

EMPLOYER NOTICE OF CLAIM FILED - M

CLAIMANT: _____ Date: _____
SS#: _____

RETURN TO:
WORKFORCE SERVICES
PO BOX 45266
SALT LAKE CITY, UTAH
84145-0266
or FAX (801) 526-4402

Effective Date of Claim: _____
[] Base Period, [] Not Base Period Employer
Employer Acct. #: _____

This person has applied for Unemployment Insurance (U.I.) benefits and reported having worked for your firm.
To help determine this claimant's eligibility, please complete the items below.
Your charges or U.I. tax rate may be affected by any benefits paid.
You may not be relieved of charges if you do not return this form.
Your cooperation and participation in this eligibility decision will be appreciated.

Claimant-reported job-separation reason: [] Quit [] Discharge [] Lack of Work [] Other _____

1. Dates worked: From _____ to _____; Rate of pay _____; Job Title _____
2. a. Accrued vacation pay due or paid? [] No [] Yes Gross amount \$ _____, for _____ hrs. Date paid /to be paid _____
b. Severance pay due or paid? [] No [] Yes Gross amount \$ _____, for _____ hrs. Date paid/to be paid _____
3. Job separation reason: [] Quit, [] Discharge, [] Lack of Work, [] Other _____ (see reverse side)
 - a. (For Quit) What reason were you given _____
 - b. (For Discharge) Explain what happened, especially final incident _____

 - Warnings given? [] No [] Yes When? _____ How? _____
 - c. Was employee able to perform job duties? [] No [] Yes
Comments: _____
 - d. How did employee's behavior affect your firm? _____
 - e. Were alternatives to separation available (e.g., transfer, suspension)? [] No [] Yes _____

4. Are retirement benefits now being paid or will they be paid within the next year? [] No [] Yes
If yes, effective date _____ Monthly gross amount \$ _____ or Lump sum \$ _____

5. Is this person still working? [] No [] Yes hrs/wk _____. Any recent reduction in hours? [] No [] Yes
Who requested the reduction and why? _____

6. Additional comments: _____

Please attach documents or records, if available, that support your statements.

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS OR FAX NUMBER ABOVE BY _____
TO RETAIN YOUR RIGHTS IN THE DECISION.

I CERTIFY the above information is true and correct. I understand the law provides penalties for false statements (Section 35-4-104(1)(a) of the Utah Employment Security Act).

Signature Printed Name Title Phone Date