Colorado Department of Labor and Employment, Unemployment Insurance Operations, P.O. Box 400, Denver, CO 80201-0400
303-318-9055 (Denver-metro area) or 1-866-265-6365, Ext. 89055 (outside Denver-metro area), Fax 303-318-9014

# REQUEST FOR FACTS ABOUT A FORMER EMPLOYEE'S EMPLOYMENT LRM-CO

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 07/18/2016 . **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 | 2. Due Date |
|---|---|
| 07/06/2016 | 07/18/2016 |
| 3. First day of claim | 4. Social Security Number |
| 07/03/2016 | 524-79-3954 |

5. Person who signed up for Unemployment Benefits: RUSSELL/SPENCER A

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.

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.*)
- ☐ No Work at this Time/Laid Off
- ☐ Quit (complete Items **17** and **20**)
- ☐ Fired (complete Items **18** and **20**)
- ☐ Strike (complete Item **20**)
- ☐ 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. ☐
- This person was hired part-time and continues to work part-time. ☐

11. First Day Worked (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

12. Last Day Worked (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

13. Rate of Pay $
☐ Hour ☐ Month
☐ Week ☐ Year

14. Number of Regularly Scheduled Hours per Week

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 _____

RECEIVED
JUL 07 2016
BY:

| Employer Account Number | Due Date | First Day of Claim | First Four Letters of Last Name | Social Security Number |
|---|---|---|---|---|
| 624474005 | 07/18/2016 | 07/03/2016 | RUSS | 524-79-3954 |

17. **REASON FOR SEPARATION: QUIT**

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

- ☐ No Reason Given
- ☐ Another job
- ☐ Move for Personal Reasons
- ☐ Return to School
- ☐ Personal or Family Medical Problem
- ☐ Move for Spouse's Job
- ☐ Change in Hours or Pay
- ☐ Dissatisfied with Working Conditions
- ☐ Problems with Supervisor or Other Employee
- ☐ Transportation Problems
- ☐ Physically or Mentally Unable to Work
- ☐ Enter a Drug-Treatment Program
- ☐ Domestic Violence
- ☐ Voluntary Retirement
- ☐ 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.

18. **REASON FOR SEPARATION: DISCHARGE**

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

- ☐ Attendance (Absenteeism or Tardiness)
- ☐ Incarceration
- ☐ Taking Unauthorized Vacation or Leave
- ☐ Theft/Unauthorized Removal of Property
- ☐ Failed to Meet Established Standards
- ☐ Violation of a Company Rule or Policy
- ☐ Inadequate Job Skills
- ☐ Rude or Offensive Behavior
- ☐ Substance Abuse/Fail Drug or Alcohol Test
- ☐ Threats or Assault
- ☐ Careless or Shoddy Work
- ☐ Insubordination
- ☐ Damage to Employer's Property
- ☐ Loss of License or Certification
- ☐ 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 | Title | E-mail Address |
|---|---|---|
| | | |

| Phone Number (with area code) | Signature of Person Who Completed Form | Date |
|---|---|---|
| | | |

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