

RECEIVED
2-24-16

Claimant Social Security Number 522-87-4885	Date Mailed 02/22/2016
Employer Account Number 624474005	Last Day of Claim 01/21/2017
Employer Charging Information NONCHARGEABLE	Deputy ID 3488
	Issue ID 01

**CORPORATE MANAGEMENT GROUP INC
12000 WASHINGTON ST STE 350
THORNTON CO 80241**

ALEXANDRIA C DURAN
11625 COMMUNITY CENTER DR UNIT 1135
NORTHGLENN CO 80233

NOTICE OF DECISION

Section of Law Used: COLORADO EMPLOYMENT SECURITY ACT
8-73-108 (5) (E) (XXII)

Decision:

BASED ON INFORMATION RECEIVED, OUR INVESTIGATION HAS DETERMINED THAT YOU QUIT FOR PERSONAL REASONS THAT DO NOT ENTITLE YOU TO BENEFITS UNDER 8-73-108(4) OF THE COLORADO EMPLOYMENT SECURITY ACT. IT IS DETERMINED YOU ARE RESPONSIBLE FOR THE SEPARATION AND A DISQUALIFICATION IS BEING IMPOSED.

BY LAW, WE CANNOT PAY YOU BENEFITS BASED ON THE WAGES YOU EARNED FROM THIS EMPLOYER. WE MUST REMOVE THE MONEY FOR THOSE BENEFITS FROM YOUR CLAIM.

WE MIGHT BE ABLE TO PAY YOU BENEFITS BASED ON WAGES YOU EARNED FROM OTHER EMPLOYERS, IF ANY. THE AMOUNT OF MONEY YOU HAVE LEFT WHEN WE MAILED THIS DECISION IS \$ 0.00.

Any party to this decision may disagree with (appeal) it. To appeal, turn over this form and fill out the information on the other side. This decision is final unless we receive a written appeal no later than 20 calendar days from **02/22/2016**.

Claimant: Continue to request payment on CUBLine Online or CUBLine while you are waiting to hear about your appeal.

EXPLANATION OF APPEAL RIGHTS FOR A CLAIMANT OR EMPLOYER

Any party to this decision may disagree with (appeal) it. To appeal this decision, fill out the information on this form. This is your appeal form.

Deadline. We must receive your appeal no later than 20 days from the mailing date on the front of this form. If the 20th day falls on a weekend or state holiday, your appeal must be received by the next business day. The date we receive the appeal is considered the date of appeal.

Make copies. Make a copy of the front and back of this form before you send it, and keep the copy in case you need it later.

Send the front and the back of this form. Make sure you include a copy of the front of the form so that we know what decision you are appealing.

Mail your appeal or fax it. Do not do both.

Mail your completed appeal form and any supporting documents to Appeals Section, P.O. Box 8988, Denver, CO 80201-8988. Remember to include both sides of this form.

-or-

Fax your completed appeal form and any supporting documents to Appeals Section, 303-318-9248. Remember to include both sides of this form.

Once we process your appeal, we will send you more information. If you are scheduled for a hearing, we send you a letter with instructions and the date and time of a hearing that will occur shortly thereafter. At the hearing,

you cannot bring up facts that we do not already have. You can talk about facts you have given us already, or you must send them to all parties listed on the letter, including us, before the hearing. The letter gives you more instructions and information.

If you appeal a decision about a job separation (why the person no longer works for the employer), we will mail you what both the claimant (the person who signed up for unemployment) and the employer said.

Late Appeals. Appeals received after 20 days from the mailing date on the front of this form are late. You must explain why you are late and why you disagree with the decision. Give as much detailed information as you can. A hearing officer will read your reason for being late to decide whether we can accept your appeal. We will send you a letter. If we accept your late appeal, the letter tells you so. (You will get another letter that gives you instructions and the date and time of a hearing with a hearing officer.) If we do not accept your late appeal, the letter tells you that your appeal has been dismissed. More appeal rights are on the letter.

Claimant: You must continue to request payment on CUBLine Online or CUBLine. If you received unemployment benefits based on a decision that gets changed, you may have to pay back the benefits you received.

<p>1. Who is appealing this decision? <input type="checkbox"/> Claimant <input type="checkbox"/> Employer</p>	<p>2. Write the claimant's social security number</p>
<p>3. Has your address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write your new address.</p>	<p>4. Will you be represented at the hearing by a lawyer, union business agent, or anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write the person's name, address, and telephone number</p>
<p>5. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know if anyone else taking part in the appeal needs an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If Yes, for what type of language? You will not be charged for this service.</p>	<p>6. If there is an employer's name and address on the front side of this form, write the address where you worked if it is not the same address.</p>
<p>7. I disagree with the decision for the following reasons. Make sure you give details. Please attach extra sheets of paper if you need to give more details.</p>	

The information provided is true, correct, and complete to the best of my knowledge. I understand there are severe penalties, including fines and jail, for not telling the truth.

Signature of the Person Appealing	Date
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