ENTERED

CMG
CORPORATE MANAGEMENT GROUP

1/6 12P

CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 1/04/16

Name Adan, Hodan Abdullahi
Last First Middle Maiden

Present address 2849 59th ST NW Rochester
Number Street
Rochester MN 55901
City State Zip

Social Security No. 803 - 66 - 3027

Telephone (507) 400-4207 E-Mail

If under 18, please list age Referred by Kowsar

Position applied for (1) 2nd shift
and salary desired (2) open
(Be specific) 2nd

Shift available to work
1st
2nd X
3rd
weekends

How many hours can you work weekly? 60 hours or more Can you work nights? yes

Employment desired X FULL-TIME ONLY X PART-TIME ONLY X FULL- OR PART-TIME

When available for work? Anytime

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Hawthorne	Rochester		
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes X No

What is your means of transportation to work? my brother/sister will drive me to work

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name mohamed naur	Name Hani Adan
Position Tax expert	Position
Company Wardi daycare	Company Rochester Public school.
Address Rochester mn	Address Rochester mn
Telephone (507) 319-7168	Telephone (507) 202-1569

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name Dagahaley fruit Store.	Supervisor name Warsame.
Position Packaging	Employment dates / Pay or salary
Company Dagahaley fruit Store	From 1/2/2010 — Start
Address Dagahaley Kenya	To 9/8/2011 — Final
Telephone (____)_____	Your last job title Packaging staff.

Reason for leaving (be specific) Moved to USA.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
- Packaging of fruits ~~to~~
- inspecting fruits good ones from bad ones
- cleaning and maintaining high standard of cleanes.

Name _____	Supervisor name _____
Position _____	Employment dates / Pay or salary
Company _____	From — Start
Address _____	To — Final
Telephone (____)_____	Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (_____)_____	Your last job title _____	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (_____)_____	Your last job title _____	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? __ Yes X No

Did you complete this application yourself __ Yes X No

If not, who did? my brother helped me = Abdinoor

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Hodan Adan Date: 1/4/15

E-Verify
Employment Eligibility Verification

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016006143538TB

Report Prepared: 01/06/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Adan

First Name: Hodan

Date of Birth: 01/01/1995

Social Security Number: *** ** 3027

Hire Date: 01/06/2016

Citizenship Status: A lawful permanent resident

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 212453634

Card Number: LIN1390569697

Document Expiration Date:

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/06/2016

Case Submitted By: GLEN1037

Closed On: 01/06/2016

Closed By: GLEN1037

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

I-551
Rev 02-10-09

48390759

[redacted]

13

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 82521, Lincoln, NE 68501-2521

C1USA2124536340LIN1390569697<<
9501016F2311148SOM<<<<<<<<<<<9
ADAN<<HODAN<ABDULLAHI<<<<<<<<<

UNITED STATES OF AMERICA
PERMANENT RESIDENT

ADAN HODAN A 01 JAN 1995

Surname
ADAN

Given Name
HODAN A

USCIS#
212-453-634

Category
RE8

Country of Birth
Somalia

Date of Birth
01 JAN 1995

Sex
F

Card Expires: 11/14/23

Resident Since: 11/28/11

Preliminary Questions

For CMG use only

Name: Hedan

Date: 1/6/16

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? South
5. What shift to you prefer? 2nd

To be completed during interview only

Date of interview 1/6/16

Have you ever been convicted of a crime? Yes____ No

Explain Incident_____

Hedan

Employee Signature_____

Interviewer Signature_____

Applicant Interview Score Card

Name Hodan Adan Date of Interview 1/6/16

Position/Shift Assignment X Stand by Position _____

Rating Weak (1) to Strong (5)

1.	Understanding of English conversation	1 2 3 4 5
2.	Speaks English Fluently	1 2 3 4 5
3.	Work experience related to job-food industry	1 2 3 4 5
4.	Work history-working presently, yrs in workforce	1 2 3 4 5
5.	Criminal Background information	1 2 3 4 5
6.	Possesses required New Hire documentation (I9)	1 2 3 4 5
7.	Personality-friendly, pleasant, sense of humor	1 2 3 4 5
8.	Appearance-well groomed, cleanliness	1 2 3 4 5
9.	Meets requirements to work w/pork, peanuts & soy	1 2 3 4 5
10.	Shift availability-prefers shift that is available for Open positions, willing to be flexible to shifts available	1 2 3 4 5

Total possible points **50** pts. Total points scored 48

Former Employer Rating Bonus Points 1-20 ~~15~~

Interviewer: [signature]

Total Points 48

Date: 1/6/16

Name: _____

Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: Hodan Adan

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
   a. The tiny hairs in your nose tickle
   b. Your body is trying to get rid of bad things
   c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
   a. Hand, Elbow, Shoulder
   b. Ankle, Knee, Hip
   c. Brain, Lungs, Mouth

3. What other things can make you sneeze?
   a. Pepper, Sun, Dust, and Pollen
   b. Water, Pop, Flowers, Trees
   c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
   a. Good Job
   b. Gesundheit
   c. Hang in there

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
   a. Wipe them with a tissue
   b. Nothing
   c. Wash your hands

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 3/18/21

Supervisor Name: Sam Chea **Hire Date:** 1/11/16

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☐Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☒Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Hodan was asked to put her phone away while doing her duties to accommodate to her restrictions. She continued to be on her phone. She then told the supervisor that she was being abused by her. We looked into these allegations and there is not abuse taking place but only Hodan not being compliant with her job duties. If this continues, she will be sent home and it will not count as loss time towards her W/C injury.

3. Prior Warnings:

Notified at the beginning of her shift when she was on her phone. She continued to go back on her phone later and refused to put it away.

