

## Andrea Findley

---

**From:** Lis Porreco  
**Sent:** Thursday, January 07, 2016 9:26 AM  
**To:** Andrea Findley  
**Subject:** FW: Ending AJ Sarco's Assignment

---

**From:** Michele DeGroen [<mailto:michele.degroen@trelleborg.com>]  
**Sent:** Thursday, January 07, 2016 9:25 AM  
**To:** Lis Porreco <[Lis@corpmgmtgroup.com](mailto:Lis@corpmgmtgroup.com)>  
**Subject:** FW: Ending AJ Sarco's Assignment

Hi Lis,

Please see email chain below regarding AJ Sarco. Hope this helps.

Michele

---

**From:** Noraly Cazares [<mailto:Noraly@corpmgmtgroup.com>]  
**Sent:** Tuesday, December 02, 2014 8:54 AM  
**To:** Marie Lehnerer <[Marie.Lehnerer@trelleborg.com](mailto:Marie.Lehnerer@trelleborg.com)>; Lincoln Mooney <[Lincoln@corpmgmtgroup.com](mailto:Lincoln@corpmgmtgroup.com)>  
**Cc:** Michele DeGroen <[michele.degroen@trelleborg.com](mailto:michele.degroen@trelleborg.com)>  
**Subject:** RE: Ending AJ Sarco's Assignment

Hello,

I didn't receive this email until this morning; I usually leave the office around 4pm.

I reached out to AJ this morning but I couldn't get a hold of him. I hope he returns my call shortly; and I did leave a voicemail indicating that he will not be coming back to Trelleborg.

I will let you know shortly,  
Nora

---

**From:** Marie Lehnerer [<mailto:Marie.Lehnerer@trelleborg.com>]  
**Sent:** Monday, December 01, 2014 4:18 PM  
**To:** Noraly Cazares; Lincoln Mooney  
**Cc:** Michele DeGroen  
**Subject:** Ending AJ Sarco's Assignment

Hi All,

We are going to end AJ Sarco's assignment today. He will work until 6pm, so could you call him after that to let him know. The manager in the shipping area had the following information to pass along and provide a reason why we are ending the assignment.

I make it a practice in my interviews to emphasize that attitude is just as important as aptitude, if not more, in the success of our department. What I see from AJ is a person who does not like his job and does not want to be a part of the 'team' concept that I am emphasizing. Below are just a few of the examples that I will cite for you.

- Tom, our GM, asked for some information on a particular days shipments. He was not only basically ignored by AJ, but he was then told that he 'really should wait until after 5:30' because that was when all of our shipments went out. Similar exchanges happened between AJ and our Production Manager.
- At least 3 times, AJ has had an outburst of emotion (hitting boxes, throwing totes, etc) when frustrations have mounted.
- He continually ignores direction given to him by our former shipping specialist. This is someone that I have given fully authority to train AJ.

There are other examples, but these 3 seem to really capture the issues that we are seeing. I feel like I have been more than fair in my attempts to make this work. I left our former shipping person in that department for more than 8 weeks to try and help him get up to speed. I have offered my own assistance in the 'crunch' time moments to help handle the JDE side of the transactions. I have even been very flexible to work around his situations (sick child, doctor's appointments, etc). However, in exchange for these accommodations, I feel like I should be seeing more of an effort on his part to take ownership of his role and know when and whom to ask for assistance, rather than displaying his frustrations in outward manner.

AJ is a very hard worker, but needs to work on that attitude piece a bit. We will be looking for a replacement if you want to send resumes.

