Colorado Department of Labor and Employment, Unemployment Insurance Operations, P.O. Box 400, Denver, CO 80201-0400
303-318-9055 (Denver-metro area) or 1-866-265-6365, Ext. 89055 (outside Denver-metro area), Fax 303-318-9014

REQUEST FOR FACTS ABOUT A FORMER EMPLOYEE'S EMPLOYMENT

The person named in Item **5** has signed up for unemployment benefits. Give us the reason he or she does not work for you and tell us about any payments, other than wages, that you gave the person. We may charge your account if we pay benefits based on this employment. We must receive this completed form by 02/08/2016 . **Failure to respond timely (see Item 2) may result in a decision based on available claimant information, and your right to protest the payment of UI benefits may be denied, unless good cause exists for the untimely response.** Mail **or** fax the completed form to the above address or fax number; do **not** do both. Attach any documentation you have to support your statements. **Attachments must include the business name, claimant name, and social security number.** We will mail you a Notice of Decision to tell you whether we will pay benefits. We usually do not mail a Notice of Decision if the employee was laid off or if a payment you made does not affect benefits. Contact your former employee if you have work for him or her. Call or write us if he or she refuses the work. Our telephone numbers and address are above.

CORPORATE MANAGEMENT GROUP INC
12000 WASHINGTON ST STE 350
THORNTON, CO 80241-0000

1. Date Mailed	2. Due Date
01/27/2016	02/08/2016
3. First day of claim	4. Social Security Number
01/24/2016	522-87-4885

5. Person who signed up for Unemployment Benefits: DURAN/ALEXANDRIA C

6. Employer Account Number: 624474005

7. Amount your Account May be Charged: 361.37

8. ☐ Check this box if this person did not work for you.

In a separate envelope, you will receive a Notice of Unemployment Insurance Claim, Wages Reported, and Possible Charges form. The form provides details about the amount you may be charged if we pay benefits based on this employment. Follow the instructions on that form if you need to request that wages for this person be corrected.

9. Why is this person no longer working for you? (*Check one.*)
- ☐ No Work at this Time/Laid Off
- ☒ Quit (complete Items **17** and **20**)
- ☐ Fired (complete Items **18** and **20**)
- ☐ Strike (complete Item **20**)
- ☐ Other Reasons (complete Item **20**)

10. Please check if appropriate:
- This person was hired full-time (32 hours or more) and is now working reduced hours. ☐
- This person was hired part-time and continues to work part-time. ☐

11. First Day Worked (mm/dd/yyyy): 08/17/2015

12. Last Day Worked (mm/dd/yyyy): 09/11/2015

13. Rate of Pay $ 10.50
☒ Hour ☐ Month ☐ Week ☐ Year

14. Number of Regularly Scheduled Hours per Week: 32 on average

15. Did you pay this person vacation pay, wages in lieu of notice, or any other payment because his or her employment ended? (Do not include information about this person's final wages.) ☐ Yes ☒ No

Type of Payment	Gross Amount (Before Taxes)	Date Paid	Number of Weeks	Days	Hours
	$				
	$				
	$				
	$				

16. Did this person receive a pension or retirement into which you paid? (Answer **No** if you did not pay into the pension or retirement.) ☐ Yes ☒ No

How is/was the pension paid?
☐ Lump Sum Gross Amount _____ Date Paid _____
☐ Monthly Monthly Amount $_____ First Date Paid _____

Employer Account Number	Due Date	First Day of Claim	First Four Letters of Last Name	Social Security Number
624474005	02/08/2016	01/24/2016	DURA	522-87-4885

17. REASON FOR SEPARATION: QUIT

If the employee quit or resigned, check off the **primary reason** why (attach additional sheets or documentation if needed).