4. The following immediate corrective action must be taken by the employee.

If Hodan can not be compliant with the company phone policy, she will be sent home and will not be counted towards any loss time for her W/C injury.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: [signature] Date: 3/19/21

Refused to sign. KS 3/19/21

Hodan Aden

inactive

Kelsey Sikkink

From: Jessica Wilson <jessica@employersolutionsgroup.com>
Sent: Tuesday, September 7, 2021 8:09 AM
To: Kelsey Sikkink
Subject: RE: Monthly Report for May
Attachments: CMG-ROCHESTER - HODAN ADAN - 04.30.21 - REICHEL FOODS.pdf

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Kelsey!

I have a hearing for Hodan Adan on 9/9/21 10:45AM Central. Are you available to participate?
Attached is the hearing doc. The claimant is saying that she interviewed for a position and is waiting for a call back.

Thank you,

Jessica Wilson | UI Specialist

employer solutions staffing group employer solutions group

PO Box 46270 | Eden Prairie, MN 55344-9956
p: 952.835.1288 | d: 952.767.8099 | f: 952.767.9499

From: Kelsey Sikkink <Kelsey@corpmgmtgroup.com>
Sent: Thursday, June 10, 2021 10:56 AM
To: Jessica Wilson <jessica@employersolutionsgroup.com>; Lauren Kenney <Lauren@corpmgmtgroup.com>
Subject: RE: Monthly Report for May

Sounds good!!

From: Jessica Wilson <jessica@employersolutionsgroup.com>
Sent: Thursday, June 10, 2021 10:55 AM
To: Kelsey Sikkink <Kelsey@corpmgmtgroup.com>; Lauren Kenney <Lauren@corpmgmtgroup.com>
Subject: RE: Monthly Report for May

Hi Kelsey,

I See that we have let the state know about the people collecting FMLA.
I don't see that the state had made their determinations for those claimants yet.
This report shows newly innated claims so it would show that they applied for benefits and FMLA.

Let me know if you have any further questions.

employer solutions staffing group
Leveraging Resources in a Changing Market

P.O. Box 46270 Eden Prairie, MN 55344
Telephone 952.835.1288 Facsimile 952.835.1255
www.EmployerSolutionsGroup.com
jessica@employersolutionsgroup.com

UIPOSTMARKDATE
AUG 04 2021
CS

August 4, 2021

Department of Employment and economic Development
Po Box 4629
Saint Paul, MN
55101-4629

Re: Protest of Determination
Claimant: Hodan Adan
SSN: (xxx-xx-3027)
Employer: Employer Solutions Staffing Group II

To Whom It May Concern:

ESSG is protesting this claim for unemployment benefits. Claimant Was on a W/C injury restrictions and we were accommodating to her restrictions per the MRE. She was to return on 4/26/21 to her full 8 hours shifts(per her MRE on 4/12/21 to 4/18/21 4 hours shifts, 4/19/21 to 4/25/21 6 hours shifts and 4/26/21 to 5/2/21 8 hours shifts.) She did not return on 4/26/21 to 4/30/21. I spoke to her brother who is her translator and translator that helped her through her whole injury time, and he admitted Hodan did not call in these days. Prior to these days, her call ins were called in by her brother and he left messages on the call in line. When I told him that she resigned due to job abandonment he said okay and it was fine. Called on 5/18/21 to offer on of our over 100 positions available. We do have work to accommodate to her W/C injury had it not been denied but regardless we still have numerous positions available.

Please let me know if you require any further information.

Sincerely,

Jessica Wilson
Unemployment Benefits Specialist
Employer Solutions Staffing Group, LLC
P.O. Box 46270, Eden Prairie, MN 55344
Phone: 952-767-8099 / Fax: 952-835-1255
Jessica@EmployerSolutionsGroup.com

Custom fact finding

Applicant Name: HODAN A ADAN

Due date: 07/27/2021

Summary: To determine the applicant's eligibility for benefits, and the effect, if any, on your UI account, we need more information. You must respond by the due date indicated above and you may do so by mail, by fax, or internet. This questionnaire is available for your response online by logging onto your account at www.uimn.org and by clicking on the Determinations and Issue Summary link. If you do not respond, a determination will be issued based on available information. Due to the current volume of incoming correspondence, it is recommended you respond online.

Date Submitted: **07/27/2021 08:54:27 AM**

*** You said you left a message with the applicant on 06/10/2021 regarding offers of employment. What did you specifically state in the message that you left?**
We offered numerous positions at two facilities at the pay rate of $15.00. The shift was 5/6 to 10:30/12. 40 hours a week.

*** Describe each of the jobs that were offered. Include the job details, and when the jobs were scheduled to start.**
See above. They could have started 6.11.21.

*** On 06/28/2021 the applicant said, "I did not refuse any job. Since I was interviewed for the job, I am still waiting feedback from the employer whether they accepted me or not." To clarify, did the applicant ever tell you that they were refusing the jobs offered? If yes, when and what was said?**
The claimant didn't respond to the job offers.

*** If you wish to provide any additional information about this issue, please provide it below:**

Exhibit #6- Page 1 of 1

What was the expected duration?

NA

***Did you (the employer) provide employer-paid or partially paid health insurance?**	No
***Did the applicant work for you previously?**	Yes

If yes:

Dates of employment:	01/06/2016 to 04/25/2021

Job title/duties:

General labor

Address or location of work site:

Rochester

Rate of pay?	$12.00 **per:** Hour
Hours per week:	24
Shifts:	☐ **First Shift (Days)** ☐ **Second Shift (Evenings)** ☐ **Third Shift (Nights)** ☑ **Other.** **If Other please explain. Be specific.** NA
Was the job temporary?	Yes

If yes:

What was the expected duration?

