

REPORT OF CASES FOR WHICH ALL DAYS  
WERE CLAIMED DURING A MONTH CREDITED PER  
AN ADJUSTMENT REPORT PROCESSED FOR 2008

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EMPLOYER :

<u>SSN</u>	<u>EMPLOYEE NAME</u>	<u>BA4 ADJUSTMENT PROCESS DATE</u>	<u>MONTH(S) CREDITED</u>	<u>EMPLOYER REPLY</u>
		09-04-09	FEB APR MAY JUL AUG	

EMPLOYER CERTIFICATION: THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE. FAILURE TO REPORT OR THE MAKING OF A FALSE OR FRAUDULENT REPORT CAN RESULT IN CRIMINAL PROSECUTION OR CIVIL PENALTIES, OR BOTH.

SIGNATURE

DATE

FORM ID-55 (SUP) (10-07) OFFICIAL CONTACT: NAME

TELEPHONE NO. ( )