

UNDERSTANDING AND RESPONDING TO UIA FORMS

- Form UIA 1575 (Monetary Determination)
- Form UIA 1713 (Fact-Finding Form) - automated Form
- Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification) - customized Form
- Form UIA 1136 (Weekly Statement of Benefit Charges and Credits)
- Form UIA 1770 (Quarterly Summary of Benefit Charges and Credits)
- Form UIA 1564-1 (Notice of Claim Renewal)

Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UIA Office:	
Monetary Determination				UIA Account No:	
Mail Date:					
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Claimant's</u> <u>Separation Reason</u>	<u>Total Wages</u>	<u>Last Employer Charge</u> for First 2 Benefit Weeks	<u>Non-charge</u> <u>Amount</u>
BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS: <u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	Maximum Charge	<u>Non-charge</u> <u>Amount</u>

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UOA Account No:

Mall Date: 

CLAIM INFORMATION

BENEFIT YEAR BEGINS:
BENEFIT YEAR ENDS:
HIGH QTR. 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 Charge for First 2 Benefit Weeks	Non-charge Amount
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**BASE PERIOD EMPLOYER(S)
AND ENDS:**

BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
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Date of Mailing of this Monetary Determination. The 30-day protest period is calculated beginning on this date.

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Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
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Beginning date of the 52-week "Benefit Year" during which the claimant can draw benefits for the number of weeks shown.

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**BASE PERIOD EMPLOYER(S)
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Ending date of the 52-week Benefit Year in which benefits based on this Monetary Determination are payable.

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AND ENDS:**

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

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

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

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)

- | | |
|--|--|
| <ol style="list-style-type: none">1. Claim denied due to insufficient base period wages.2. Claim denied as earnings do not equal at least 5 times the most recent weekly benefit amount on last claim.3. Unemployed worker has filed for preservation of benefit entitlement.4. Michigan claim denied as worker's wages are in another state. Unemployed worker should pursue an interstate claim.5. Claim denied because unemployed worker has an existing claim. If in another state, unemployed worker should reopen the interstate claim.6. Unemployed worker is eligible for greater benefits in another state. Unemployed worker should pursue an interstate claim.7. This claim does not qualify as combined wage claim. Unemployed worker should pursue another type of claim.8. Benefits are reduced based on a disqualifying determination.9. Benefits changed per Referee decision.10. Benefits changed per Board of Review decision.11. Unemployed worker did not receive benefits and withdrew the claim.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. | <ol style="list-style-type: none">22. No separating employer can be designated. First 2 weeks of benefits will be charged proportionally to the base period employer(s).23. Earnings insufficient to charge separating employer. First 2 weeks charged proportionally to the base period employer(s).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.25. To figure your total maximum charge, add the charge for first 2 weeks to your maximum charge in the base period.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.31. Wages cannot be used as they are either canceled, not subject to the MES Act, or previously used.32. Some or all wage information provided by the claimant.33. Unemployed worker is owner, or relative of owner(s) of majority interest of employer. Benefits limited to 7 weeks chargeable to this employer.34. Wages earned with this Federal agency are not assigned to Michigan.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.36. Your account is being charged due to a 'leaving to accept' separation. |
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BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS: <u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	Maximum Charge	<u>Non-charge</u> <u>Amount</u>

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LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

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

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

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

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

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Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

**BASE PERIOD EMPLOYER(S)
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Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

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

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

<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	<u>Maximum</u> <u>Charge</u>	<u>Non-charge</u> <u>Amount</u>

Name of the employer
the claimant most
recently worked for
before becoming
unemployed.

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Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

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

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

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

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**BASE PERIOD EMPLOYER(S)
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Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

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

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**BASE PERIOD EMPLOYER(S)
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Total benefit charges to last employer for 100% of first 2 weeks of benefit payments

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**BASE PERIOD EMPLOYER(S)
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Total amount of benefits not being charged to last employer.

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DEPENDENTS
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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 Charge for First 2 Benefit Weeks	Non-charge Amount
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BASE PERIOD BEGINS:

**BASE PERIOD EMPLOYER(S)
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Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
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Shows the beginning and ending dates of the Base Period whose wages were used to calculate the weekly benefit amount and duration.

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

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

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BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
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Reason given by
claimant for
separation from
each base period
employer.

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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.

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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.

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

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	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.

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 if more than 2 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	
Lost Earnings				Monthly amount \$ _____	
Sales Commission or Consultation fee				Effective Date: _____ Date Paid: _____	
Short Work Week or On Call Pay				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement <input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost	
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/FIRED <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.	

