

## QUALIFYING; BENEFIT AMOUNT; DURATION

We now know that, based on past wages, this worker qualifies for benefits, and that the weekly amount will be \$175 (less any reductions for earnings), and that benefits can be paid for up to 20 weeks if the worker maintains eligibility for benefits.

These benefits are paid within the 52-week "Benefit Year" that begins the week the new claim is filed, and extends forward 52 weeks.

The 20 weeks of benefits are payable to this worker within the 52-week "Benefit Year" established when the worker filed the new claim for benefits, as long as the worker maintains weekly eligibility for benefits by being able to work, available for work, and seeking work as required. The weekly benefit amount can be reduced by earnings for the claimed week. The worker has a 52-week "Benefit Year" to draw those benefits. Benefits cannot be paid on that claim once the 52-week period has expired. A new Benefit Year cannot be established before a previous one has expired.

# Form UIA 1575 (Monetary Determination)

UIA 1575E-WT  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UOA Office:

UOA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPOSITED/PAID CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer Change  
for First 3 Months Wages

Non-charge  
Amount

---

**BASE PERIOD BEGINS:**  
**AND ENDS:**

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Now, we'll discuss  
this Form in detail  
so you'll understand  
what it tells you, and  
when and how you  
should respond to  
it.

Now we'll take a detailed look at the information provided on the Monetary Determination, Form UIA 1575, and what information you may wish to provide the UIA when you received this Form. You might wish, for example, to disagree with some of the information on it, or you might want to provide important information on the back of the Form that could affect weeks of benefits payable. We'll show you how to use this Form to your advantage.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WT  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UOA Office:

UOA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

SEPARATION REASON  
CLASSIFIED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charge  
for First 3 Months' Wages

Non-charge  
Amount

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BASE PERIOD BEGINS:  
AND ENDS:

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Date of Mailing of  
this Monetary  
Determination. The  
30-day protest  
period is calculated  
beginning on this  
date.

The Date of Mailing is important, because it starts the clock on the protest period if you disagree with the information on it, or if you wish to provide information to the UIA before benefits start to be paid.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WT  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UOA Office:

UOA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBIT/CHARGE  
CLAUDED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer: Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer Charges  
for First 3 Months Wages

Non-charge  
Amount

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BASE PERIOD BEGINS:  
AND ENDS:

Employer: Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Beginning date of the 52-week "Benefit Year" during which the claimant can draw benefits for the number of weeks shown.

We spoke about the 52-week "Benefit Year" that begins to run from the beginning of the week in which the new claim was filed, and goes forward for 52 weeks. It is the period in which the maximum of 26 weeks of regular state benefits can be paid to the claimant and potentially charged to accounts of the employers the claimant worked for in the base period of the claim. This shows the beginning date of the "Benefit Year."

# Form UIA 1575 (Monetary Determination)

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(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UJA Office:

UJA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBIT/DEBITS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charge  
for First 9 Months Wages

Non-charge  
Amount

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**BASE PERIOD BEGINS:**  
**AND ENDS:**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Ending date of the 52-week Benefit Year in which benefits based on this Monetary Determination are payable.

This shows the ending week for benefits on this claim. It is the ending date of the 52-week "Benefit Year."

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
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State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITED/NOT  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charge  
for First 3 Months' Wages

Non-charge  
Amount

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BASE PERIOD BEGINS:  
AND ENDS:

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Wages in "High  
Quarter" used to  
calculate weekly  
benefit amount.

This shows the claimant's gross wages in the calendar quarter in the base period of the claim in which they had their highest wages.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

EMPLOYMENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge for First 9 Months Wages	Non-charge Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

"Reference  
Code" for  
additional  
explanation as  
provided on the  
reverse side of  
the Form.

Useful information is provided on the back of this Form, which we'll show you in a moment. The specific items we want to draw your attention to on the back are indicated by the reference number or numbers shown in this space.

