



142661123

05/17/2019

CORPORATE MANAGEMENT GROUP INC
MATT FORSS
12000 WASHINGTON ST STE 290
THORNTON CO 80241-3133

Employer Account Number: 3637311
SSN: 476-94-5123

Request For Wage Information

BASIL EGERMAN has applied for unemployment benefits and has indicated that between the dates of 04/01/2018 and 03/31/2019 you paid the Applicant wages; however, you have not submitted quarterly wage detail information for this individual during the time in question.

Review your wage records and, if an error has been made, submit a wage detail adjustment by accessing your online account at www.uimn.org/uimn/. Changes you make may require that you pay additional unemployment insurance taxes.



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Employer Account Number: 3637311
SSN: 476-94-5123
Due Date: 05/27/2019

Unemployment Insurance Request for Information

Applicant name: BASIL L EGERMAN

Employer name: CORPORATE MANAGEMENT GROUP INC

Doing business as:

Employment start date: 04/15/2019

Employment end date: 05/07/2019

Average number of hours worked per
week: 40

Last wage: 20.50 per hour

Job title: welder

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.

*On what date was the applicant discharged? ___ / ___ / _____ (mm/dd/yyyy)

*Who discharged the applicant? Name(s)/Title(s)

*Why was the applicant discharged?

*Was the applicant discharged during a "new hire" probationary period? Yes No

*Was there a specific incident that caused the applicant's discharge? Yes No

If no

Explain in detail why you (the employer) discharged the applicant when you did?

If yes

When did the incident occur? ___ / ___ / ____ (mm/dd/yyyy)

Describe the incident:

*Did the applicant know that he/she could be discharged for this? Yes No

If yes:

Explain how he/she knew:

*Was the applicant negligent in the performance of his/her duties, as opposed to unable to meet expectations? Yes No

If yes

Explain

*Had the applicant been given any verbal or written warnings? Yes No

If yes:

When was the most recent warning? ___ / ___ / _____ (mm/dd/yyyy)

Why was the warning given?

What was stated in the warning? If the warning was written, provide a copy.

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

*Contact person's telephone number: (____)-____-_____

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:

D-280E



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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.

Please provide complete information about the applicant's last assignment, why it ended, and what occurred afterwards. If you believe the applicant quit by failing to request, or by refusing, additional work within 5 days of completing an assignment, you must provide a copy of the document the applicant signed advising him/her of the effect of Minnesota Statute 268.095, Subd.2

*Start date of the most recent assignment: ___ / ___ / _____ (mm/dd/yyyy)

*End date of the most recent assignment: ___ / ___ / _____ (mm/dd/yyyy)

The type of assignment was: (check one)

Of specific length
How long?

Of unknown or indefinite length
 Temporary to hire
 Other (explain)

*What were the applicant's job duties?

*What shift did the applicant work?
 First
 Second
 Third
 Other

If the shift was 'Other', explain:

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

*What was the company name and location of the applicant's last assignment?

*Did the applicant contact you (the employer) to request work after his/her last assignment? Yes No

If yes:

First date the applicant made contact: ___ / ___ / _____ (mm/dd/yyyy)

Whom did the applicant contact? Name(s)/Title(s):

What was the applicant told?

*Did you (the employer) contact the applicant at or after the end of the assignment? Yes No

If yes:

First date the staffing employee contacted the applicant: ___ / ___ / _____ (mm/dd/yyyy)

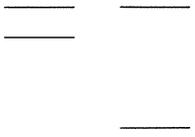
Who contacted the applicant? Name(s)/Title(s):

What did he/she tell the applicant?

What was the applicant's response?

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

*Contact person's telephone number: (____)-____-____



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:

Q-420E

