



GOVERNMENT OF PUERTO RICO
Department of Labor and Human Resources



PR-AD-6
 REV. 02/2020

Verification of Prospective Employment
 in Order to Be Eligible for
 Disaster Unemployment Assistance (DUA)

Name: _____
 Social Security Number: _____
 Probable time duration of employment:
 From: _____ Until: _____

PROSPECTIVE EMPLOYMENT

1. Employer's name: _____
2. Postal Address: _____
3. Was a job offered directly to the Claimant? Yes No
4. Salary offered: _____
5. Name and title of the person who offered employment: _____ Phone number: _____
6. Work to be done: _____
7. Salary or wages offered: \$ _____ per hour
8. For how many hours per week: _____
9. Reason for not being able to start working: _____
10. When do you expect to start working? _____

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS FORM IS CORRECT TO MY UNDERSTANDING AND TO THE BEST OF MY KNOWLEDGE, AND THAT I UNDERSTAND THAT FEDERAL AND STATE LAW WILL APPLY TO EMPLOYERS, INDIVIDUALS OR THIRD PARTIES THAT SUBMIT FALSE DECLARATIONS OR OMIT INFORMATION FOR THE PURPOSE OF HAVING BENEFITS DENIED OR NON-ALLOWABLE PAYMENTS TO BE ISSUED.

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER

EMPLOYER'S STATE ACCOUNT NUMBER

SIGNATURE / TITLE
 OF EMPLOYER OR AUTHORIZED REPRESENTATIVE

DATE

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**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE
 TO THE ADDRESS STATED ABOVE**