Thanks

Marie Lehnerer, MBA, PHR  
Human Resources Manager

Trelleborg Sealing Solutions  
Tel: 1-303-328-0206  
Mobile: 1-720-989-5322  
Fax: 1-303-465-5517

[Marie.Lehnerer@trelleborg.com](mailto:Marie.Lehnerer@trelleborg.com)  
<http://www.tss.trelleborg.com>  
<http://www.trelleborg.com>

Trelleborg Sealing Solutions - Denver  
1886 Prairie Way  
Louisville, CO 80027

# NOTICE OF UNEMPLOYMENT INSURANCE APPEAL HEARING

Colorado Department of Labor and Employment  
Division of Unemployment Insurance, Appeals Section  
P.O. Box 8988, Denver, CO 80201-8988  
(303) 318-9299 (Denver Metro Area) or 1-800-405-2338

Social Security: xxx-xx-7552  
Docket ID: 23429-2015  
Appellant: Employer  
Date of Appeal: 12/19/2015

## CLAIMANT

**ALFEGO J SARCO**  
1209 PACIFIC CT  
FT LUPTON CO 80621

## EMPLOYER / INTERESTED PARTY

CORPORATE MANAGEMENT GROUP INC  
12000 WASHINGTON ST STE 290  
THORNTON CO 80241

## HEARING OFFICER'S MAILING ADDRESS

M A WALTON  
PO BOX 8988  
DENVER CO 80201-8988  
**FAX NO: (303)-318-9247**

## HEARING OFFICE LOCATION

251 EAST 12TH AVENUE  
MAIN LOBBY  
DENVER CO 80203-2237

For security reasons, please be ready to provide picture or other ID if attending in person.

## HEARING INFORMATION FOR CLAIMANT AND EMPLOYER

A hearing has been scheduled for **Tuesday, January 12, 2016 at 9:00AM Colorado time.**

To participate in person at this hearing, appear at the above Hearing Office location on the scheduled hearing date and time. To participate in this hearing by telephone, call the following number on the scheduled hearing date and time:

**303-318-9295 or 1-888-301-0040 Ext. 1.**

Do not call these numbers for any other reason.

**Note:** This will be your final opportunity to present testimony or other evidence about the issues for this hearing. Copies of documents or evidence you wish to submit must be sent **by you** and received by the hearing officer and all parties listed on this notice **prior to the date of the hearing**. Anything you submit may be excluded if not received by all parties as required. If you do not participate in this hearing either by telephone or in person, any previous evidence or statements you submit may not be considered.

The issue(s) involved and sections of law cited by the deputy were:

8-73-108 (4) (a) Full Award Completed temporary assignment and contacted employer for additional work as required by law Applies to the separation of 12/12/14

Additional hearing information is provided on the reverse side of this form. The Colorado Employment Security Act and the Regulations Concerning Employment Security can be found at [www.colorado.gov/cdle/ui](http://www.colorado.gov/cdle/ui)

Mailed to all parties named hereon:  
Date Mailed: December 30, 2015

cc:

