



Unemployment Insurance  
*Minnesota*

Document ID: 134438003

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05/03/2016

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

Employer Account Number: 3637311  
SSN: 470-37-2638  
Due Date: 05/13/2016

**Unemployment Insurance Request for Information**

Applicant name: THAI D HOANG

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.



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

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

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\*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:

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\*Were you (the employer) aware of a specific incident that caused the applicant to quit?  Yes  No

If yes:



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What was the date of the incident? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Describe the incident: (Who was involved? What happened? When?)

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\*Did the applicant speak with you (the employer) about the incident prior to quitting?  Yes  No

If yes:

On what date? \_\_\_ / \_\_\_ / \_\_\_\_ (mm/dd/yyyy)

With whom did the applicant speak? Name(s)/Title(s)

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What did the applicant say?

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What was your (the employer's) response?

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Describe any other efforts the applicant made to keep his/her job prior to quitting, such as requesting changes in the job, requesting a transfer, or filing a grievance, and your (the employer's) response or the outcome of those efforts.

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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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Q-340E





# Unemployment Insurance Minnesota

## English

These documents are important. If you need help understanding the information, call Customer Service at 651-296-3644 (Twin Cities calling area) or 1-877-898-9090 (outside Twin Cities calling area). If you need a language other than English, tell the representative and an interpreter will be included in the phone call.

## Lao

ເອກກະສານເຫລົ່ານີ້ສໍາຄັນ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ອຍເຫລືອເພື່ອເຂົ້າໃຈຂໍ້ມູນນີ້, ກະຮຽນາໂທຣສັບຫາ ຜະແນກປະຊາສໍາພັນລູກຄ້າ ທີ່ 651-296-3644 (ເຂດເທສບານ) ຫລືທີ່ 1-877-898-9090 (ນອກເຂດເທສບານ) ຖ້າທ່ານຕ້ອງການພາສາອື່ນທີ່ນອກເໜືອຈາກພາສາອັງກິດ ຈົ່ງບອກຕົວແທນ ປະຊາສໍາພັນ ໃຫ້ຮູ້ລວມທັງຈະມີລ່າມແປພາສາໃນຕອນໂທຣສັບ.

## Vietnamese

Các tài liệu này là quan trọng. Nếu cần được giúp đỡ để hiểu thông tin, xin gọi Dịch Vụ Hội Viên theo số 651-296-3644 (cư ngụ trong khu vực Twin Cities) hoặc 1-877-898-9090 (cư ngụ bên ngoài Twin Cities). Nếu cần một ngôn ngữ khác ngoài tiếng Anh, xin cho người đại diện biết và một thông dịch viên sẽ được bao gồm trong cú gọi.

## Khmer

ສໍາຄັນເຖິງຄໍາຂໍ້ນີ້ເພາະມີສໍາຄັນສຳລັບທ່ານ ເພື່ອເຂົ້າໃຈຂໍ້ມູນທີ່ຈຳເປັນ ສູງສຳຄັນທີ່ຈຳເປັນ ທີ່ 651-296-3644 ຫລືທີ່ 1-877-898-9090 ຖ້າທ່ານຕ້ອງການພາສາອື່ນທີ່ນອກເໜືອຈາກພາສາອັງກິດ ຈົ່ງບອກຕົວແທນ ປະຊາສໍາພັນ ໃຫ້ຮູ້ລວມທັງຈະມີລ່າມແປພາສາໃນຕອນໂທຣສັບ.

## Somali

Dokumentiyadaan waa kuwo muhiim ah. Haddii aad u u baahatahay in lagaa caawiyo fahamka macluumaadka, ka wac Adeegga Rukunka telefoonka 651-296-3644 (meelaha laga waco Magaalooyinka Mataanaha) ama telefoonka 1-877-898-9090 (meelaha ka baxsan Magaalooyinka Mataanaha. Haddii aad u baahantahay in lagaa caawiyo luqd aan afka Ingriisga ahayn, u sheeg wakiilka si turjubaan telefoonka lagula soo xariiriyo.

## Hmong

Cov ntaub ntawv no tseemceeb. Yog koj xav tau kev pab totaub txog cov ntaub ntawv no, hu rau Chaw Pab Tibneeg ntawm 651-296-3644 (nyob hauv Nroog Ntxaib) lossis 1-877-898-9090 (tawm sab nraum Nroog Ntxaib). Yog koj xav tau kev pab ua ib hom lus uas tsis yog lus Askiv, qhia rau tus tibneeg ces nws mam li txuas tsab xovtooj mus rau ib tug kws txhais lus.

## Spanish

Estos documentos son importantes. Si necesita ayuda para entender la información, llame a Servicio al Cliente al 651-296-3644 (dentro del área de las Ciudades Gemelas) o al 1-877-898-9090 (fuera del área de las Ciudades Gemelas). Si requiere un idioma diferente al inglés, indíquelo al representante y un intérprete tomará parte en la llamada telefónica.

Upon request, this information can be made available in an alternative format for people with disabilities by calling one of the phone numbers below.

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