



Unemployment Insurance Minnesota

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BY:.....



134852111

06/30/2016

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

Employer Account Number: 3637311
SSN: 473-74-1913
Due Date: 07/10/2016

Unemployment Insurance Request for Information

Applicant name: SHERRI M SCHRAMMEN

Employer name: CORPORATE MANAGEMENT GROUP INC

Doing business as:

Employment start date:

Employment end date:

Average number of hours worked per
week:

Last wage:

Job title:

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.

Super Man's



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*What reason did the applicant give you (the employer) for quitting?

*What was your (the employer's) response?

*Did the applicant give advance notice that he/she was going to quit? Yes No

If yes:

Date the applicant submitted the notice: ___ / ___ / ____ (mm/dd/yyyy)

What date did the applicant give as a last date of work? ___ / ___ / ____ (mm/dd/yyyy)

Was the applicant allowed to continue to work until that date? Yes No

If no, explain why not:

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

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



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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-210E



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134852107

06/30/2016

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

Employer Account Number: 3637311
SSN: 473-74-1913
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Employer name: CORPORATE MANAGEMENT GROUP INC

Doing business as:

Employment start date:

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Average number of hours worked per
week:

Last wage:

Job title:

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?

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:



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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):

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: (____)-____-____



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Q-420E