NA

Did the employer provide paid or partially paid health insurance?	No

If additional information is needed about this issue, whom may we contact?

Jessica Wilson

Contact person's telephone number:	(952) - 767 - 8099

☐ **I will be sending in documents that support my answers.**

Please describe the documents.

If you wish to provide any additional information about this issue, please provide it below:

R-100E

Exhibit #5- Page 2 of 2

Unemployment Insurance Request for Information

Applicant name: HODAN ADAN

Employer name: EMPLOYER SOLUTIONS STAFFING GROUP II

Doing business as:

Employment start date: 01/01/2016

Employment end date: 05/03/2021

Average number of hours worked per week: 40

Last wage: 13.00 per hour

Job title: General labor

Date Submitted: **06/10/2021 12:38:54 PM**

The following information is needed to determine the applicant's eligibility for unemployment benefits. Respond by the due date. If you do not respond, a determination will be issued from available information.

***Date the offer was made or sent:** 06/10/2021

***Method of communication (select one):**

- ☐ **Letter**
- ☐ **Certified letter**
- ☐ **In Person**
- ☐ **Spoke with applicant by phone**
- ☑ **Left message for the applicant**
- ☐ **Email**

***Who contacted the applicant? Name(s), Title(s):**

Kelsey Sikkink

***What did this person tell the applicant?**

Offered employment

***Did the applicant respond?** No

If yes:

When did he/she respond?

What reason did he/she give for refusing the job?

***What employment did you (the employer) offer the applicant:**

Numerous positions at two facilities

***Date work was scheduled to begin?** 06/10/2021

***Job title/duties:**

General labor

***Address or location of work site:**

Rochester

***Rate of pay?** $15.00 ***per:** Hour

***Hours per week:** 40

***Shifts:**

- ☐ **First Shift (Days)**
- ☐ **Second Shift (Evenings)**
- ☐ **Third Shift (Nights)**
- ☑ **Other.**

If Other please explain. Be specific. NA

***Was the job temporary?** Yes

If yes:

***What qualifications or training was completed for this occupation?**

Assemply, packaging, labeling, checking quality of food, sanitation, mixing sliced apples with caramel and peanuts and cheese.

***Rate of pay:**	13	***per:**	Hour
***Hours per week:**	40		
***The nature of your job (choose one):**	☑ **A permanent job** ☐ **Temporary assignments**		
*Shifts that you worked:	☑ **First Shift (Days)** ☐ **Second Shift (Evenings)** ☐ **Third Shift (Nights)** ☐ **Other.** **Please explain. Be specific**		

***Commuting distance:**

7-10 miles

☐ **I will be sending in documents that support my answers.**

Please describe the documents.

If you wish to provide any additional information about this issue, please provide it below:

I am still unemployed since 5/3/2021 and actively looking for a job.

R-100A

Exhibit #3- Page 3 of 3

Date work was scheduled to begin: or ☑ **Don't Know**

Job title/duties:

assembly/food produtction

Address or location of work site:

Address: 2402 7th ST NW

City: Rochester

State: Mn

ZIP Code: 55901

OR

☐ **Don't Know Address**

Rate of pay? $17.00 **per:** Hour or ☐ **Don't Know**

Hours per week: or ☐ **Don't Know**

Shifts:

☑ **First Shift (Days)**
☐ **Second Shift (Evenings)**
☐ **Third Shift (Nights)**
☐ **Other.**
If Other please explain. Be specific.

Was the job temporary? ☑ **Yes** ☐ **No** ☐ **Don't Know**

Did the employer provide paid or partially paid health insurance? ☐ **Yes** ☑ **No** ☐ **Don't Know**

Did you work for this employer before? No

If yes:

Dates of employment: to

Job title/duties:

Address or location of work site:

Address:

City:

State:

ZIP Code:

Rate of pay? **per:**

Hours per week:

Shifts:

☐ **First Shift (Days)**
☐ **Second Shift (Evenings)**
☐ **Third Shift (Nights)**
☐ **Other.**
Please explain. Be specific

Was the job temporary?

Did the employer provide paid or partially paid health insurance?

Exhibit #3- Page 2 of 3

***What was your main occupation the past two years?**

Assemply/ food prodution

Unemployment Insurance Request for Information

Employer name: EMPLOYER SOLUTIONS STAFFING GROUP II .

Doing business as:

Employment start date: 01/01/2016

Employment end date: 05/03/2021

Average number of hours worked per week: 40

Last wage: 13.00 per hour

Job title: assembly/food produtction

Date Submitted: **06/28/2021 04:56:51 PM**

The following information is needed to determine your eligibility for unemployment benefits. Respond by the due date. If you do not respond, a determination will be issued from available information.

***Date the offer was made or sent to you:** 06/11/2021

***Method of communication (select one):**

- ☐ **Letter**
- ☐ **Certified letter**
- ☑ **In Person**
- ☐ **Spoke with me by phone**
- ☐ **Employer left message**
- ☐ **Email**

***Who contacted you? Name(s), Title(s):**

Liza From Masterson Staffing Solution Rochester MN

***What did this person tell you?**

They told me there was avialabie positions at Kerry Rochester MN. i applied the position and I was scheduled an interview. I did the interview and i am still waiting feedback whether i was accepted or not

***Did you respond?** Yes

If no:

Why not

If yes:

When did you respond? 06/11/2021

What did you tell them?

I told them i am looking for a job and i am available anytime to start. I did filled out the application form on the spot. I did drug test. I was scheduled an interview at the work site (Kerry).I did the interview and I am still waiting feedback from the employer.

For what reason did you refuse the job?

I did not refuse any job. Since i was interviewed for the job, I am still waiting feedback from the employer whether they accepted me or not.

