

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 11/27/2017. **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 11/15/2017	2. Due Date 11/27/2017
3. First day of claim 11/12/2017	4. Social Security Number 523-27-6289
5. Person who signed up for Unemployment Benefits HER/THAO	
6. Employer Account Number 624474005	
7. Amount your Account May be Charged 1,021.25	
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 type="checkbox"/> Quit (complete Items 17 and 20) <input checked="" 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 checked="" type="checkbox"/> This person was hired part-time and continues to work part-time. <input type="checkbox"/>	
	11. First Day Worked (mm/dd/yyyy) 06/21/2017	13. Rate of Pay \$ 16.00 <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
	12. Last Day Worked (mm/dd/yyyy) 07/11/2017	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	Weeks	Number of Days	Hours
<i>Direct deposit - see attached</i>	\$				
	\$				
	\$				
	\$				

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 11/27/2017	First Day of Claim 11/12/2017	First Four Letters of Last Name HER/	Social Security Number 523-27-6289
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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 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.

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 checked="" 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 checked="" 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? 7-11-17 see attached email received from site HR

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? michele Degroen/HR

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? 7-11-17

Did this person request a new assignment when the last assignment was finished? Yes No

If Yes, on what date? 7-12-17 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? nothing available in area for him

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>AJ Findley</u>	Title <u>Executive Assistant</u>	E-mail Address <u>andrea@corp.mgmtgroup.com</u>
Phone Number (with area code) <u>303-920-1425</u>	Signature of Person Who Completed Form <u>AJ Findley</u>	Date <u>11/27/2017</u>
The person who completed and signed this form is: <input type="checkbox"/> The employer <input checked="" type="checkbox"/> An employer representative		



Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	40.00	640.00	3066.56
Gross		40.00	640.00	3066.56

W/H Taxes		
Federal W/H (S/4)	33.67	72.98
Medicare	9.28	44.48
Social Security	39.68	190.14
Colorado State W/H (S/4)	13.00	28.00

Deductions

Net Pay **544.37** **2730.96** Check No.: 106401

Net Pay Distribution

Manual Check 544.37 2730.96

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241

303-920-1425

DATE: 08/04/2017

Check No.: 106401

Net Pay: 544.37

Five Hundred Forty Four And 37/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	24.00	384.00	3066.56
Gross		24.00	384.00	3066.56
W/H Taxes				
Federal W/H (S/4)			2.82	72.98
Medicare			5.57	44.48
Social Security			23.81	190.14
Colorado State W/H (S/4)			1.00	28.00
Deductions				
Net Pay			350.80	2730.96
Check No.: 106402				
Net Pay Distribution				
Manual Check			350.80	2730.96

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241
303-920-1425

Check No.: 106402

DATE: 08/04/2017

Net Pay: 350.80

Three Hundred Fifty And 80/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

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Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	10.33	165.28	3066.56
Gross		10.33	165.28	3066.56

W/H Taxes				
Federal W/H (S/4)			0.00	72.98
Medicare			2.40	44.48
Social Security			10.25	190.14
Colorado State W/H (S/4)			0.00	28.00

Deductions

Net Pay **152.63** **2730.96** Check No.: 106403

Net Pay Distribution

Manual Check 152.63 2730.96

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241

303-920-1425

DATE: 08/04/2017

Check No.: 106403

Net Pay: 152.63

One Hundred Fifty Two And 63/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

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Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	21.50	344.00	3066.56
Gross		21.50	344.00	3066.56
W/H Taxes				
Federal W/H (S/4)			0.00	72.98
Medicare			4.99	44.48
Social Security			21.33	190.14
Colorado State W/H (S/4)			0.00	28.00
Deductions				
Net Pay			317.68	2730.96
Check No.: 10640				
Net Pay Distribution				
Manual Check			317.68	2730.96

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241
303-920-1425

Check No.: 10640
DATE: 08/04/2017

Net Pay: 317.68
Three Hundred Seventeen And 68/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

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Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	10.33	165.28	1533.28
Gross		10.33	165.28	1533.28
W/H Taxes				
Federal W/H (S/4)			0.00	36.49
Medicare			2.40	22.24
Social Security			10.25	95.07
Colorado State W/H (S/4)			0.00	14.00
Deductions				
Net Pay			152.63	1365.48
Voucher No.: 11550DD				
Net Pay Distribution				
Direct Deposit Net Check			152.63	1365.48
A/C:0983				

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241
303-920-1425

Voucher No.: 11550DD

DATE: 07/21/2017

Net Pay: 152.63

One Hundred Fifty Two And 63/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

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Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	24.00	384.00	1368.00
Gross		24.00	384.00	1368.00
W/H Taxes				
Federal W/H (S/4)			2.82	36.49
Medicare			5.57	19.84
Social Security			23.81	84.82
Colorado State W/H (S/4)			1.00	14.00
Deductions				
Net Pay			350.80	1212.85
Voucher No.: 11520DD				
Net Pay Distribution				
Direct Deposit Net Check			350.80	1212.85
A/C:0983				

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241
303-920-1425

Voucher No.: 11520DD

DATE: 07/14/2017

Net Pay: 350.80

Three Hundred Fifty And 80/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

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Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	40.00	640.00	984.00
Gross		40.00	640.00	984.00
W/H Taxes				
Federal W/H (S/4)			33.67	33.67
Medicare			9.28	14.27
Social Security			39.68	61.01
Colorado State W/H (S/4)			13.00	13.00
Deductions				
Net Pay			544.37	862.05
Voucher No.: 11490DD				
Net Pay Distribution				
Direct Deposit Net Check			544.37	862.05
A/C:0983				

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241
303-920-1425

Voucher No.: 11490DD

DATE: 07/07/2017

Net Pay: 544.37

Five Hundred Forty Four And 37/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

THAO HER

Company: 07700 - CORPORATE MANAGEMENT
GROUP INC
12000 WASHINGTON ST 290
THORNTON, CO 80241-0000 (303) 920-1425

Emp #: HERT
Dept: 450
Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	16.00	21.50	344.00	344.00
Gross		21.50	344.00	344.00

W/H Taxes				
Federal W/H (S/4)			0.00	0.00
Medicare			4.99	4.99
Social Security			21.33	21.33
Colorado State W/H (S/4)			0.00	0.00

Deductions

Net Pay **317.68** **317.68** Voucher No.: 11461DD

Net Pay Distribution

Direct Deposit Net Check 317.68 317.68 A/C:0983

Voucher No.: 11461DD

CORPORATE MANAGEMENT GROUP INC
12000 N. WASHINGTON STREET, SUITE 290
THORNTON, CO 80241

303-920-1425

DATE: 06/30/2017

Net Pay: **317.68**

Three Hundred Seventeen And 68/100 Dollars

THAO HER
10007 BRYANT ST.
FEDERAL HEIGHTS, CO 80260

For Record Purposes Only
****NON-NEGOTIABLE****

from: Michele DeGroen [mailto:michele.degroen@trelleborg.com]

Sent: Tuesday, July 11, 2017 4:43 PM

To: Jamie Ready <jamie@corpmgmtgroup.com>

Cc: Marie Lehnerer <Marie.Lehnerer@trelleborg.com>

Subject: Thao Her

Importance: High

Hi Jamie,

Unfortunately the decision was made today to end Thao Her's assignment. Thao has not shown any progress in his role after nearly a month in training.

Please contact Thao this evening and let him know he will not need to return tomorrow.

My apologies for the late notification.

Michele deGroen

Human Resources Generalist

