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Colorado Department of Labor and Employment  
 Division of Unemployment Insurance  
 Unemployment Insurance Integrity, Benefit Payment Control  
 P.O. Box 8789, Denver, CO 80201-8789  
 303-318-9035 (Denver-metro area) 1-877-464-4622 (Outside Denver-metro area)  
 Fax Number 303-318-9037

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

Employee Name CHRISTOPHER E PETERSEN	
Social Security Number 600-40-0584	Alternate ID X998393090
Mail Date 9/6/2016	Due Date 9/19/2016
Benefit-Year-Begin Date 5/08/2016	

**REQUEST TO EMPLOYER FOR EARNINGS DATA AUDIT**

This agency audits claims for unemployment insurance benefits by comparing payments and wages reported by employers on quarterly reports. Benefits paid to ineligible individuals, if not detected, result in unwarranted charges to your unemployment insurance account and may affect your rate unfavorably. Your cooperation is appreciated.

**Employer Instructions**

1. Review your payroll records carefully. Complete the reverse side of this form and save a copy of this completed form for your reference.
2. The standard claim week is the calendar week beginning Sunday and ending Saturday. Although your payroll period may be different from the seven-day-week requested, complete the form for the weeks specified using your daily wage records.
3. Report total hours worked during the week in the "Total Hours Worked" column.
4. Report **gross wages** in the "Actual Gross Wages Earned" column based on the beginning and ending dates. If no wages were earned, enter "None".
5. Report the amount of any other pay types in the "Amount of Other Payments Issued" column.
6. Record the code of other payment types in the "Type of Other Payment" column (see reverse side for codes).

EXAMPLE: Actual gross wages were \$300.35 and the employee was given a bonus of \$100.

Week Begin (Sun)	Week End (Sat)	Total Hours Worked	Office Use	Actual Gross Wages Earned	Amount of Other Pay Issued	Type of Other Payments
01/06/2013	01/12/2013	40	1	\$300.35	\$100.00	B

7. Submit your response to the fax number or address above. You may also complete this information by visiting our employer portal at <https://myuiemployer.coworkforce.com> and click the link for **Request to Employer for Earnings Data**.

**UNEMPLOYMENT INSURANCE IMPROPER PAYMENT PREVENTION - PLEASE HELP US SAVE YOU MONEY**

Employee Name CHRISTOPHER E PETERSEN	Employee Social Security Number 600-40-0584
Employer Name CORPORATE MANAGEMENT GROUP INC	Employer Account Number 0624474005

The weeks included in the audit are printed on this form. **Do not** change the dates shown. Please provide the information in the format requested. If you prefer to print a report from a payroll system and attach it to the form, please ensure that those records contain all the information requested below.

<p>1. First date worked: <u>01/25/2016</u></p> <p>2. Last date worked: <u>04/18/2016</u></p> <p>3. Rate of pay: \$ <u>30.00</u>    <input checked="" type="checkbox"/> Hourly    <input type="checkbox"/> Weekly  <input type="checkbox"/> Bi-Weekly    <input type="checkbox"/> Semi Monthly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Yearly</p> <p>4. Pay Period Information (select one):  <input type="checkbox"/> Monthly:    Pay Period Ending Date: _____  <input type="checkbox"/> Semi Monthly:    Pay Period Ending Date: _____  <input type="checkbox"/> Bi-Weekly:    Last Day of Pay Period: _____  <input checked="" type="checkbox"/> Weekly:    Last Day of Pay Period: <u>Sunday</u></p> <p>5. Standard Days in Work Week (select all which apply):  <input type="checkbox"/> Sun    <input checked="" type="checkbox"/> Mon    <input checked="" type="checkbox"/> Tue    <input checked="" type="checkbox"/> Wed    <input checked="" type="checkbox"/> Thurs    <input checked="" type="checkbox"/> Fri    <input type="checkbox"/> Sat</p> <p>6. The original payroll records will be available if necessary:  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>7. Employee's work status (select one):</p> <p><input type="checkbox"/> Check this box if this person did not work for you.</p> <p><input type="checkbox"/> Still working  <input type="checkbox"/> full-time    <input type="checkbox"/> on call/as needed  <input type="checkbox"/> part-time    <input type="checkbox"/> seasonal employment</p> <p><input checked="" type="checkbox"/> Quit (employee voluntarily quit available work)</p> <p><input type="checkbox"/> Discharged (you fired this employee)</p> <p><input type="checkbox"/> Laid Off (reduction in force, lack of work, company down-sized)</p> <p><input type="checkbox"/> Leave of Absence</p> <p>If quit, discharged, or laid off, please enter the date the individual was separated: <u>04/18/2016</u></p> <p>If leave of absence, please enter the expected return to work date, if any: _____</p> <p><b>Types of Other Payments:</b> SV = Severance Pay/Wages in Lieu of Notice; P=Pension; S=Sick; V=Vacation Pay; H=Holiday Pay; B = Bonus Pay; O=Other Pay</p>
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Week Begin (Sun)	Week End (Sat)	Total Hours Worked	Office Use	Actual Gross Wages Earned	Amount of Other Pay Issued	Type of Other Payments
05/08/2016	05/14/2016	0	1	N/A	N/A	N/A
05/15/2016	05/21/2016	0	2	N/A	N/A	N/A
05/22/2016	05/28/2016	0	3	N/A	N/A	N/A
05/29/2016	06/04/2016	0	4	N/A	N/A	N/A

**Employer Certification: I hereby certify that the information provided on this form is true and correct to the best of my knowledge.**

<u>Caitlin Scholl</u>	<u>Caitlin Scholl</u>	<u>Administrative Assistant</u>
Printed Name of Preparer	Signature	Title
<u>09/12/2016</u>	<u>303.920.1425</u>	<u>303.736.7767</u>
Date	Contact Number	Fax Number

Employee Work Location (Address, City, State, Zip)

If you have questions regarding this form, contact Benefit Payment Control by phone at 303-318-9035 (Denver-metro area) or 1-877-464-4622 (outside Denver-metro area)



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