***Did the employer tell you anything about the job?** Yes

If yes:

Exhibit #3- Page 1 of 3

Scheduling Information

Date of hearing: Thursday, September 9, 2021
Time of hearing: 10:45 AM
Unemployment Law Judge: Karen Helgeson
Date Submitted: **08/24/2021 01:57:15 PM**

Contact Information

Name of person filing appeal:	Jessica					Wilson
Job title of person filing appeal:	Unemployment					Spec.
*Name of contact person for hearing:	Jessica					Wilson
Job title of contact person for hearing:	Unemployment					Spec.
* Telephone number of contact person for the hearing:	(952)	-	767	-	8099	ext.
* Employer's telephone number:	(952)	-	835	-	1288	ext.

Exhibit #2- Page 2 of 3

Hearing Details

Issue ID # 46750766-2

Applicant Name: HODAN A ADAN

* Briefly state the reason you are appealing this determination in 1500 characters or less. You will have an opportunity to explain your case in detail at the hearing. See employer's appeal post marked on August 4, 2021.

* Will you have an attorney represent you at the hearing?: ☐ Yes ☑ No, or I don't know yet

*Will you need an interpreter?: No

If yes, enter the language:

Exhibit #2- Page 1 of 3

If you have any questions about this determination, you may contact the Unemployment Insurance Program. You must have your identification number available when you call.

Right of Appeal

This determination will become final unless an appeal is filed by Wednesday, August 18, 2021 . The 'filed' date is the postmark date, if mailed, or the date received by the Unemployment Insurance Program, if sent by fax or online. The recommended method for filing an appeal is online. You can do so by logging in to your account at www.uimn.org and following the prompts. If filing by fax or mail please send this determination or a photocopy, along with a short statement explaining why you are filing the appeal, to the fax number or address listed below.

All appeals filed by an agent on behalf of an employer must be filed online. Use of another method of filing by an agent does not constitute an appeal. If the agent does not have access to file the appeal online, the agent must instruct the employer to file the appeal. Details of this requirement can be found at www.uimn.org.

Unemployment Insurance Law
Minnesota Statute section 268.085

Exhibit #1- Page 2 of 2

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007
If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158079445

158079445

07/29/2021

EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

Employer Account Number: 5044364
SSN: XXX-XX-3027

Issue Identification Number: 46750766-1

Applicant Name: HODAN A ADAN
SSN: XXX-XX-3027

Determination of Eligibility

Reasonings and Findings

Under Minnesota Statute section 268.085, an applicant is ineligible for unemployment benefits for eight weeks following a refusal or avoidance of an offer of suitable employment, unless there was a compelling reason for the refusal or avoidance. Whether employment is suitable for an applicant is determined by the Department based on the applicant's experience, qualifications, duration of unemployment, and prospects for employment. The applicant must be made aware that the employer was attempting to offer a job.

The applicant did not refuse or avoid an offer of employment, because the applicant was not made aware that a specific, suitable job offer was to be made.

"The employer, a temporary employment agency, left a voicemail for the applicant regarding available work. Based on the information provided, the applicant did not refuse the job offers.

Effect of this Determination
The failure to apply for alleged employment on 06/10/2021 has no effect on the applicant's unemployment benefits. The applicant is eligible for unemployment benefits if all other requirements are met. To be paid unemployment benefits for any week, the applicant must meet the eligibility requirements set out in the Information Handbook.

Exhibit #1- Page 1 of 2

Additional Notes

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007

If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158383520

NOTICE TO APPLICANT:
It is important for you to request benefits according to your assigned schedule for any weeks you are unemployed during the appeal process. If you are not in pay status now but the appeal decision is in your favor, you will be paid for weeks that you have properly requested, if you are otherwise eligible.

If the decision reverses an award of benefits, you could be overpaid. Overpaid benefits must be repaid and may be recovered by legal action.

Interested Parties that were also mailed this notice:
Applicant , HODAN A ADAN
Employer , EMPLOYER SOLUTIONS STAFFING GROUP II

If you require accommodation for the hearing, such as a sign language interpreter, a reader, or any assistive equipment, please contact the Appeals Office at the number listed below.

This information is available in alternative formats by calling the number listed below.

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA
651-296-3745 | Fax: 651-205-4007 | TTD: Toll Free: 1-866-814-1252 | www.uimn.org/uimn/

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158383520

158383520

EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

08/25/2021

Employer Account Number: 5044364
SSN: XXX-XX-3027

Appeal Document Submission Form

Issue Identification Number: 46750766 - 2

Please include a copy of this sheet when sending any documents. This will ensure that they are placed in the appropriate file for the judge to review for the hearing scheduled on:

Date of Hearing: Thursday, September 9, 2021
Time of Hearing: 10:45 AM

Please do not send any documents that have previously been submitted.

All documents submitted for the hearing will be shared with all other interested parties in this appeal.

The Appeal Document Submission Form is only to be used to submit documents for the appeal hearing. Do not mail any other correspondence in the same envelope.

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA
651-296-3745 | Fax: 651-205-4007 | TTD: Toll Free: 1-866-814-1252 | www.uimn.org/uimn/

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158383519

Enclosed with this Notice of Hearing is a copy of the evidence the Unemployment Insurance Program has gathered that is related to the appeal hearing. Do not separate these documents. Keep them in their present order. If this hearing is rescheduled, please retain these documents to use in the rescheduled hearing.

Also enclosed are materials that set out your rights and responsibilities regarding the hearing. Please make sure that you review these materials as soon as possible so that you are prepared for the hearing.