CORPORATE MANAGEMENT GROUP INC  
12000 N WASHINGTON ST #350  
THORNTON CO 80241

**RECEIVED**  
1/5/16

## INFORMATION REGARDING THE APPEAL HEARING

---

- **IMPORTANT:** If you have any questions please contact the Appeals Branch. This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document. For assistance call (303) 318-9299; 1-800-405-2338 regarding the information in the document(s) you have received.
- **¡IMPORTANTE!** Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento. Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 303-318-9333; 1-866-422-0402.
- If you have any questions, please contact the Appeals Branch. If the hearing relates to a job separation, copies of all information concerning that job separation are either attached to this hearing notice or will be sent at a later date under separate cover. Please read this information carefully as it explains the issues before the hearing officer at the hearing.
- In order to prepare for a fair hearing, all parties need notice of factual issues to be presented at the hearing. If the claim file or the appeal does not contain information about a factual issue, the hearing officer may exclude that evidence unless good cause is shown.
- An employer who has failed to respond timely to the Form UIB-290, Request for Job Separation Information, has lost the right to participate in this hearing, unless the hearing is for the purpose of addressing the employer's loss of right to participate.
- We offer two pamphlets to assist you: Form AS-52, *The Appeals Process*, and Form IC-5, *Appealing the Hearing Officer's Decision*. Please visit [www.colorado.gov/cdle/UIAPPEALS](http://www.colorado.gov/cdle/UIAPPEALS) website for the pamphlets.
- If the party appealing the decision fails to participate at the scheduled time of a hearing, the hearing officer will dismiss the appeal for nonappearance.
- If any party requests information to which he or she is not entitled, a subpoena is needed and must be immediately requested through the Appeals Branch. A subpoena does not necessarily guarantee release of the information.
- If an interpreter is needed for this hearing, please notify the Appeals Branch immediately.
- If you have a witness to testify on your behalf, you must arrange with him or her to be available either by telephone or in person at the time of the hearing. If your witness will be testifying by telephone, you must provide his or her telephone number(s) to the hearing officer when you call or appear in person.
- We strongly recommend that you or any witness do not use a pay phone or a cellular phone because of the frequent poor connections or the possibility of being cut off.
- You may be liable to repay any benefits you have received if, as a result of this hearing, the previous award of benefits is reversed.
- An individual can receive unemployment benefits only for the weeks of that a valid continued claim has been filed. Even if your appeal results in a favorable decision, you will not be paid for benefits for weeks that occurred during the appeal process unless you filed a valid continued claim for each week.



## 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 20<sup>th</sup> 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 checked="" type="checkbox"/> Employer</p>	<p>2. Write the claimant's social security number  <span style="font-size: 1.2em;">559-61-7552</span></p>
<p>3. Has your address changed?      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No                  If Yes, write your new address.  <span style="font-size: 1.1em;">12000 N Washington St. Ste. 350                  Thornton, CO 80241</span></p>	<p>4. Will you be represented at the hearing by a lawyer, union business agent, or anyone else?      <input type="checkbox"/> Yes      <input checked="" 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 checked="" type="checkbox"/> No                  Do you know if anyone else taking part in the appeal needs an interpreter?  <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No      <input type="checkbox"/> Do Not Know                  If Yes, for what type of language?</p> <p>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.  <span style="font-size: 1.1em;">Trelleborg Sealing Solutions                  510 Burbank St.                  Broomfield, CO 80020</span></p>
<p>7. <b>I disagree with the decision for the following reasons.</b> Make sure you give details. Please attach extra sheets of paper if you need to give more details.</p> <p style="font-size: 1.2em; margin-top: 20px;">Please see attached.</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

*Andrea Fundley*

Date

*12/18/2015*



Claimant Social Security Number 559-61-7552	Date Mailed 12/09/2015
Employer Account Number 624474005	Last Day of Claim 11/12/2016
Employer Charging Information CHARGEABLE	Deputy ID 8282
	Issue ID 02

**CORPORATE MANAGEMENT GROUP INC**  
12000 WASHINGTON ST STE 290  
THORNTON CO 80241

ALFEGO J SARCO  
1209 PACIFIC CT  
FT LUPTON CO 80621

**NOTICE OF DECISION**

**RECEIVED  
UI APPEALS**

DEC 22 2015 *M*

Section of Law Used: COLORADO EMPLOYMENT SECURITY ACT  
8-73-108 (4) (A)

**Decision:**

BASED ON INFORMATION RECEIVED, OUR INVESTIGATION HAS DETERMINED THAT YOU COMPLETED A TEMPORARY ASSIGNMENT PROVIDED BY THIS EMPLOYER. YOU CONTACTED YOUR EMPLOYER FOR ADDITIONAL WORK AND WERE NOT OFFERED A NEW ASSIGNMENT PURSUANT TO SECTION 8-73-105.3 OR 8-73-105.5. IT IS DETERMINED YOU ARE ENTITLED TO BENEFITS ATTRIBUTABLE TO THIS EMPLOYMENT PROVIDED YOU CONTINUE TO MEET ALL WEEKLY ELIGIBILITY REQUIREMENTS.

THIS DECISION APPLIES TO THE SEPARATION OF 12/12/14.

