

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 03/21/2016. **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 03/09/2016	2. Due Date 03/21/2016
3. First day of claim 02/07/2016	4. Social Security Number 335-72-3035
5. Person who signed up for Unemployment Benefits NICHOLS/JESSICA L	
6. Employer Account Number 624474005	
7. Amount your Account May be Charged 0.00	
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 checked="" type="checkbox"/> Quit (complete Items 17 and 20) <input 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) 02/19/2016
	12. Last Day Worked (mm/dd/yyyy) 03/03/2016

13. Rate of Pay \$ 11.50 <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year	14. Number of Regularly Scheduled Hours per Week Varied - 10-35
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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 624474005	Due Date 03/21/2016	First Day of Claim 02/07/2016	First Four Letters of Last Name NICH	Social Security Number 335-72-3035
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REASON FOR SEPARATION: QUIT

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

- | | | |
|-------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" 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? Probably related to preaking her hand, but did communicate any information at all.

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.

↓
see attached notes

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 type="checkbox"/> Insubordination |
| <input type="checkbox"/> Taking Unauthorized Vacation or Leave | <input 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? _____

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>Caitlin Scholl</u>	Title <u>Admin Assistant</u>	E-mail Address <u>caitlin@corpmgmtgroup.com</u>
Phone Number (with area code) <u>303-920-1425</u>	Signature of Person Who Completed Form <u>Caitlin Scholl</u>	Date <u>3/11/16</u>

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



March 11, 2016

To whom it may concern,

This letter is in response to a request for employment verification for Jessica Nichols. Jessica was employed by Corporate Management Group and assigned to work at our client site, Leanin' Tree. Jessica has worked with us previously, and this time around it was her second assignment with us at Leanin' Tree. For this assignment, the start date was 02/19/2016. Her pay rate was \$11.50 per hour.

Jessica's last day worked was 03/03/2015. She stopped showing up to work and did not provide any notice or answer any calls or emails when CMG and the client site attempted to contact her about her absences from work. Carla, the recruiter for this client site, was able to reach Jessica on 03/07/2015 and Jessica informed Carla that she stopped showing up for work because she broke her wrist. Carla asked if she'd be able to provide any documentation of this injury, and Jessica stated that since the injury occurred at home rather than at work, she did not need to provide any documentation.

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



**Employment Information for Nichols, Jessica
At Leanin' Tree, Leanin' Tree 12/07/2015 - 03/04/2016**

Explanation of Separation:

Broke Wrist and stopped showing up and March 3rd and did not tell anyone until I called her on 3/7, then she called back and said she broke her wrist and could not work. I asked her if she had documentation and she said she did it at home not work, so she did not need anything. I have her as a voluntary quit as she NCNS - CDM

[Print](#)

Caitlin Scholl

From: Carla Martinez
Sent: Friday, March 11, 2016 2:52 PM
To: Caitlin Scholl
Subject: FW: Jessica Nichols

From: Carla Martinez
Sent: Tuesday, March 08, 2016 12:25 PM
To: 'Luna-Victoria, Rachel'
Subject: RE: Jessica Nichols

Jessica broke her wrist and is unable to work, so she will not be returning. I will update as soon as Catherine is completed.

From: Luna-Victoria, Rachel [<mailto:Rachel.Luna-Victoria@leanintree.com>]
Sent: Tuesday, March 08, 2016 12:24 PM
To: Carla Martinez
Subject: RE: Jessica Nichols

OK, so Jessica is definitely not returning, Can you just confirm that for me so that I can let Mike know and shut off her badge?

And then of course let me know as soon as Catherine is confirmed?

Rachel Luna-Victoria
Sr. Human Resources Generalist
Ph: 303-530-1442 ext. 4165
Rachel.Luna-Victoria@LeaninTree.com
6055 Longbow Drive
Boulder, CO 80301
www.TradeLeaninTree.com



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From: Carla Martinez [<mailto:Carla@corpmanagementgroup.com>]
Sent: Tuesday, March 08, 2016 10:11 AM

To: Luna-Victoria, Rachel
Subject: RE: Jessica Nichols

Hello Rachel,

I just received the confirmation of the new start, Her name is Catherine Horner Sluiter. I am processing her now and she should be able to start tomorrow. I also spoke with Stephanie Arreola and she is available to work. If she is allowed back she can be a back up.

From: Luna-Victoria, Rachel [<mailto:Rachel.Luna-Victoria@leanintree.com>]
Sent: Tuesday, March 08, 2016 10:05 AM
To: Carla Martinez
Subject: RE: Jessica Nichols

Can you please send me another update on Jessica and a replacement. We need someone as soon as possible.