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 Earnings Holiday/Vacation Pay Pay in Lieu of Notice Sick Pay Lost Earnings Sales Commission or Consultation fee Short Work Week or On Call Pay Other Compensation (Describe below)	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 if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
				Owner's Name Percent (%) Ownership Relationship to Claimant	
				As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below Monthly amount \$ _____ Effective Date: _____ Date Paid: _____	
				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement	
				<input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost	
	CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW				
	<input type="checkbox"/> DISCHARGED/FIRED <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.

Allows employer to enter various kinds of "special payments" made to claimants, in the amounts, on the dates, and for the periods, indicated. These payments can be used to reduce unemployment benefits during those period, or can be used for qualifying wages.

Form UIA 1575 (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS

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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 if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation									
Earnings				<table border="1"> <tr> <th>Owner's Name</th> <th>Percent (%) Ownership</th> <th>Relationship to Claimant</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Owner's Name	Percent (%) Ownership	Relationship to Claimant						
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 \$ _____ Effective Date: _____ Date Paid: _____									
Lost Earnings				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement									
Sales Commission or Consultation fee				<input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the 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/FIRED <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.									

Allows employer to report that it is "family owned" and the details of ownership, and relation of claimant to owner(s)

Form UIA 1575 (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS

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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	
Lost Earnings				Monthly amount \$ _____	
Sales Commission or Consultation fee				Effective Date: _____ Date Paid: _____	
Short Work Week or On Call Pay				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement	
Other Compensation (Describe below)				<input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost	
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<input type="checkbox"/> DISCHARGED/FIRED <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.	

Allows employer to report details of pension being paid to claimant, which can reduce unemployment benefits each week.

Form UIA 1575 (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS

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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.	

Allows employer to identify reason for disqualifying claimant for benefits, and providing details of the events that led to the separation from employment.

Form UIA 1575 (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS

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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.

Allows employer to identify last day claimant was employed.

Form UIA 1713 (Fact-Finding Form)



UIA 1713
(Rev. 1-06)

Authorized by
MCL 421.1.e1 seq.

EMPLOYEE BENEFITS DEPT

State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

FACT-FINDING FORM



CASE #: 001966351

0710

Date mailed: 07/28/2009	Unemployed Worker Name:
Employer Name: SCHOOL DISTRICT	Benefit Year Beginning: 07/26/2009
Employer Number: -000	Social Security Number:

A question of eligibility and/or qualification has been raised on this claim. Please response 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 issuance of a determination based on the available information.

Please return this form to: UNEMPLOYMENT INSURANCE AGENCY Phone Number: 1-800-638-3994
PO BOX 169 Inquiry Line: 1-866-500-0017
GRAND RAPIDS MI 49501-0169 TTY Customer: 1-866-366-0004
FAX NUMBER: 1-517-636-0427

Signature

Phone Number

8/5/09
Date

Secretary
Title (Employers only)

Form UIA 1713 (Fact-Finding Form)



UIA 1713
(Rev. 1-06)

Authorized by
MCL 421.1.e1 seq.

EMPLOYEE BENEFITS DEPT

State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

FACT-FINDING FORM



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FAX NUMBER: 1-517-636-0427

Signature Date: 8/5/09

Phone Number
Secretary
Title (Employers only)

Form UIA 1713 (Fact-Finding Form)

UIA 1713
(Rev. 1-06)
Reverse Side

07/28/2009 07/26/2009

Please respond to the questions below.

FACT FINDING CODE 710, PRIMARY ISSUE 710: School Denial Period

1. What was the unemployed worker's last date worked? *Working Summer School thru 8/20/09*
2. What was the unemployed worker's job classification?
 - Teaching
 - Research
 - Administrative
 - School crossing guard
 - School bus driver
 - If other, explain *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? *5/29 & 6/12/09 Psycholo*
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?
yes
9/8/09

Form UIA 1713 (Fact-Finding Form)

UIA 1713
(Rev. 1-06)
Reverse Side

07/28/2009 07/26/2009

Please respond to the questions below.

FACT FINDING CODE 710, PRIMARY ISSUE 710: School Denial Period

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- Teaching
- Research
- Administrative
- School crossing guard
- School bus driver
- If other, explain *Specialized Assistant*

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- Full time, Permanent
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- 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? *5/29 & 6/12/09 Psychosis*

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? *yes*
9/8/09

Computer-generated questions appropriate to the issue of separation or benefit eligibility based on information received from the claimant.

Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707
(REV. 04-04)

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

ILLUSTRATED BY ANNE HART, L. 88-3482.
See "For Employers" at bottom for non-compliance penalty.

