you? ☐ Yes* ☐ No
   d. Did you attend school? ☐ Yes* ☐ No
   e. Did you work on a farm? ☐ Yes* ☐ No
   f. Did you work on a commission basis? ☐ Yes* ☐ No
   g. Were you self-employed? ☐ Yes* ☐ No
   h. Did you receive, or are you seeking benefits under any other state or federal unemployment insurance law? ☐ Yes* ☐ No

For any amount entered in item 10, show in item 15 REMARKS, the period covered by payment and employer name and address if applicable.

12. Use L. O. stamp or enter L. O. Address and No.

**DIVISION OF EMPLOYMENT SECURITY**

600 CAMP STREET

NEW ORLEANS, LOUISIANA 70130

**Remarks**

Point Location

Report every week(s) — 0 —

**CLAIMS TAKER:** Replaces on Form 19-11, Post Finding Report

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**HUNLEY EXHIBIT No. 2**
14. During the period covered by this claim, explain what you have done to find work. List employers, labor unions, and other places contacted:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place Contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 28</td>
<td>Harris Photo</td>
</tr>
<tr>
<td>Aug 31</td>
<td>Landis, 859 S. 9th St.</td>
</tr>
<tr>
<td>Aug 30</td>
<td>City, 29th St.</td>
</tr>
</tbody>
</table>

If you have done nothing, explain why.

15. REMARKS. Give below any additional information on any of items 1-14, particularly item 16, which require further explanation.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work except as stated herein. I have been directed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with the claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims officer.

17. Claimant—in case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

18. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this state.

HUNLEY EXHIBIT No. 2—Continued