Thanks!

Rachel Luna-Victoria
Sr. Human Resources Generalist
Ph: 303-530-1442 ext. 4165
Rachel.Luna-Victoria@LeaninTree.com
6055 Longbow Drive
Boulder, CO 80301
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From: Carla Martinez [<mailto:Carla@corpmgmtgroup.com>]
Sent: Monday, March 07, 2016 4:31 PM
To: Luna-Victoria, Rachel
Subject: RE: Jessica Nichols

No she has not called me back, I will try one more time today. And then get her replaced. I have spoken to a lady that is interested in working it.

From: Luna-Victoria, Rachel [<mailto:Rachel.Luna-Victoria@leanintree.com>]
Sent: Monday, March 07, 2016 4:11 PM
To: Carla Martinez
Subject: Jessica Nichols

Any work on Jessica Nichols?

Rachel Luna-Victoria

Sr. Human Resources Generalist

Ph: 303-530-1442 ext. 4165

Rachel.Luna-Victoria@LeaninTree.com

6055 Longbow Drive

Boulder, CO 80301

www.TradeLeaninTree.com



RANKED #1 BY RETAILERS!

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Caitlin Scholl

From: Carla Martinez
Sent: Friday, March 11, 2016 2:51 PM
To: Caitlin Scholl
Subject: FW: Jessica Nichols

From: Luna-Victoria, Rachel [mailto:Rachel.Luna-Victoria@leanintree.com]
Sent: Thursday, February 18, 2016 3:31 PM
To: Jamie Thompson
Cc: Carla Martinez; Joe Rael; Lincoln Mooney
Subject: RE: Jessica Nichols

Jamie,

I will need to issue her another badge.

Can you please have her bring her old badge with her though?

We will be okay with handling the check in for Jessica ourselves. My coworker, Laurie, will assist. Please have Jessica ask for me or Laurie Tart when she arrives tomorrow for her shift at 3:30 pm?

Thank you!
Rachel

Rachel Luna-Victoria
Sr. Human Resources Generalist
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From: Jamie Thompson [mailto:jamie@corpmgmtgroup.com]
Sent: Thursday, February 18, 2016 12:01 PM
To: Luna-Victoria, Rachel

Cc: Carla Martinez; Joe Rael; Lincoln Mooney

Subject: RE: Jessica Nichols

Rachel!

Great! Jessica will be there tomorrow 😊

If need be I can come out and be there. She mentioned to me she still has her badge as she hadn't made it to Thornton to return it yet.

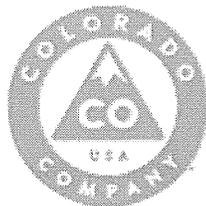
Thank you kindly,

Jamie Lynn Thompson

Recruiter

Phone: 303-920-1425

Fax: 303-736-7767



"your workforce management & staffing experts"

From: Luna-Victoria, Rachel [<mailto:Rachel.Luna-Victoria@leanintree.com>]

Sent: Thursday, February 18, 2016 11:56 AM

To: Jamie Thompson <jamie@corpmgmtgroup.com>

Cc: Carla Martinez <Carla@corpmgmtgroup.com>; Joe Rael <Joe@corpmgmtgroup.com>; Lincoln Mooney <Lincoln@corpmgmtgroup.com>

Subject: RE: Jessica Nichols

Importance: High

Jamie,

That is great news about Jessica. The time off she has planned off in late March is not a problem.

She can start tomorrow (Friday) if she would like, but we would like her to start on Monday at the latest along with the second associate that you are still working on. We would like both spots filled by Monday.

Start time is 3:30 and if Carla can be here to check her in that would be great, but if not, we can work around it.

Thank you!

Rachel

Rachel Luna-Victoria

Sr. Human Resources Generalist

Ph: 303-530-1442 ext. 4165

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From: Jamie Thompson [<mailto:jamie@corpmgmtgroup.com>]
Sent: Wednesday, February 17, 2016 3:29 PM
To: Luna-Victoria, Rachel
Cc: Carla Martinez; Joe Rael; Lincoln Mooney
Subject: Jessica Nichols

Rachel!

Good news! Jessica just called back and would gladly take the position. All her paperwork is complete we just have to reactivate her in our system so she can start as soon as you would like.

She did mention she has a trip from March 22-29th so I told her I would mention that to you to ensure that will work for you.

Let me know ☺

Thank you kindly,

Jamie Lynn Thompson

Recruiter

Phone: 303-920-1425

Fax: 303-736-7767