# Form UIA 1575 (Monetary Determination)

## EXPLANATION OF UIA REFERENCE CODES LISTED ON FRONT OF THIS FORM

(Reference numbers not reflected are reserved for future use)

- |  |   |
|--|---|
| 1. Claim denied due to insufficient base period wages.   | 22. No separating employer can be designated. First 2 weeks of benefits will be charged proportionally to the base period employer(s).  |
| 2. Claim denied as earnings do not equal at least 5 times the most recent weekly benefit amount on last claim.   | 23. Earnings insufficient to charge separating employer. First 2 weeks charged proportionally to the base period employer(s).   |
| 3. Unemployed worker has filed for preservation of benefit entitlement.  | 24. The separation reason listed by the claimant is other than lack of work, a determination is pending review of the worker's qualification for benefits under the law and will be sent under separate cover.                    |
| 4. Michigan claim denied as worker's wages are in another state. Unemployed worker should pursue an interstate claim.  | 25. To figure your total maximum charge, add the charge for first 2 weeks to your maximum charge in the base period.  |
| 5. Claim denied because unemployed worker has an existing claim. If in another state, unemployed worker should reopen the interstate claim.  | 26. Employer will not be charged as liability pending. First 2 weeks of benefits will be charged to non-chargeable benefits account until liability is determined.  |
| 6. Unemployed worker is eligible for greater benefits in another state. Unemployed worker should pursue an interstate claim.   | 31. Wages cannot be used as they are either canceled, not subject to the MES Act, or previously used.   |
| 7. This claim does not qualify as combined wage claim. Unemployed worker should pursue another type of claim.  | 32. Some or all wage information provided by the claimant.  |
| 8. Benefits are reduced based on a disqualifying determination.  | 33. Unemployed worker is owner, or relative of owner(s) of majority interest of employer. Benefits limited to 7 weeks chargeable to this employer.  |
| 9. Benefits changed per Referee decision.  | 34. Wages earned with this Federal agency are not assigned to Michigan.   |
| 10. Benefits changed per Board of Review decision.   | 35. These military wages can not be used to establish a claim because you were discharged prior to completion of a first full term of service and the narrative reason or character of service for separation was not acceptable. |
| 11. Unemployed worker did not receive benefits and withdrew the claim.   | 36. Your account is being charged due to a 'leaving to accept' separation.  |
| 12. Benefits for this benefit year have been redetermined.   |   |
| 13. The Emergency Unemployment Compensation Act of 1991 allows 26 weeks of benefit payment for ex-service people. A reservist needs at least 90 continuous days of active service to qualify for UCX benefits. |   |
| 14. The WBA will be reduced after 7 weeks of payments because one of your employers is a family employer.  |   |
| 21. Unemployed worker to return to work with your company within 120 days; unemployed worker not required to use Michigan Works! Agency placement services unless UIA notified otherwise.                      |   |

This is the back of Form UIA 1575, and here are the explanations of the reference codes shown on the front of the Form.



# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UJA Office:

UJA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITMENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED

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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge for First 3 Months' Wages	Non-charge Amount

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**BASE PERIOD EMPLOYER(S)**  
**AND ENDS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

Now, we'll return to the front of the Form.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

---

**LAST EMPLOYER**

Employer: Reference Codes  
(See Back of Form) Claimant's  
Separation Reason: Total Wages: Last Employer's  
Change for First 3 Months' Wages: Non-charge  
Amount:

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**BASE PERIOD EMPLOYER(S)**

BASE PERIOD BEGINS: AND ENDS:

Employer: Reference Codes  
(See Back of Form) Separation Reason: Base Period  
Wages: Maximum  
Benefit: Non-charge  
Amount:

Number of allowed  
Dependents (up to 5).  
Each dependent adds  
\$6.00 to benefit amount  
(up to maximum benefit  
amount)

This shows you the number of dependents allowed on the claim, up to 5. Each dependent allowed adds \$6.00 to the claimant's weekly benefit amount, but the amount is still capped at \$362 per week.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WT  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-QUARTER WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge for First 3 Months' Wages	Non-charge Amount

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BASE PERIOD BEGINS:  
AND ENDS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

Weekly Benefit  
Amount (High  
Quarter Wages  
multiplied by 4.1%,  
and rounded down  
to next lower  
dollar).