Interested Parties that were also mailed this notice:

HODAN A ADAN, Applicant

EMPLOYER SOLUTIONS STAFFING GROUP II, Employer

For more information about appeals, including videos and other resources:

Scan the image with your smartphone's camera

Visit the Unemployment Insurance Program online

General information:
www.uimn.org/employers

Appeals information:
www.uimn.org/employers/raise-issue

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA
651-296-3745 | Fax: 651-205-4007 | TTD: Toll Free: 1-866-814-1252 | www.uimn.org/uimn/

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158383519

158383519

08/25/2021

EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

Employer Account Number: 5044364
SSN: XXX-XX-3027

Issue Identification Number 46750766-2

Notice of Hearing

Involved Parties:
HODAN A ADAN
EMPLOYER SOLUTIONS STAFFING GROUP II

On Wednesday, August 4, 2021 , EMPLOYER SOLUTIONS STAFFING GROUP II appealed the Refusal-Avoidance determination.

Under Minnesota Statutes, section 268.105, subdivision 1, a hearing will be conducted by an unemployment law judge. This hearing will be held by telephone conference call. The judge will call you to participate in this hearing. The telephone number we currently have listed for you is **952-835-1288.** If this is not correct, please log into your account at www.uimn.org to make any changes. Please read the enclosed Telephone Hearing Instructions. Employers must provide a contact person for the hearing.

Issues to be Considered at this Hearing: Whether HODAN A ADAN is ineligible for eight calendar weeks for failing to apply, refusing, or avoiding an offer of suitable employment without good cause.

Date: **Thursday, September 9, 2021**
Time: **10:45 AM (Minnesota Time)**

The hearing will be scheduled for approximately one hour.

Please contact the Appeals Office immediately at the telephone numbers listed below if you need to reschedule your hearing, or if you require accommodation for the hearing, such as a sign language interpreter, reader, or any assistive equipment.

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA
651-296-3745 | Fax: 651-205-4007 | TTD: Toll Free: 1-866-814-1252 | www.uimn.org/uimn/

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158079445

If you have any questions about this determination, you may contact the Unemployment Insurance Program. You must have your identification number available when you call.

Right of Appeal

This determination will become final unless an appeal is filed by Wednesday, August 18, 2021 . The 'filed' date is the postmark date, if mailed, or the date received by the Unemployment Insurance Program, if sent by fax or online. The recommended method for filing an appeal is online. You can do so by logging in to your account at www.uimn.org and following the prompts. If filing by fax or mail please send this determination or a photocopy, along with a short statement explaining why you are filing the appeal, to the fax number or address listed below.

All appeals filed by an agent on behalf of an employer must be filed online. Use of another method of filing by an agent does not constitute an appeal. If the agent does not have access to file the appeal online, the agent must instruct the employer to file the appeal. Details of this requirement can be found at www.uimn.org.

Unemployment Insurance Law
Minnesota Statute section 268.085

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007
If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158079445

[redacted]
158079445
EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

07/29/2021

Employer Account Number: 5044364
SSN: XXX-XX-3027

Issue Identification Number: 46750766-1

Applicant Name: HODAN A ADAN
SSN: XXX-XX-3027

Determination of Eligibility

Reasonings and Findings

Under Minnesota Statute section 268.085, an applicant is ineligible for unemployment benefits for eight weeks following a refusal or avoidance of an offer of suitable employment, unless there was a compelling reason for the refusal or avoidance. Whether employment is suitable for an applicant is determined by the Department based on the applicant's experience, qualifications, duration of unemployment, and prospects for employment. The applicant must be made aware that the employer was attempting to offer a job.

The applicant did not refuse or avoid an offer of employment, because the applicant was not made aware that a specific, suitable job offer was to be made.

"The employer, a temporary employment agency, left a voicemail for the applicant regarding available work. Based on the information provided, the applicant did not refuse the job offers.

Effect of this Determination
The failure to apply for alleged employment on 06/10/2021 has no effect on the applicant's unemployment benefits. The applicant is eligible for unemployment benefits if all other requirements are met. To be paid unemployment benefits for any week, the applicant must meet the eligibility requirements set out in the Information Handbook.

Additional Notes

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007

If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

Offer of Employment Letter

Employee Name Hodan Adan

Date of the job offer 6/10/2021

The job was offered via:
(Check all that apply)

- [x] Phone
- [ ] Email
- [ ] In person

Beginning date of the assignment: 6/11/2021

- Rate of Pay: $ 15.00 (hourly) or $_____ (☐ weekly, ☐ bi-weekly)

Job title or description: Numerous positions at two facili

☑ (check here if the employee has previously held

this position or worked for this job site)

Shift start/end 5/6 (A.M/P.M) - 10:30p/1 (A.M./P.M.)

Expected number of hours per week: 40

Employee response:

- [ ] Accepted
- [ ] Declined
- [x] Did not respond

If declined, what reason did they give:

Kelsey Sikkink 6/10/21

Recruiter Name (printed) Date

Signature

employer solutions staffing group.
Leveraging Resources in a Changing Market

P.O. Box 46270 Eden Prairie, MN 55344
Telephone 952.835.1288 Facsimile 952.835.1255
www.EmployerSolutionsGroup.com
jessica@employersolutionsgroup.com

UIPOSTMARKDATE
CS AUG 04 2021

August 4, 2021

Department of Employment and economic Development
Po Box 4629
Saint Paul, MN
55101-4629

Re: Protest of Determination
Claimant: Hodan Adan
SSN: (xxx-xx-3027)
Employer: Employer Solutions Staffing Group II

To Whom It May Concern:

ESSG is protesting this claim for unemployment benefits. Claimant Was on a W/C injury restrictions and we were accommodating to her restrictions per the MRE. She was to return on 4/26/21 to her full 8 hours shifts(per her MRE on 4/12/21 to 4/18/21 4 hours shifts, 4/19/21 to 4/25/21 6 hours shifts and 4/26/21 to 5/2/21 8 hours shifts.) She did not return on 4/26/21 to 4/30/21. I spoke to her brother who is her translator and translator that helped her through her whole Injury time, and he admitted Hodan did not call in these days. Prior to these days, her call ins were called in by her brother and he left messages on the call in line. When I told him that she resigned due to job abandonment he said okay and it was fine. Called on 5/18/21 to offer on of our over 100 positions available. We do have work to accommodate to her W/C injury had it not been denied but regardless we still have numerous positions available.

