

Mark Glyptis
President, Local 2911

May 16, 2024

IMPORTANT INFORMATION- PLEASE READ

Dear Fellow Union Member:


Your Union is pleased to inform you that a grievance which was filed concerning potential minimum SUB benefits for laid off employees has been resolved. As a result, laid off employees other than those who accepted transfers, will be entitled to a minimum \$250.00 per week SUB benefit, even if they are currently working for a different employer.

Enclosed is a form which will be necessary for you to complete in order to obtain \$250.00 minimum SUB pay. This form must be completed and signed each time that you are paid from another employer and a copy of your pay stub must accompany the form. You can file for these benefits from the first day you began working for another employer. Please make additional copies of this form as they will be needed for subsequent applications. The documents may be sent in the following ways:

1. Email: Sherri.thompson@clevelandcliffs.com
2. Mail : Union Local 2911
P.O. Box 84
Weirton, WV 26062
3. A drop box will be provided at the Union Hall during business hours

If you have any questions regarding this procedure, please either contact the Union Hall by calling 304-748-8080 or Sherri Thompson at 304-797-4669.

Sincerely,


Mark Glyptis, President

**Supplemental Unemployment Benefit (SUB) Application
Employees On Layoff Working Other Jobs**

Badge No: _____

Print Name: _____

Section I

Did you receive an unemployment check? Yes No

If "NO", go to Section II

If yes, is this check for more than one week? Yes No

How many weeks is the unemployment check for? _____

What is the gross amount of the unemployment check? _____

Section II

Did you work for another employer? Yes No

If yes, how many weeks is your check for? _____

What is the gross amount of your check per week:

Week ending date: _____ Gross earnings \$ _____

Week ending date: _____ Gross earnings \$ _____

Week ending date: _____ Gross earnings \$ _____

Attach pay stub (s).

I certify that during the week/weeks covered by this application I was laid off and earned no wages or remuneration except as shown. I hereby authorize the release to the company by the state unemployment compensation authorities of any information pertaining to my state employment compensation claim.

I hereby agree to repay any overpayment of supplemental benefits which may be made to me; and for that purpose, I hereby authorize the company to deduct the amount of any such overpayment from any weekly benefits otherwise due me or from any monies hereafter becoming due to me from the company.

Employee Signature

Date