



# CATHOLIC DIOCESE *of* RALEIGH

## Weekly Reemployment Assistance Certification Form

For week beginning Monday: \_\_\_\_\_  
mm/dd/yyyy

Applicant Name: \_\_\_\_\_

Parish/Agency Name: \_\_\_\_\_

I hereby certify that:

1. I am available for employment and am actively seeking employment.
2. I have not received payments during the past week for services rendered that are greater than or equal to my weekly income while employed with the Diocese of Raleigh.
3. I understand that failure to present this application by the deadline, or falsification of any information herein makes me ineligible for assistance under this plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_

Note: This form must be received by the employer by NOON on FRIDAY of the week covered by the form. The form may be faxed, scanned, or sent via text (photograph).

No Payments will be paid if this form is received after NOON on FRIDAY.