

# Request for Extension to Worker Attachment

## Unemployment Insurance Benefits

Due to abnormal circumstances, a two-week extension of attachment beyond the initial 16 week period may be granted.

**Please SAVE FORM TO YOUR COMPUTER BEFORE COMPLETING.**

**Email completed form to [NDOL.Legal@nebraska.gov](mailto:NDOL.Legal@nebraska.gov).**

Employer Name \_\_\_\_\_

Employer Account Number \_\_\_\_\_

Employer Email \_\_\_\_\_

Reason for Request

Please address all employees listed and include the original return date.

Is this the company's first request for an extension to worker attachment status?      Yes      No

Have the workers listed returned to work since the original period of layoff?      Yes      No

Employee Name and Last 4 of SSN	Last Day Worked	New Return Date

To add additional employees, continue on next page

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