Please let me know if you require any further information.

Sincerely,

Jessica Wilson
Unemployment Benefits Specialist
Employer Solutions Staffing Group, LLC
P.O. Box 46270, Eden Prairie, MN 55344
Phone: 952-767-8099 / Fax: 952-835-1255
Jessica@EmployerSolutionsGroup.com

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158385118

158385118

EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

08/25/2021

Employer Account Number: 5044364
SSN: XXX-XX-3027

Issue Identification Number: 46750766 - 2

Notice of Documents Mailed

Regarding: HODAN A ADAN and EMPLOYER SOLUTIONS STAFFING GROUP II

Enclosed are copies of the documents received by the Unemployment Insurance Program related to this appeal hearing. These documents will be considered at the telephone hearing scheduled on:

Hearing Date: Thursday, September 9, 2021
Hearing Time: 10:45 AM (Minnesota Time)

Do not separate these documents. Keep them in their present order. If this hearing is rescheduled, please keep the documents to use in the rescheduled hearing.

ALSO MAILED TO:

HODAN A ADAN, Applicant

Document Number: B3500-001

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA
651-296-3745 | Fax: 651-205-4007 | TTD: Toll Free: 1-866-814-1252 | www.uimn.org/uimn/

Offer of Employment Letter

Employee Name Hodan Adan

Date of the job offer 6/10/2021

The job was offered via:
(Check all that apply)

- [x] Phone
- [ ] Email
- [ ] In person

Beginning date of the assignment: 6/11/2021

- Rate of Pay: $ 15.00 (hourly) or $_____ (☐ weekly, ☐ bi-weekly)

Job title or description: Numerous positions at two facili

☑ (check here if the employee has previously held

this position or worked for this job site)

Shift start/end 5/6 (A.M/P.M) - 10:30p/1 (A.M./P.M.)

Expected number of hours per week: 40

Employee response:

- [ ] Accepted
- [ ] Declined
- [x] Did not respond

If declined, what reason did they give:

Kelsey Sikkink 6/10/21

Recruiter Name (printed) Date

Signature

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158079445

[redacted]
158079445
EMPLOYER SOLUTIONS STAFFING GROUP II
PO BOX 46270
EDEN PRAIRIE MN 55344

07/29/2021

Employer Account Number: 5044364
SSN: XXX-XX-3027

Issue Identification Number: 46750766-1

Applicant Name: HODAN A ADAN
SSN: XXX-XX-3027

Determination of Eligibility

Reasonings and Findings

Under Minnesota Statute section 268.085, an applicant is ineligible for unemployment benefits for eight weeks following a refusal or avoidance of an offer of suitable employment, unless there was a compelling reason for the refusal or avoidance. Whether employment is suitable for an applicant is determined by the Department based on the applicant's experience, qualifications, duration of unemployment, and prospects for employment. The applicant must be made aware that the employer was attempting to offer a job.

The applicant did not refuse or avoid an offer of employment, because the applicant was not made aware that a specific, suitable job offer was to be made.

"The employer, a temporary employment agency, left a voicemail for the applicant regarding available work. Based on the information provided, the applicant did not refuse the job offers.

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Additional Notes

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007
If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

MINNESOTA
UNEMPLOYMENT INSURANCE
Document ID: 158079445

If you have any questions about this determination, you may contact the Unemployment Insurance Program. You must have your identification number available when you call.

Right of Appeal

This determination will become final unless an appeal is filed by Wednesday, August 18, 2021 . The 'filed' date is the postmark date, if mailed, or the date received by the Unemployment Insurance Program, if sent by fax or online. The recommended method for filing an appeal is online. You can do so by logging in to your account at www.uimn.org and following the prompts. If filing by fax or mail please send this determination or a photocopy, along with a short statement explaining why you are filing the appeal, to the fax number or address listed below.

All appeals filed by an agent on behalf of an employer must be filed online. Use of another method of filing by an agent does not constitute an appeal. If the agent does not have access to file the appeal online, the agent must instruct the employer to file the appeal. Details of this requirement can be found at www.uimn.org.

Unemployment Insurance Law
Minnesota Statute section 268.085

Department of Employment and Economic Development
PO Box 4629 | Saint Paul, MN 55101-4629 USA | Fax: 651-205-4007

If you have questions about this determination, please call 651-296-6141 and press option 3. (For TTY, dial 1-866-814-1252)

Disciplinary Report Form

Employee name: Hodan Adan	Hire Date: 1/11/2016	Job title: Production
Department: Production	Shift: 1st South	Supervisor: Bunthy Douk

Offense track: _x_ Performance issue _ Work rule violation, **Work rule violated, if any:**

Type of offense: _x_ Absenteeism __ Tardiness Misuse of property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Spreading gossip __ Using vulgar language __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other__ Disruption in the work place ___ Threatening or creating conflict w/ coworkers

Absenteeism

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 5/30/2019

Completed by: **Diana Elton**	Date: **6/4/2019**

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) _x_ Written reprimand __Release __ Suspension (paid) **File apart from personnel files and copies thereof*

Written Waring for the Attendance Policy.