Shown in this space is the Weekly Benefit Amount, calculated by taking 4.1% of high quarter gross wages, but capped at \$362.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITMENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charges  
for First 9 Months Wages

Non-charge  
Amount

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**BASE PERIOD EMPLOYER(S)**  
**AND ENDS:**

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Number of weeks  
of regular state  
benefits payable  
within the limits of  
the 52-week  
benefit year.

This is the potential number of weeks of regular, state benefits. It will not be less than 14 nor more than 20.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Benefit Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge for First 2 Weeks' Wages	Non-charge Amount
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BASE PERIOD BEGINS:  
AND ENDS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount
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Name of the employer  
the claimant most  
recently worked for  
before becoming  
unemployed.

This is the name of the most recent employer the claimant worked for. This employer, in most cases, will be charged 100% of the first two weeks of benefits.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPOSIT/PTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charge  
for First 3 Months' Wages

Non-charge  
Amount

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**BASE PERIOD EMPLOYER(S)**  
**AND ENDS:**

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Reason given by  
claimant for  
becoming  
unemployed from the  
"Last" (that is, most  
recent) employer.

This is the reason reported by the claimant for why he or she was separated from employment with this employer. The UIA will ask this employer for information about the "separation from employment."

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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CLAIM INFORMATION

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BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBIT/DEBITS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

---

LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge for First 9 Months' Wages	Non-charge Amount

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BASE PERIOD EMPLOYER(S)  
AND ENDS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

Total wages  
earned with last  
(most recent)  
employer during  
the most recent  
period of  
employment with  
that employer.

This shows the total, gross wages the claimant was paid by this employer.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITED/NOT  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Less Debit for  
First 2 Weeks

Less Debit for  
First 2 Weeks

Non-charge  
Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Wages

Non-charge  
Amount

Total benefit  
charges to last  
employer for 100%  
of first 2 weeks of  
benefit payments

This amount shows the total benefits that could be paid to the claimant and charged to the account of this employer, if the claimant draws out their full weekly benefit amount for the maximum number of weeks allowed.



# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
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State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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CLAIM INFORMATION

---

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITED/NOT  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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LAST EMPLOYER

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer Charges  
for First 3 Weeks' Wages

Non-charge  
Amount

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BASE PERIOD EMPLOYER(S)  
AND ENDS:

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Total amount of  
benefits not  
being charged to  
last employer.

Benefits NOT being charged to this employer's account are shown here.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

---

**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPOSITED  
CLAIMS

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Less Employer Charges  
for First 3 Months Wages

Non-charge  
Amount

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**BASE PERIOD BEGINS:**  
**BASE PERIOD ENDS:**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Wages

Non-charge  
Amount

Shows the beginning and ending dates of the Base Period whose wages were used to calculate the weekly benefit amount and duration.

This Section of the Monetary Determination relates to charges to the accounts of the "Base Period" employers. The spaces highlighted here show the beginning and ending dates of the base period used to establish this claim.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

---

**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

WEEKS CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

---

**LAST EMPLOYER**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer's Charge  
for First 9 Months Wages

Non-charge  
Amount

---

**BASE PERIOD BEGINS:**  
**BASE PERIOD EMPLOYER(S)**  
**AND ENDS:**

Employer: \_\_\_\_\_

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Amount

Non-charge  
Amount

Names of all  
employers in the  
base period of  
the claim (not  
necessarily in  
order of  
employment)

The names of each chargeable base period employer are shown here.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UOA Office:

UOA Account No:

Mail Date:

**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEBITMENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer Charges  
for First 3 Months Wages

Non-charge  
Amount

**BASE PERIOD EMPLOYER(S)**  
AND ENDS:

BASE PERIOD BEGINS:

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Wages

Non-charge  
Amount

Reason given by claimant for separation from each base period employer. If reason is "Quit," then employer's account will automatically be non-charged.

The reason given by the claimant for the separation from employment with each base period employer is shown here. If this reason is a "quit" it will be presumed that the separation was disqualifying and the employer's account will not be charged. If any other reason is given, and the employer disagrees with the reason shown, the employer should notify the UIA as soon as possible so that the employer may be able to be relieved of benefit charges.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

WEEKS  
ALLOWED

---

**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Level of Benefit Charge FOR LAST 52 WEEKS	Non-charge Amount

---

**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

Base period wages reported by the employer. This amount determines the employer's percentage of charge for the weekly benefits, beginning with week 3 of the claim.