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 **12/09/2015**.

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





**Employment Information for Sarco, Alfego  
At Trelleborg Sealing Solutions, Trelleborg 09/30/2014 - 12/12/2014**

**Explanation of Separation:**

Attitude.

Print



**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 11/25/2015. 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 290**  
**THORNTON, CO 80241-0000**

1. Date Mailed <b>11/13/2015</b>	2. Due Date <b>11/25/2015</b>
3. First day of claim <b>11/15/2015</b>	4. Social Security Number <b>559-61-7552</b>
5. Person who signed up for Unemployment Benefits <b>SARCO/ALFEGO J</b>	
6. Employer Account Number <b>624474005</b>	
7. Amount your Account May be Charged <b>1,408.44</b>	
8. Check this box if this person did not work for you. <input type="checkbox"/> 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.) <input type="checkbox"/> No Work at this Time/Laid Off <input type="checkbox"/> Quit (complete Items 17 and 20) <input checked="" type="checkbox"/> Fired (complete Items 18 and 20) <input type="checkbox"/> Strike (complete Item 20) <input type="checkbox"/> 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. <input type="checkbox"/> This person was hired part-time and continues to work part-time. <input type="checkbox"/>	
	11. First Day Worked (mm/dd/yyyy) <b>10/06/2014</b>	13. Rate of Pay \$ <b>14.<sup>00</sup></b> <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
	12. Last Day Worked (mm/dd/yyyy) <b>12/12/2014</b>	14. Number of Regularly Scheduled Hours per Week

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 \_\_\_\_\_



1124156901649020070007



Employer Account Number 624474005	Due Date 11/25/2015	First Day of Claim 11/15/2015	First Four Letters of Last Name SARC	Social Security Number 559-61-7552
--------------------------------------	------------------------	----------------------------------	---	---------------------------------------

17. **REASON FOR SEPARATION: QUIT**

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> No Reason Given                    | <input type="checkbox"/> Move for Spouse's Job                      | <input type="checkbox"/> Physically or Mentally Unable to Work |
| <input type="checkbox"/> Another job                        | <input type="checkbox"/> Change in Hours or Pay                     | <input type="checkbox"/> Enter a Drug-Treatment Program        |
| <input type="checkbox"/> Move for Personal Reasons          | <input type="checkbox"/> Dissatisfied with Working Conditions       | <input type="checkbox"/> Domestic Violence                     |
| <input type="checkbox"/> Return to School                   | <input type="checkbox"/> Problems with Supervisor or Other Employee | <input type="checkbox"/> Voluntary Retirement                  |
| <input type="checkbox"/> Personal or Family Medical Problem | <input type="checkbox"/> Transportation Problems                    | <input type="checkbox"/> 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).

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

- a. What and when was the *final incident* that caused you to discharge this employee? he had a bad attitude
- 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 <u>Tina</u>	Title <u>Acct Mgr</u>	E-mail Address <u>tina@cmajob.com</u>
Phone Number (with area code) <u>303-920-1425</u>	Signature of Person Who Completed Form <u>[Signature]</u>	Date <u>[Date]</u>
The person who completed and signed this form is: <input type="checkbox"/> The employer <input checked="" type="checkbox"/> An employer representative		







Task

Help for this Page

# Email: 7552 Information Request for UI Claim

[Attachments \(0\)](#)

## Task Detail

[Edit](#) [Delete](#) [Create Follow-Up Task](#) [Create Follow-Up Event](#)

### Task Information

Assigned To	<a href="#">Amanda Herrera</a>	Related To	<a href="#">X98681483</a>
Subject	Email: 7552 Information Request for UI Claim	Name	
Due Date	11/30/2015		
Comments	Additional To: <a href="mailto:tina@cmgjob.com">tina@cmgjob.com</a> CC: BCC: <a href="mailto:cdledeputy.ah8282@state.co.us">cdledeputy.ah8282@state.co.us</a> Attachment:		

Subject: 7552 Information Request for UI Claim  
Body:  
This is a request for more information concerning an unemployment-insurance claim.

