

LOUISIANA-19

Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)

2. LOCAL MAILING ADDRESS: P.O. BOX 30061
(No.) (R. or Rural Route)

New Orleans Louisiana
(City) (State)

Have you moved since last week? Yes No

3. Male Female

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? Yes No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER--NAME AND ADDRESS	GROSS PAY AMOUNT

Reason for separation from any employment shown above: Lack of work Other*

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment? \$ _____
 - b. Commission payments? \$ _____
 - c. Wages in lieu of notice? \$ _____
 - d. Dismissal or severance pay? \$ _____
 - e. Vacation pay? \$ _____
 - f. Holiday pay? \$ _____
 - g. Tips and gratuities? \$ _____
 - h. Board, or room, or both? \$ _____
 - i. Railroad retirement benefits? \$ _____
 - j. Social Security (OASDI)? \$ _____
 - k. Pensions from former employers including government and armed forces? \$ _____
 - l. Workmen's compensation? \$ _____
 - m. Veterans education and training or subsistence allowance? \$ _____
 - n. Educational Assistance Allowance under the War Orphans Act 1966? \$ _____

For any amount entered in #10, show in #15 REMARKS, the period covered by payment and employer name and address if applicable.

12. Use L. O. stamp or enter L. O. Address and No.

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS, LOUISIANA 70130

Itinerant Point Location _____

Report every _____ week(s)

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*CLAIMS TAKER: English on Form IB-1, Fact Finding Report

4. SSA No. 433543937

UI UCPE UCX

5. Liable State Texas

6. Week Ending Date _____

7. Week Ending Date 9-2-63

8. Actual date claim taken: 9-3-63

D-104

14. During the period covered by this claim, explain what you have done to find work. List employers, labor unions and other places contacted.

Date	Place Contacted	Type of Work Sought	Results
Aug 28	Bureau Photo	Photo	NO POSITION
Aug 29	Rosen's 559 S 1st St	Clean	Position Taken
Aug 30	Ref Studios	PRINTWORKER	LEAF APPLICATION
Sept 1	South Central Studio	PRINT ROOM	NOT ACCEPTED



If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of items 1-11, particularly item 10, which require further explanation.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims taker.

Lee R. Owen
 (Claimant's signature)

17. Claimant--In case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address _____

(2) Signature and address _____

18. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this State.

B. J. Hunley
 (Claims taker's signature)