This show the amount of gross wages the employer reported paying the claimant during the base period. It is the amount used to calculated the employer's percentage of benefit charges beginning usually with the third week of the claim.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UOA Office:

UOA Account No:

Mail Date:

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CLAIM INFORMATION

---

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DETERMINANTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

---

LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer's Charge to First 5 Weeks	Non-charge Amount

---

BASE PERIOD EMPLOYER(S)  
AND ENDS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Weekly Benefit	Non-charge Amount

Based on each employer's percentage of charge and the potential number of weeks payable, it shows the maximum possible amount chargeable to the claimant, if the claimant were to draw out all payable weeks.

This shows the maximum possible charge to the employer's UIA account if the claimant were to draw out benefits at the maximum weekly benefit amount for the maximum number of weeks allowable on the claim.

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

---

**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH-4TH WEEKS USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

---

**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charges for First 3 Months Wages	Non-charge Amount

---

**BASE PERIOD EMPLOYER(S)**  
**AND ENDS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Amount	Non-charge Amount

Shows the amount payable to the claimant based on work with this employer, but not chargeable to the account of this employer.

This shows the amount of charges that will not be made to the employer's account.

# Form UIA 1575 (Monetary Determination)

**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

To notify the agency of any disqualifying circumstance(s), you may use the back of this form or submit your own request for a determination by mail or fax to the UIA office listed on the front of this form. If you submit your own written request, be sure to list unemployed worker's name, Social Security number, company and UIA employer account number. You may send additional documentation to support your request.

CLAIMANT'S NAME		UNEMPLOYED WORKER SSN	COMPANY NAME	UIA EMPLOYER ACCOUNT NO.
Special Payments AFTER Benefit Year Beginning Date	Gross Amount (\$)	Period Covered (month/day) From To	Date Paid (month/day/year)	For a FAMILY OWNED FIRM check business type and list owner(s) below or attach additional sheet. Limit three (3) owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Earnings				Owner's Name Percent (%) Ownership Relationship to Claimant
Holiday/Vacation Pay				
Pay in Lieu of Notice				
Sick Pay				As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below. Monthly amount \$
Lost Earnings				Effective Date: Date Paid:
Sales Commission or Consultation fee				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement. <input type="checkbox"/> Did not contribute to the cost <input type="checkbox"/> Contributed less than 1/2 of cost <input type="checkbox"/> Contributed 1/2 or more of cost
Short Work Week or On Call Pay				
Other Compensation (Describe below)				
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW <input type="checkbox"/> DISCHARGED/TERMINATED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER				
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)				
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:		PHONE NO.

Important information can be provided by the employer on the reverse side of the Form UIA 1575. Here, the employer can tell the UIA about vacation pay, holiday pay, severance pay, or other special payments that were made to the claimant following the last day of work. Also information about retirement benefit contributions can be shown, as can details about the separation.



# Form UIA 1713 (Fact-Finding Form)

UIA 1713 (Rev. 1/06)		Replaces Form UIA 1713 (Rev. 1/06)								
EMPLOYEE BENEFITS DEPT State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY www.michigan.gov/ila <b>FACT-FINDING FORM</b>										
CASE #: 001966351		0710								
Date mailed: 07/28/2009	Unemployed Worker Name:									
Employer Name: SCHOOL DISTRICT	Benefit Year Beginning: 07/26/2009									
Employee Number: -000	Social Security Number:									
<p>A question of eligibility and/or qualification has been raised on this claim. Please respond to the questions on the reverse side of this form, writing your response (in black ink) on this side and/or the reverse side if space permits. Use additional paper if needed. Sign below and return to this Agency as shown below. The completed form must be received within 10 days of the date mailed shown above. You should keep a copy for your records. Failure to respond to this request will result in insurance of a determination based on the available information.</p>										
<p>Please return this form to:</p> <table border="0"> <tr> <td>UNEMPLOYMENT INSURANCE AGENCY</td> <td>Phone Number: 1-800-638-3994</td> </tr> <tr> <td>PO BOX 149</td> <td>Inquiry Line: 1-866-500-0017</td> </tr> <tr> <td>GRAND RAPIDS MI 49501-0149</td> <td>TTY Customer: 1-866-344-0004</td> </tr> <tr> <td>FAX NUMBER: 1-517-436-0077</td> <td></td> </tr> </table>			UNEMPLOYMENT INSURANCE AGENCY	Phone Number: 1-800-638-3994	PO BOX 149	Inquiry Line: 1-866-500-0017	GRAND RAPIDS MI 49501-0149	TTY Customer: 1-866-344-0004	FAX NUMBER: 1-517-436-0077	
UNEMPLOYMENT INSURANCE AGENCY	Phone Number: 1-800-638-3994									
PO BOX 149	Inquiry Line: 1-866-500-0017									
GRAND RAPIDS MI 49501-0149	TTY Customer: 1-866-344-0004									
FAX NUMBER: 1-517-436-0077										
Signature: <i>[Signature]</i>		Date: 8/5/09								
Title (Employer/only):		Phone Number:								