Claimant Name: ALFEGO J SARCO  
Last four digits of SSN: 7552  
Employer name: CORPORATE MANAGEMENT GROUP INC  
Employer account number: 624474005

Please send the response to [cdledeputy.ah8282@state.co.us](mailto:cdledeputy.ah8282@state.co.us). If you would prefer, you may respond by leaving a voice mail at +1 303 318 9018 x83645 or, outside of the Denver-metropolitan area at +1 866 265 6365 x83645, or by sending a fax to +1 303 318 7974. A response needs to be received by 2015-12-02 2:00 PM Mountain Time. This information is needed to make a determination, and failure to respond by the specified date and time will result in a determination based on the information already on file which could potentially be unfavorable.

Due to division policies, a full social-security number cannot be provided by e-mail. If one is needed, please respond to this e-mail with a telephone number, and we will provide one as soon as possible.

A UI Integrity federal mandate has been implemented. This mandate requires that all employers and their vendors provide all details and documentation of a protestable issue upon first notice of the claim filed or face penalties for failure to do so.

Please confirm or correct the following statement from the claimant:

The claimant stated he was laid off due to a lack of work, Noralei, Coordinator, informed him of the layoff. He stated his last day of work was 11/10/2014.

Please also answer the following questions:

1. You stated the claimant was discharged for rude and offensive behavior, insubordination and because he had a bad attitude. What is the exact reason the claimant was discharged?
2. Did the claimant sign up to work a series of limited-term assignments or to work for a specific client company?
3. If for one client-company, what was the name, length of assignment, and the expectations for the assignment?
4. How many assignments did the claimant work for you?
5. What was the name of the client company where the claimant worked the last assignment?
6. Did the claimant complete the assignment?
7. What was the claimant's last day of employment?
8. Did you provide a contract that the claimant had to contact the employer when the claimant completed an assignment?
9. If yes, what did the contract say about maintaining contact with the agency?
10. Did the claimant contact you for work when the last assignment was completed?
11. If yes, when did the claimant contact you?
12. How did the claimant contact you?
13. Whom did the claimant speak to (name and title) when contacting the employer?



14. At the time the claimant contacted the employer for work after the assignment, did the employer offer the claimant additional work?

15. If you disagree with the claimant's statement above, please explain.

Thank you.

--

Amanda, Claims Processing  
Colorado Department of Labor and Employment, Division of Unemployment Insurance  
<http://www.colorado.gov/cdle/ui>  
We keep Colorado working.

### Additional Information

Status	Completed	Phone
Priority	Normal	Email

### System Information

Created By [Amanda Herrera](#), 11/30/2015 1:55 PM      Last Modified By [Amanda Herrera](#), 11/30/2015 1:55 PM

### Reminder

Reminder

[Edit](#) [Delete](#) [Create Follow-Up Task](#) [Create Follow-Up Event](#)

---

### Attachments

No records to display

[^ Back To Top](#)

Always show me fewer / more records per related list

Copyright © 2000-2015 salesforce.com, inc. All rights reserved. | [Privacy Statement](#) | [Security Statement](#) | [Terms of Use](#) | [508 Compliance](#)



SOCIAL SECURITY NUMBER: 559-61-7552  
Claimant Name: ALFEGO J SARCO  
Employer ID: 624474.00-5  
Employer Name: CORPORATE MANAGEMENT GRO

BYB: 11/15/2015

DATE: 2015-11-12

Initial Fact-Finding:

00:01:57

**Who informed you of the layoff (Name & Title)?** Noralei, coordinator (does not know last name)

**What is the employer's email & phone number?** 303-920-1425

**Why were you laid off?** Assignment over

**Were you laid off in person or in writing?** Phone

**When was your last day of work?** 111014

**Were other workers laid off also (is so, include names of others if known)?** Not aware of others.

\* \* \* \*\*\*\* No other pay reported by the claimant.



