



Unemployment Insurance  
*Minnesota*

Document ID: 136173587

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BY: \_\_\_\_\_



136173587

12/27/2016

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

Employer Account Number: 3637311  
SSN: 186-66-5521  
Due Date: 01/06/2017

**Unemployment Insurance Request for Information**

Applicant name: James M Woiwor

Employer name: CORPORATE MANAGEMENT GROUP INC

Doing business as:

Employment start date: 05/13/2016

Employment end date: 12/22/2016

Average number of hours worked per  
week: 40

Last wage: 18.25

Job title: Maintenance

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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\*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 discharged the applicant when you did.

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If yes:

When did the incident occur? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Describe the incident:

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

If yes:

Explain how the applicant knew he/she could be discharged:

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\*Had the applicant's work performance or production declined recently?  Yes  No

If yes:



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain when and how the applicant's work performance declined (and why, if known):

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

If yes:

Explain how the applicant was negligent in his/her work performance:

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\*Had the applicant received any verbal or written warnings about his/her work performance or production?  Yes  No

If yes:

When was the applicant's most recent warning? \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

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

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

If yes:



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When was the most recent warning? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Why was the warning given?

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

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

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\*Contact person's telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

I will be sending in documents that support my answers.

Please describe the documents.

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If you wish to provide any additional information about this issue, please provide it below:

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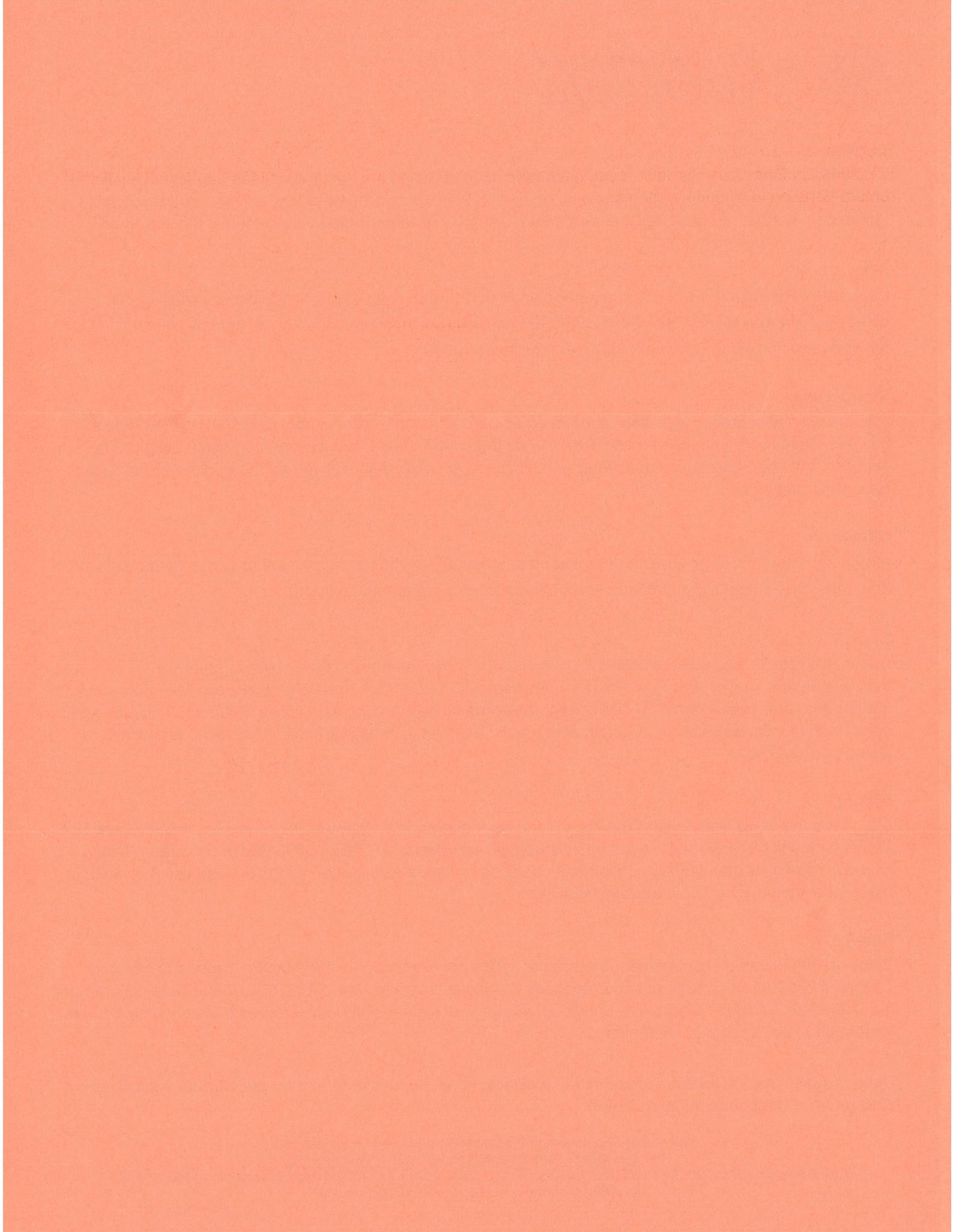
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MATT FORSS  
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## Unemployment Insurance Request for Information

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Employment start date: 05/13/2016

Employment end date: 12/22/2016

Average number of hours worked per  
week: 40

Last wage: 18.25

Job title: Maintenance

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)



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The type of assignment was: (check one)

Of specific length

How long?

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Of unknown or indefinite length

Temporary to hire

Other (explain)

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\*What were the applicant's job duties?

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\*What shift did the applicant work?

- First
- Second
- Third
- Other

If the shift was 'Other', explain:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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:



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First date the staffing employee contacted the applicant: \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

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

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What did he/she tell the applicant?

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What was the applicant's response?

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

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\*Contact person's telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will be sending in documents that support my answers.

Please describe the documents.

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If you wish to provide any additional information about this issue, please provide it below:

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Q-420E





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136173589

12/27/2016

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

Employer Account Number: 3637311  
SSN: 186-66-5521

### Request For Wage Information

James Woiwor has applied for unemployment benefits and has indicated that between the dates of 07/01/2015 and 06/30/2016 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/](http://www.uimn.org/uimn/). Changes you make may require that you pay additional unemployment insurance taxes.