The UIA computer generates a series of questions to the employer and mails them immediately after the new claim is filed. It gives the employer the opportunity to provide information before benefits start to be paid, but it must be received within 10 days of the date of mailing. The questions are generated based on the reason for separation given by the claimant, so if you disagree with that reason the questions won't make sense to you and you will need to explain that.

# Form UIA 1713 (Fact-Finding Form)

UIA 1713  
(Rev. 1-05)  
Revised 5/09

07/26/2009 07/26/2009

Please respond to the questions below.

FACT FINDING CODE 718, PRIMARY ISSUE 718: School Denial Period

1. What was the unemployed worker's last date worked? *Working Summer School thru 8/26/09*

2. What was the unemployed worker's job classification?

- Teaching
- Research
- Administrative
- School crossing guard
- School bus driver
- *Specialized Assistant*

3. What was the unemployed worker's employment status?

- Full time, Permanent
- Part time, Permanent
- Temporary or Substitute
- If other, describe

4. What is the reason for separation?

- Unemployed due to a period between academic years or term
- Unemployed due to a vacation or holiday recess
- Permanently laid off
- If unemployed for other reasons, what is the reason for separation?

5. Does the unemployed worker have reasonable assurance for reemployment in the next academic year or term? *Yes*

6. On what date was the unemployed worker given the notice of reasonable assurance? *Sign 6/12/09*

7. Was the work for the same job or work that is comparable to the unemployed worker's previous work in skills required, location, wages, hours, and benefits? If no, describe in detail the differences between the unemployed worker's previous job and the work offered.

8. On what date is the unemployed worker expected to return to work?

*9/8/09*

There are specific questions on the reverse side of the Form. The answers you give will be critical to the Agency's decision as to whether the person will be eligible and/or qualified for benefits.

# Form UIA 1707

## (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707  
(REV. 04-04)

DEPARTMENT OF LABOR & ECONOMIC GROWTH  
EMPLOYMENT INSURANCE AGENCY  
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE  
INELIGIBILITY OR DISQUALIFICATION  
www.michigan.gov/ueia

Handwriting to whom sent: I, the undersigned, am the Employer or am acting for the Employer in the unemployment claim.

You are involved in a claim for unemployment benefits, either as the employer or as the unemployed worker. For benefits, information we have received so far indicates there may be a reason to find the unemployed worker ineligible or disqualified from receiving benefits. Based on statements from the other party to this claim, we ask that you answer the following questions. Give us all information you believe would be helpful to us. **UIA reply is not received within 15 days, a re-determination will be made on the basis of the available information.** You should keep a copy of this form for your records.

Please send all correspondence to UIA, P.O. Box 169, Grand Rapids, Michigan 49501-0169, or fax to 1-616-356-6104. If you have any questions please contact us at 1-800-638-3995. TTY users call 1-866-366-0004.

Unemployed Worker: \_\_\_\_\_ Date: \_\_\_\_\_ Your Employer: \_\_\_\_\_

**YOUR ANSWERS**  
(Attach additional sheets if necessary)

Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Date: \_\_\_\_\_ Fax: \_\_\_\_\_

Mail or fax your answers to the return location indicated on the top of this form.