- ☒ No Reason Given
- ☐ Another job
- ☐ Move for Personal Reasons
- ☐ Return to School
- ☐ Personal or Family Medical Problem
- ☐ Move for Spouse's Job
- ☐ Change in Hours or Pay
- ☐ Dissatisfied with Working Conditions
- ☐ Problems with Supervisor or Other Employee
- ☐ Transportation Problems
- ☐ Physically or Mentally Unable to Work
- ☐ Enter a Drug-Treatment Program
- ☐ Domestic Violence
- ☐ Voluntary Retirement
- ☐ Other Reasons (attach explanation)

a. Did the employee provide you with notice or inform you why he or she was quitting? Yes ☐ No ☒.

b. Did the employee discuss any concerns with you prior to quitting? Yes ☐ No ☒. If **Yes**, what were those concerns, and how did you address the concerns? _____

c. Was there a final incident that motivated the employee to quit? Yes ☐ No ☒. If **Yes**, what happened and when? _____

d. Had the employee's hours, pay, or work responsibilities changed prior to quitting? Yes ☐ No ☒. If **Yes**, why? _____

e. If the employee resigned due to health, did you request, and did he or she provide, you with medical documentation? ☐ Yes No ☐.

f. Please include a detailed statement explaining why the employee quit. Attach additional sheets if necessary.

18. REASON FOR SEPARATION: DISCHARGE

If the employee was discharged, check off the **primary reason** why (attach additional sheets or documentation if needed).

- ☐ Attendance (Absenteeism or Tardiness)
- ☐ Incarceration
- ☐ Taking Unauthorized Vacation or Leave
- ☐ Theft/Unauthorized Removal of Property
- ☐ Failed to Meet Established Standards
- ☐ Violation of a Company Rule or Policy
- ☐ Inadequate Job Skills
- ☐ Rude or Offensive Behavior
- ☐ Substance Abuse/Fail Drug or Alcohol Test
- ☐ Threats or Assault
- ☐ Careless or Shoddy Work
- ☐ Insubordination
- ☐ Damage to Employer's Property
- ☐ Loss of License or Certification
- ☐ Other Reasons (attach explanation)

a. What and when was the *final incident* that caused you to discharge this employee? _____

b. Was the employee aware of company rules, policies, and performance expectations prior to the discharge? Yes ☐ No ☐

c. Did the employee have the necessary education, skills, experience, and physical capabilities to perform the job? Yes ☐ No ☐

d. Was the employee made aware of the job's requirements and the employer's expectations prior to the discharge? Yes ☐ No ☐

e. Was the employee previously warned about performance, attendance, rule or policy problems prior to discharge? Yes ☐ No ☐

f. If the employee had been previously warned, how and when was he or she warned? What is the name and the title of the individual who made the warning? What was the employee specifically told, and how did he or she respond to the warning?

g. Was the employee given the opportunity to change his or her behaviors to meet expectation prior to discharge? Yes ☐ No ☐

h. Please include a detailed statement explaining why the employee was discharged. Attach additional sheets if necessary.

19. If you are a temporary help contracting firm, please complete this box, and attach additional documentation if necessary.

At the time of hire, did you give the employee written notice to contact you for other work when the assignment was over? Yes☐ No☐

On what date did this person finish his or her last assignment? _____

Did this person request a new assignment when the last assignment was finished? Yes ☐ No ☐

If **Yes**, on what date? _____ Did you offer this person a new assignment? Yes ☐ No ☐ If **Yes**, on what date? _____

If offered a new assignment, did this person accept it? ☐ Yes ☐ No

If **Yes**, on what date? _____ If **No**, what reason did the person give? _____

20. Additional Information: If you would like to include additional information, please attach additional sheets to this form.

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

Name of Person to Contact for Additional Information	Title	E-mail Address
Caitlin Scholl	Admin. Assistant	caitlin@compmgmtgroup.com

Phone Number (with area code)	Signature of Person Who Completed Form	Date
303-920-1425		01/28/2016

The person who completed and signed this form is: ☐ The employer ☒ An employer representative

CMG
CORPORATE MANAGEMENT GROUP

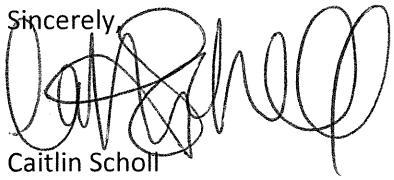
January 28, 2016

To whom it may concern,

This letter is in response to a request for employment verification for Alexandria Duran. Alexandria was employed by Corporate Management Group and assigned to work at our client site, Leanin' Tree. Date of Hire was 08/17/2015 and her first day of work was 08/17/2015. She was considered a full time (30-40 hours per week) employee with a pay rate of $10.50 per hour.
On 09/13/2016, Alexandria quit without notice and did not give a reason.

Please feel free to contact me should you have any questions at 303-920-1425.