**FACT-FINDING SUPPLEMENT**

Claimant Name ALFEGO J SARCO	BYB 11/15/2015	Social Security Number 559617552	
Employer Name CORPORATE MANAGEMENT GROUP INC	Employer Account Number 624474005	First Day Worked 9/8/2014	Last Day Worked 11/10/2014

**CLAIMANT INFORMATION**

Date and time of the first contact attempt 12/3/2015 1:54 PM	If left message, with (Name/Relationship)	Date and time of the second contact attempt	If left message, with (Name/Relationship)	Date and time the claimant responded
Date and time a response is needed by		Date and time a response is needed by		<input type="checkbox"/> B-462 sent?
<input type="checkbox"/> The claimant was advised that the information requested is needed to determine an issue and that failure to respond by the specified date and time will result in a determination based on the information already on file.		<input type="checkbox"/> The claimant was advised that the information requested is needed to determine an issue and that failure to respond by the specified date and time will result in a determination based on the information already on file.		<input type="checkbox"/> No response was received.
<p>Additional facts and rebuttal</p> <p>On 12/03/15 at 1:54 pm the deputy, 8282, spoke with the claimant. He denies that he was discharged for rude and offensive behavior, insubordination and having a bad attitude. He stated he never received any warnings. He was told by Noralei, Coordinator, that his assignment had ended and he asked for more work, but no more work was available. He agrees his last date of employment with them was on 12/12/14 and he contacted them on 12/13/14 seeking more work.</p>				

**ADDITIONAL COMMENTS AND REASONING**

C1, 02, 03-360-0, NC, YM, AT – TA 1	
<p>Although the employer stated the claimant was discharged for rude and offensive behavior, insubordination and having a bad attitude, that is not the direct and proximate cause of the separation. The deputy is persuaded the claimant completed a temporary assignment for the agency's client company which is why he separated. Upon completion of the assignment, the claimant contacted the temporary agency for more work, but there was none. Therefore, the claimant is not at fault for the separation and benefits attributable to this employer are allowed.</p>	
Deputy Number 8282	Date 12/8/2015

**FACT-FINDING SUPPLEMENT**

Claimant Name ALFEGO J SARCO	BYB 11/15/2015	Social Security Number 559617552	



Employer Name CORPORATE MANAGEMENT GROUP INC	Employer Account Number 624474005	First Day Worked 9/8/2014	Last Day Worked 11/10/2014
---	--------------------------------------	------------------------------	-------------------------------

**EMPLOYER INFORMATION**

Date and time of the first contact attempt 11/30/2015 1:55 PM	E-mail If left message, with (Name/Position)	Date and time of the second contact attempt	If left message, with (Name/Position)	Date and time the employer responded
Date and time a response is needed by 12/2/2015 2:00 PM		Date and time a response is needed by		<input type="checkbox"/> B-462 sent?
<input checked="" type="checkbox"/> The employer was advised that the information requested is needed to determine an issue and that failure to respond by the specified date and time will result in a determination based on the information already on file.		<input type="checkbox"/> The employer was advised that the information requested is needed to determine an issue and that failure to respond by the specified date and time will result in a determination based on the information already on file.		<input type="checkbox"/> No response was received.
Employer representative (if applicable) Tina, Acct Manager		Name of the person providing the employer information		
Additional facts and rebuttal On 11/20/15 at 3:49 pm the deputy, 8282, emailed the employer at <a href="mailto:tina@cmgjob.com">tina@cmgjob.com</a> to request additional job separation information and to offer rebuttal to the claimant's statement. The employer was advised a response is due by 12/02/2015 at 2:00 pm.  On 12/03/15 at 1:27 pm the employer has failed to respond.				