**IMPORTANT:** Failure to respond may result in an unfavorable preliminary determination.

**FOR EMPLOYERS:** You are requested to respond to this form within 15 days whether you had payment(s) on this claim should be allowed or denied. If you fail to respond timely, you are not entitled to credit for benefits paid prior to receipt of the information if the claimant is later found to be ineligible or disqualified. Please provide the following additional information:

Unemployed Workers first day worked: \_\_\_\_\_ Last day worked: \_\_\_\_\_ Date removed from payroll: \_\_\_\_\_

Your name and title (please print): \_\_\_\_\_

In some cases, rather than using the computer-generated form, the Agency manually prepares questions using the Form UIA 1707.

# Form UIA 1136 (Statement of Unemployment Benefits Charged or Credited to Employer's Account)

UIA 1136  
Rev. 1/98

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency  
www.michigan.gov/lsga

Authorized by  
MCL 421.1 - 4-906

**STATEMENT OF UNEMPLOYMENT BENEFITS CHARGED OR CREDITED TO EMPLOYER'S ACCOUNT**

Page No.: 1

البيان  
Nonmach Company  
55555 Some Avenue  
City, State 48708-9026

MAIL DATE: 03/18/2004

UIA Employer Account No.: 0000000 000  
Employer Name: Nonmach Company

Unemployed Worker ID#	Unemployed Worker Name	BO Date	Payment Adjustment Date	WEEK END DATE	CERT AD TYPE	CHG TYPE AMOUNT	UNEMPLOYED WORKER BANKED AMOUNT
111-11-1111	F. Doe	02/11/2004	02/11/2004	02/11/2004	01	800	201.00
111-11-1111	F. Doe	02/11/2004	02/11/2004	02/11/2004	01	800	201.00

TOTAL TO ACCOUNT 000000 000  
FOR WEEK ENDING 03/08/2004 402.00

LAST PAGE FORM 1136

ATTENTION CONTRIBUTING EMPLOYERS: If claimant's earnings from you for any week(s) listed equal or exceed your charges for that week(s), please notify UIA so your account may be credited.

THIS IS NOT A REQUEST FOR PAYMENT - SEE IMPORTANT INFORMATION ON REVERSE SIDE  
DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

Every time a claimant is paid unemployment benefits that are charged to an employer's account, the employer is notified of the charge.

# Form UIA 1136 (Statement of Unemployment Benefits Charged or Credited to Employer's Account)

UIA 1136  
Rev. 1/98

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency  
www.michigan.gov/lsg

Authorized by  
MCL 421.1 - 4-906

**STATEMENT OF UNEMPLOYMENT BENEFITS CHARGED OR CREDITED TO EMPLOYER'S ACCOUNT**

Page No.: 1

البيان للشركة التي تسجلت في  
Nonmach Company  
55555 Some Avenue  
City, State 48708-9026

**PROTEST**

MAIL DATE: 03/18/2004

UIA Employer Account No.: 0000000 000  
Employer Name: Nonmach Company

Unemployed Worker Name	Unemployed Worker No.	Payment Adjustment	WEEK END DATE	CERT AD	CHG TYP	CHG RATE	UNEMPLOYED WORKER BENEFIT
111-11-1111	1	200	03/15/2004	11	11P	8.00	120.00
111-11-1111	2	200	03/15/2004	11	11P	8.00	120.00

TOTAL TO ACCOUNT 000000 000  
FOR WEEK ENDING 03/08/2004 480.00

LAST PAGE FORM 1136

ATTENTION CONTRIBUTING EMPLOYERS: If claimant's earnings from you for any week(s) listed equal or exceed your charges for that week(s), please notify UIA so your account may be credited.

THIS IS NOT A REQUEST FOR PAYMENT - SEE IMPORTANT INFORMATION ON REVERSE SIDE

UIA is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

Mail in,  
labeling it a  
"Protest"

Provide information  
about gross wages  
paid in the week to  
worker in question

If the employer believes the claimant is not maintaining weekly eligibility for benefits, or is being paid wages at least equal to the employer's benefit charge for that claimant for that week, the (contributing) employer can notify the UIA of that effect and those charges, as well as all future charges on that benefit year, will be cancelled for that employer.