Sincerely,



Caitlin Scholl
Corporate Management Group, Inc.
Administrative Assistant

Office: 303-920-1425
Fax: 303-736-7767
Email: Caitlin@corpmgmtgroup.com

Colorado Department of Labor and Employment
Unemployment Insurance Operations
P.O. Box 8789, Denver, CO 80201-8789
303-318-9055 (Denver-metro area) or 1-866-265-6365, Ext. 89055 (outside Denver-metro area), Fax 303-318-9024

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

Date
01/27/2016
Employer Account Number
624474 . 00 - 5

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM, WAGES REPORTED, AND POSSIBLE CHARGES

Each person listed below has signed up (filed a claim) for unemployment benefits. Beside each person's name is the amount of wages you reported to us (Item **5**) and the amount that may be charged to your account if we pay the person benefits (Item **7**). **If wages are incorrect** or the person did not work for you, turn the form over and follow the instructions to get the wages corrected. Make a copy of the front and back of this form before you send it to the above address. **Do not send this form if wages are correct.**

In a separate envelope, you received a Request for Facts About a Former Employee's Employment form. Complete that form and return it by the due date. If we receive that form late, you lose your right to give information about the reason why this person does not work for you (also called your *right to protest*).

We cannot accept facts about this person's employment on this form. If you have any questions, contact us at one of the telephone numbers above.

1 Person's Name	2 Social Security Number	3	4 Quarter-Ending Date	5 Total Wages Paid	6 Seasonal	7 Possible Charges	8 Weekly Benefit Amount	9 Last Day of Claim
DURAN/ALEXANDRIA C	522-87-4885		123114	.00		.00	325	012117
DURAN/ALEXANDRIA C	522-87-4885		033115	.00		.00	325	012117
DURAN/ALEXANDRIA C	522-87-4885		063015	.00		.00	325	012117
DURAN/ALEXANDRIA C	522-87-4885		093015	1084.13		361.37	325	012117

*An asterisk in column **3** means that this form shows a correction of wages and possible charges.

DEFINITIONS

1. **Person's Name**—The name of the person who signed up (filed a claim) for unemployment benefits.

2. **Social Security Number**—The social security number of the person who filed the claim.

3. **Redetermination**—An asterisk in this column means that this form shows a correction of wages and possible charges from a previous Notice of Unemployment Insurance Claim, Wages Reported, and Possible Charges form. You can ask us to correct base-period wages. The former employee or other employers on his or her claim can also ask us to correct base-period wages. If wages are changed, you may receive a corrected form.

4. **Quarter-Ending Date**—Wages are listed in the calendar quarter in which you paid them, just as you reported them on your Unemployment Insurance Report of Workers Wages.

5. **Total Wages Paid**—The gross amount of wages you **paid** in each quarter. The amount includes employee 401(k) contributions. Remember that Section 125 cafeteria payments are not wages. Cash in a 125 plan is wages.

6. **Seasonal**—Seasonal wages are paid by seasonal employers. You are a seasonal employer only if we have approved you to be one.

   "S" (seasonal) means that you reported all wages in the base period as seasonal. We can pay benefits based on these wages only if the person is out of work during your season.

   "C" (combination) means that you reported wages in the base period as seasonal and nonseasonal. We can pay benefits based on these wages at any time.

7. **Possible Charges**—This is the maximum amount we could charge your account if we pay benefits based on this employment.

8. **Weekly Benefit Amount**—The amount of benefits we pay the person each week. The amount is based on the wages reported by all employers in the base period.

9. **Last Day of Claim**—The last date we can pay benefits to this person.

USE THIS SECTION TO REQUEST CORRECTION OF WAGES

If the person never worked for you, check the box in the **Never Worked** column.

Person's Name	Social Security Number	Quarter-Ending Date	Correct Total Wages Paid (See Definition 5)	Dates of Employment		Never Worked
				Start Date	End Date	
						☐
						☐
						☐
						☐
						☐

USE THIS SECTION TO REQUEST CORRECTION OF SEASONAL WAGES

Person's Name	Social Security Number	Quarter-Ending Date	Correct Total Wages Paid (See Definition 5)	Dates of Employment		Occupation
				Start Date	End Date	

Employer or Representative Signature	Name (Printed)	
Title	Telephone Number (include area code)	Date Signed