**ADDITIONAL COMMENTS AND REASONING**

Deputy Number 8282		Date
-----------------------	--	------

Colorado Department of Labor and Employment  
Unemployment Insurance Benefits

**SEPARATION-ISSUE CHECKLIST**

Claimant Name ALFEGO J SARCO	BYB 11/15/2015	Social Security Number 559617552	
Employer Name CORPORATE MANAGEMENT GROUP INC	Employer Account Number 624474005	First Day Worked 9/8/2014	Last Day Worked 11/10/2014

The items checked are those that were potentially determining factors in making decisions under the provisions of the Colorado Employment Security Act (CESA). These phrases are simple summaries of the unemployment laws and do not replace the actual laws. Copies of the laws are available upon request.

<b>FULL AWARD.</b> CESA 8-73-108 (4), C.R.S., provides various reasons for a claimant to receive a full award of benefits.	
<input checked="" type="checkbox"/> 8-73-108 (4) Other reasons for separation that did not result in a disqualification; not covered in (a) through (v).	
<input checked="" type="checkbox"/> (a) Laid off — lack of work.	<input type="checkbox"/> (l) Asked to violate the law.
<input type="checkbox"/> (b) Health problem.	<input type="checkbox"/> (m) Involuntary retirement.
<input type="checkbox"/> (c) Unsatisfactory or hazardous working conditions.	



- (d) Substantial change in working conditions.
- (e) Unreasonable reduction in pay.
- (f) Accepting another construction job.
- (g) Accepting termination rather than replacing another worker.
- (h) Violation of written employment contract.
- (i) Discharged without employer informing worker or Division.
- (j) Physically or mentally unable or unqualified to do the work.
- (k) Refusing to work overtime without reasonable advance notice.

- (n) Quit employment under conditions where Section 5(b) would not result in a denial of benefits.
- (o) Personal harassment not related to job performance.
- (p) Business closure as a result of the employer being called to active military duty.
- (r) Separated because of domestic violence.
- (s) Quit to relocate as a result of the transfer of an active duty, military-member spouse.
- (t) Quit to relocate as a result of an active duty, military-member spouse being killed in combat.
- (u) Separated to accompany spouse whose work location changed.
- (v) Separated to care for an ill or disabled family member.

**DISQUALIFICATION.** CESA 8-73-108 (5)(e), C.R.S., provides various reasons for a claimant not to be awarded benefits.

- (I) Quit because of dissatisfaction with prevailing pay, hours, conditions, duties or opportunities for advancement.
- (II) Quit because of dissatisfaction with supervision; no evidence that supervision was not reasonable.
- (III) Quit to marry.
- (IV) Quit to move as a personal preference.
- (V) Quit to seek other work or to accept other work.
- (VI) Insubordination.
- (VII) Violation of statute or company rule that could result in serious damage to the employer's property or interest.
- (VIII) Use of intoxicants or controlled substances off the job resulting in interference with job performance.
- (IX) Use of intoxicants or controlled substances on the job.
- (IX.5) Presence of intoxicants or controlled substances during working hours, at or above levels established by statute, regulation, or written policy.
- (X) Incarceration after conviction of law violation; or loss of license, certification, credential, condition, or other professional designation that is essential to job performance.

- (XI) Theft.
- (XII) Assault or threat to assault.
- (XIII) Willful neglect or damage to employer's property or interest.
- (XIV) Rude, insolent, or offensive behavior.
- (XV) Careless or shoddy work.
- (XVI) Failure to properly care for employer's property when this is essential to job performance.
- (XVII) Taking unauthorized vacation or leave.
- (XVIII) Refusal to work a different shift without good cause.
- (XIX) Refusal to transfer without good cause.
- (XX) Other reasons including tardiness, absenteeism, sleeping or loafing on the job; or failure to meet established or defined standards.
- (XXI) Lack of transportation.
- (XXII) Quit for personal reasons.
- (XXIII) Voluntary retirement.
- (XXIV) Failure to participate in or complete an approved program to deal with an addiction.