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:

11/8/2018-12/29/2018: 4 Notification for attendance
1/9/2019-2/1/2019: 4 verbal for attendance
2/19/2019-5/30/2019: 6 Written for attendance

Consequence if incident occurs again:
Possible Written Warning / Possible Final Warning

Human Resources Signature(s): *Kelsey Sikkink*	Date 6/4/2019

Employee statement: __ I agree with the incident description above. __ I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in

****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature:_____ **Date:** _____
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

Mailed 6/4/2019

Disciplinary Report Form

Employee name: Hodan Aden	Hire Date: 1/11/2016	Job title: Production
Department: Production	Shift: 1st	Supervisor: Bunthy Douk

Offense track: _x_ Performance issue _ Work rule violation, **Work rule violated, if any:**

Type of offense: _x_ Absenteeism __ Tardiness Misuse of property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Spreading gossip __ Using vulgar language __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other__ Disruption in the work place ___ Threatening or creating conflict w/ coworkers

Absenteeism

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 5/7/2019

Completed by: **Diana Elton**	Date: **5/8/2019**

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) _x_ Written reprimand __Release __ Suspension (paid) **File apart from personnel files and copies thereof*

Written Warning for the Attendance Policy

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:

1/9/2019 to 2/1/2019 – 4 Verbal for attendance
2/19/2019 to 5/7/2019 – 4 Written for attendance

Consequence if incident occurs again:
Possible Written Warning / Possible Final Warning

Human Resources Signature(s): *Kelsey Sikkink*	Date 5/8/2019

Employee statement: __ I agree with the incident description above. __ I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in

****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature: _____ **Date:** _____
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

Mailed 5/8/2019

Disciplinary Report Form

Employee name: Hodan Adan	Hire Date: 01/11/2016	Job title: Production
Department: Production	Shift: 1st	Supervisor: Bunthy Douk

Offense track: _x_ Performance issue _ Work rule violation, **Work rule violated, if any:**

Type of offense: _x_ Absenteeism __ Tardiness Misuse of property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Spreading gossip __ Using vulgar language __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other__ Disruption in the work place ___ Threatening or creating conflict w/ coworkers

Absenteeism

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 3/22/2019

Completed by: Diana Elton	Date: 3/26/2019

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) _x_ Written reprimand __Release __ Suspension (paid) **File apart from personnel files and copies thereof*

Written Warning for the Attendance Policy

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
03/22/2018 – Notification for attendance
07/27/2018 – Notification for attendance
11/08/2018 – Notification for attendance
12/10/2018 – Notification for attendance
12/28/2018 – Notification for attendance
12/29/2018 – Notification for attendance
01/09/2019 – Verbal for attendance
01/19/2019 – Verbal for attendance
01/22/2019 – Verbal for attendance
02/15/2019 – Verbal for attendance
02/19/2019 – Written for attendance
02/27/2019 – Written for attendance

Consequence if incident occurs again:
Possible Written Waring / Possible Final Warning

Human Resources Signature(s): *Kelsey Sikkink*	Date 3/26/2019

Employee statement: __ I agree with the incident description above. __ I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in

****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature:_____ **Date:** _____
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

Mailed 3/26/2019

Disciplinary Report Form

Employee name: Hodan Adan	Hire Date: 01/11/2016	Job title: Production
Department: Production	Shift: 1st	Supervisor: Bunthy Douk

Offense track: _x_ Performance issue _ Work rule violation, **Work rule violated, if any:**

Type of offense: _x_ Absenteeism __ Tardiness Misuse of property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Spreading gossip __ Using vulgar language __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other__ Disruption in the work place ___ Threatening or creating conflict w/ coworkers

Absenteeism

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 2/27/2019

Completed by: Diana Elton	Date: 2/28/2019

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) _x_ Written reprimand __Release __ Suspension (paid) **File apart from personnel files and copies thereof*

Written Warning for the Attendance Policy

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
7/27/2018 – Notification for attendance
11/8/2018 – Notification for attendance
12/10/2018 – Notification for attendance
12/28/2018 – Notification for attendance
12/29/2018 – Notification for attendance
1/9/2019 – Verbal for the attendance
1/19/2019 – Verbal for the attendance
1/22/2019 – Verbal for the attendance
2/1/2019 – Verbal for the attendance
2/19/2019 – Written for attendance

Consequence if incident occurs again:
Possible Written Warning / Possible Final Warning

Human Resources Signature(s): *Kelsey Sikkink*	Date 2/28/2019

Employee statement: __ I agree with the incident description above. __ I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in

****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature:_____ **Date:** _____
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

Mailed 2/28/2019

Disciplinary Report Form

Employee name: Hodan Adan	Hire Date: 1/11/2016	Job title: Production
Department: Production	Shift: 1st	Supervisor: Bunthy Douk

Offense track: _x_ Performance issue _ Work rule violation, **Work rule violated, if any:**

Type of offense: _x_ Absenteeism __ Tardiness Misuse of property/equipment __ Using property/equipment for personal use __ Leaking confidential information __ Theft or fraud __ Lying or cheating __ Falsifying company documents __ Unsafe behavior __ Eating in undesignated areas __ Smoking in undesignated areas __ Posting items without permission __ Spreading gossip __ Using vulgar language __ Horseplay __ Indecent behavior __ Bringing weapon onsite __ Bringing illegal drugs/alcohol onsite __ Failing to follow instructions __ Poor work quality __ Poor work quantity __ Refusing to work __ Sleeping on the job __ Poor hygiene __ Poor housekeeping __ Disregarding dress code __ Other__ Disruption in the work place ___ Threatening or creating conflict w/ coworkers

Absenteeism

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 2/19/2019

Completed by: Diana Elton	Date: 2/20/2019

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) _x_ Written reprimand __Release __ Suspension (paid) **File apart from personnel files and copies thereof*