 

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 **if a reply is not received within 10 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 1-616-356-0104. If you have any questions please contact us at 1-800-638-3995. TTY users call 1-866-366-0004.

Mailed Month _____ Day _____ Year _____ Interviewer _____

YOUR ANSWERS
Attach additional sheet(s) 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 (re)determination.

FOR EMPLOYERS: You are required to respond to this form within 10 days whether you feel 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): _____

Similar to Form UIA 1713, except that this form is custom-prepared by staff, rather than being computer-generated, and asks for specific information staff needs regarding claimant's eligibility or qualification for benefits.

Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UJA 1707
(REV. 04-04)

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
UNEMPLOYMENT INSURANCE AGENCY
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE
INELIGIBILITY OR DISQUALIFICATION
www.michigan.gov/uia

ADMINISTERED BY RULE 421.1, 481.1004
See "For Employers" at bottom for non-compliance penalty.

 

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 **if a reply is not received within 10 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.

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Mailed Month _____ Day _____ Year _____ Interviewer _____

YOUR ANSWERS
Attach additional sheet(s) 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 (re)determination.

FOR EMPLOYERS: You are required to respond to this form within 10 days whether you feel 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): _____

Questions are asked in this area of the Form.

Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707
(REV. 04-04)

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
UNEMPLOYMENT INSURANCE AGENCY
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE
INELIGIBILITY OR DISQUALIFICATION
www.michigan.gov/uia

AUTHORIZED BY PUB. ACT 11, 1974.
See "For Employers" at bottom for non-
compliance penalty.



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 **if a reply is not received within 10 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.

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Mailed Month _____ Day _____ Year _____ Interviewer _____

YOUR ANSWERS
Attach additional sheet(s) if necessary

Signature: _____ Phone: (_____) _____

Date: _____ FAX: (_____) _____

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Unemployed Workers first day worked: _____ Last day worked: _____ Date removed from payroll: _____

Your name and title (please print): _____

Answers may be written in this area of the Form, and additional pages may be attached, if necessary.

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

UIA 1136
(Rev. 3/04)



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

Authorized by
MCL 421.1, et seq.



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

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT			UNEMPLOYED WORKER	
				WK END DATE	AD TYP	CHG TYP	EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004

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.

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

UIA 1136
(Rev. 3/04)



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

Authorized by
MCL 421.1, et seq.



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

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT			UNEMPLOYED WORKER	
				WK END DATE	AD TYP	CHG TYP	EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
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FOR WEEK ENDING 03/06/2004

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

UIA 1136 (Rev. 3/04)

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

Authorized by
MCL 421.1, et seq.

 

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

Page No.: 1

|||||
Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT			UNEMPLOYED WORKER	
				WK END DATE	AD TYP	CHG TYP	EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004 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.

Information about specific claimants whose benefits were charged (or credited) to employer's account during the week identified here

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

UIA 1136
(Rev. 3/04)



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

Authorized by
MCL 421.1, et seq.



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

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Social Security Number of each worker whose benefits are reported

Unemployed Worker SSN	Unemployed Worker Name	DO	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004

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.

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UIA 1136
(Rev. 3/04)



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

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Name of each worker whose benefits are reported.

Unemployed Worker SSN	Unemployed Worker Name	BO	Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				AD TYP	WK END DATE		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	01	02/21/2004	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	01	02/28/2004	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004

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.

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

UIA 1136
(Rev. 3/04)



State of Michigan
Department of Labor & Economic Growth
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STATEMENT OF UNEMPLOYMENT BENEFITS CHARGED OR CREDITED TO EMPLOYER'S ACCOUNT

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

Date on which charge or credit was made to employer's account for each identified claimant.

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004

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.

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

UIA 1136
(Rev. 3/04)

State of Michigan
Department of Labor & Economic Growth
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STATEMENT OF UNEMPLOYMENT BENEFITS CHARGED OR CREDITED TO EMPLOYER'S ACCOUNT

Page No.: 1

|||||
Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004 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.

Gross earnings reported by the claimant for the week from any employer, but not identified by specific employer. This amount is used to reduce the worker's weekly benefit and therefore the benefit charge to an employer's account.

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

Charge to employer's account for each claimant, for that week.

UIA 1136 (Rev. 3/04)

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

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

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|||||
Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT			UNEMPLOYED WORKER	
				WK END DATE	AD TYP	CHG TYP	EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004 402.00

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

Notice to "Contributing Employers" about possibility of being "non-charged" for the week.

UIA 1136 (Rev. 3/04)

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

Authorized by
MCL 421.1, et seq.




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

Page No.: 1

|||||
Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

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

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004 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.

