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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 05/22/2017. 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~~
EMPLOYER SOLUTIONS
 7301 OHMS LN STE 405
 EDINA, MN 55439-0000

1. Date Mailed 05/09/2017	2. Due Date 05/22/2017
3. First day of claim 05/07/2017	4. Social Security Number 521-23-0548
5. Person who signed up for Unemployment Benefits BALTIERRA/LUZ M	
6. Employer Account Number 624474905	
7. Amount your Account May be Charged. 1,369.16	
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) 06/16/2016
	12. Last Day Worked (mm/dd/yyyy) 09/12/2016
	13. Rate of Pay \$ 13.50 <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 40

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 _____



sent req. mail 5/16/17

Employer Account Number 624474005	Due Date 05/22/2017	First Day of Claim 05/07/2017	First Four Letters of Last Name BALT	Social Security Number 521-23-0548
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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 checked="" 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. *Got another job*

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 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 <i>Andrea Findley</i>	Title <i>Off. Manager</i>	E-mail Address <i>andrea@empjob.com</i>
Phone Number (with area code) <i>303-920-1425</i>	Signature of Person Who Completed Form <i>Andrea Findley</i>	Date <i>05/16/2017</i>
The person who completed and signed this form is: <input type="checkbox"/> The employer <input checked="" type="checkbox"/> An employer representative		