Written Warning for the Attendance Policy

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
7/27/2018 – Notification for attendance
11/8/2018 – Notification for attendance
12/10/2018 – Notification for attendance
12/28/2018 – Notification for attendance
12/29/2018 – Notification for attendance
1/9/2019 – Verbal for attendance
1/19/2019 – Verbal for attendance
1/22/2019 – Verbal for attendance
2/1/2019 – Verbal for attendance

Consequence if incident occurs again:
Possible Written Warning / Possible Final Warning

Human Resources Signature(s): *Kelsey Sikkink*	Date 2/20/2019

Employee statement: __ I agree with the incident description above. __ I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in

****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature:_____ **Date:** _____
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

Mailed Copy 2/21/2019

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 12/29/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 12/24/2020 and 12/28/2020

3. Prior Warnings:

1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance
5/20/2020 – Written for attendance
5/21/2020 – Written for attendance
5/22/2020 – Written for attendance
5/26/2020 – Written for attendance
6/23/2020 – Written for attendance
6/25/2020 – Final for attendance
7/22/2020 – Final for attendance
8/3/2020 – Final for attendance
10/19/2020 – Written for attendance
10/27/2020 – Written for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning or assignment end.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: NCNS to office filed 12/31/2020 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 8/1/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☐ Written Warning ☒ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 8/3/2020

3. Prior Warnings:

10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance
5/20/2020 – Written for attendance
5/21/2020 – Written for attendance
5/22/2020 – Written for attendance
5/26/2020 – Written for attendance
6/23/2020 – Written for attendance
6/25/2020 – Final for attendance
7/22/2020 – Final for attendance

4. The following immediate corrective action must be taken by the employee.
Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning or assignment end.

2 Months from offence is 9/23/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: _____ Date: _____

Mailed & Filed on 8/10/20

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 7/23/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☐ Written Warning ☒ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 7/22/2020

3. Prior Warnings:

10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance
5/20/2020 – Written for attendance
5/21/2020 – Written for attendance
5/22/2020 – Written for attendance
5/26/2020 – Written for attendance
6/23/2020 – Written for attendance
6/25/2020 – Final for attendance

4. The following immediate corrective action must be taken by the employee.
Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning or assignment end.

2 Months from offence is 9/23/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: Mailed 7/23/20 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 6/29/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☐ Written Warning ☒ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 6/25/2020

3. Prior Warnings:

10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance
5/20/2020 – Written for attendance
5/21/2020 – Written for attendance
5/22/2020 – Written for attendance
5/26/2020 – Written for attendance
6/23/2020 – Written for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning or assignment end.
2 Months from offence is 8/25/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: mailed 7/7/20 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 5/21/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 5/20/2020

3. Prior Warnings:

3/22/2019 – Written for attendance
5/7/2019 – Written for attendance
5/30/2019 – Written for attendance
10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance

4. The following immediate corrective action must be taken by the employee.
Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning.

2 Months from offence is 7/20/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: _____ Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 5/26/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 5/22/2020

3. Prior Warnings:

3/22/2019 – Written for attendance
5/7/2019 – Written for attendance
5/30/2019 – Written for attendance
10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning.

2 Months from offence is 7/22/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: Mailed 6/1 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 5/12/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 5/12/2020

3. Prior Warnings:

3/22/2019 – Written for attendance
5/7/2019 – Written for attendance
5/30/2019 – Written for attendance
10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance
3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning.

2 Months from offence is 7/12/2020.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: Mailed 5/19/20 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 3/11/2020

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 3/9/2020

3. Prior Warnings:

3/22/2019 – Written for attendance
5/7/2019 – Written for attendance
5/30/2019 – Written for attendance
10/24/2019 – Notification for attendance
10/26/2019 – Notification for attendance
1/4/2020 – Verbal for attendance
2/12/2020 – Verbal for attendance
2/13/2020 – Verbal for attendance
2/14/2020 – Verbal for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning.

2 Months from offence is 5/9/2020.

Employee Signature: Hodan Adan Date: 03/16/2020

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: _____ Date: 3/16/2020

EMPLOYEE WARNING NOTICE FORM

Employee Name: Hodan Adan **Date:** 2/25/2021

Supervisor Name: Bunthy Douk **Hire Date:** 1/11/2016

☐ Verbal Warning ☒ Written Warning ☐ Final Warning

☐ Coaching/Counseling Session ☐ Assignment End ☐ Termination

1. Your behavior/actions have been found unsatisfactory for the following reasons:

☐Tardiness
☐Damaged Equipment
☒Absenteeism
☐Policy Violation
☐Falsifying Company Documents
☐Insubordination
☐Failure to Follow Procedure
☐Failure to Meet Performance Standards
☐Poor Work Quality
☐Other

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 2/24/2021

3. Prior Warnings:

3/9/2020 – Written for attendance
3/25/2020 – Verbal for attendance
4/21/2020 – Verbal for attendance
5/12/2020 – Written for attendance
5/20/2020 – Written for attendance
5/21/2020 – Written for attendance
5/22/2020 – Written for attendance
5/26/2020 – Written for attendance
6/23/2020 – Written for attendance
6/25/2020 – Final for attendance
7/22/2020 – Final for attendance
8/3/2020 – Final for attendance
10/19/2020 – Written for attendance
10/27/2020 – Written for attendance
12/17/2020 – Written for attendance
12/24/2020 – Written for attendance
12/28/2020 – Written for attendance
1/5/2021 – Written for attendance
1/26/2021 – Written for attendance
2/17/2021 – Written for attendance

4. The following immediate corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so may result in possible final warning or assignment end.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: _____ Date: _____

NCNS to CMA office