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

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.

Form UIA 1770 (Summary of Statement of Benefit Charges and Credits)

UIA 1770
(Rev. 3/94)

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

Authorized by
MCL 421.11, et seq.



SUMMARY OF STATEMENT OF BENEFITS CHARGES AND CREDITS
CALENDAR QUARTER ENDING 9/30/1999

10705

Trust Fund Accounting
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 01/05/1999
UIA Employer Account No.: 0000000 000

Operating Unit Number: 019 889 00
Employer Name: Trust Fund Accounting

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Number of Items	TOTAL
333-33-3333	Chur Robe	01	01	201.00
333-33-3333	Chur Robe	01	01	201.00
TOTAL FOR OPERATING UNIT 0199889 000			01	201.00
FOR QUARTER ENDING 09/30/1999				

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.

Form UIA 1770 (Summary of Statement of Benefit Charges and Credits)

UIA 1770
(Rev. 3/94)

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

Authorized by
MCL 421.1, et seq.

SUMMARY OF STATEMENT OF BENEFITS CHARGES AND CREDITS
CALENDAR QUARTER ENDING 9/30/1999

10705

Trust Fund Accounting
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 01/05/1999
UIA Employer Account No.: 0000000 000

Operating Unit Number: 019 889 00
Employer Name: Trust Fund Accounting

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Number of Items	TOTAL
333-33-3333	Chur Robe	01	01	201.00
333-33-3333	Chur Robe	01	01	201.00
TOTAL FOR OPERATING UNIT 0199889 000 FOR QUARTER ENDING 09/30/1999				01 201.00

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.

This is a quarterly summary of all the individual weekly statements of charges and credits, for the calendar quarter shown here.

Form UIA 1564-1 (Notice of Claim Renewal)



State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency

Authorized by MCL
421.1 et seq.



PO BOX 169
GRAND RAPIDS MI 49501-0169

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED
123 INTOOYOUNG
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME

111-22-3333
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON

11/12/2005

LAST DAY WORKED

11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,
BY MAIL TO THE ADDRESS ABOVE OR BY FAX
TO 1-517-636-0427.

REASON FOR SEPARATION

LACK OF WORK

Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1
(Rev. 01/06)

State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency

Authorized by MCL
421.1 et seq.

PO BOX 169
GRAND RAPIDS MI 49501-0169

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED
123 INTOOYOUNG
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME
111-22-3333
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON
11/12/2005

LAST DAY WORKED
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,
BY MAIL TO THE ADDRESS ABOVE OR BY FAX
TO 1-517-636-0427.

REASON FOR SEPARATION
LACK OF WORK

Notifies a “Benefit Year” employer that their recent worker (named here) had a prior claim in existence and is renewing it. It asks this employer for information about how the worker became unemployed, which would then prevent the worker from resuming benefit payment. This employer might not be chargeable until a future benefit claim.

Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1
(Rev. 01/06)


www.michigan.gov/ul

State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency

Authorized by MCL
421.1 et seq.



PO BOX 169
GRAND RAPIDS MI 49501-0169

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED
123 INTOOYOUNG
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME
111-22-3333
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON
11/12/2005

LAST DAY WORKED
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,
BY MAIL TO THE ADDRESS ABOVE OR BY FAX
TO 1-517-636-0427.

REASON FOR SEPARATION
LACK OF WORK

Shows when the existing claim was reopened by the claimant.

Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1
(Rev. 01/06)

 **State of Michigan**
Department of Labor & Economic Growth
Unemployment Insurance Agency

Authorized by MCL
421.1 et seq.



PO BOX 169
GRAND RAPIDS MI 49501-0169

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED
123 INTOOYOUNG
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME
111-22-3333
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON
11/12/2005

LAST DAY WORKED
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,
BY MAIL TO THE ADDRESS ABOVE OR BY FAX
TO 1-517-636-0427.

REASON FOR SEPARATION
LACK OF WORK

Shows when the existing claim was reopened by the claimant.

Shows last date worked for this employer, as reported by the claimant.

Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1
(Rev. 01/06)


www.michigan.gov/ul

State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency

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MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED
123 INTOOYOUNG
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME
111-22-3333
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON
11/12/2005

LAST DAY WORKED
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,
BY MAIL TO THE ADDRESS ABOVE OR BY FAX
TO 1-517-636-0427.

REASON FOR SEPARATION
LACK OF WORK

Shows when the existing claim was reopened by the claimant.

Shows last date worked for this employer, as reported by the claimant.

Shows reason for unemployment as reported by the claimant.