

JOB OFFER DEVELOPMENT, REFERRAL, ELIGIBILITY INVESTIGATION RECORD

C1 C2 C4 Process Date _____ C5 / ER Number _____

Social Security Number _____ Claimant Name _____

ER Name and Address _____

Issue Code _____ Issue ID (C2) _____ Deputy ID _____ PGM _____

Issue Status _____ Free Form Text Resolution Code _____ Count **N** Untimely _____

1st Affected BWE _____ REDET Reason _____

C9 Release Date _____ LTR# _____

Disqualification Start _____ Disqualification End _____ Statement 1 _____

Statement 2 _____ ER Charge Statement **N/A** C5 _____ Date Issue Detected _____

I certify I obtained the following information from the parties named.

Deputy's Name _____

FINDINGS OF FACT

Basis for Adjudication:

Employer Information:

Job Information:

Claimant Information:

OTHER INFORMATION:

Work Is Suitable Not Suitable UB-083# _____ UB-110 – Date: _____

BPR _____

Suitable/Not Suitable because:

Reasoning and Conclusion _____

Other Issues