ARIZONA DEPARTMENT OF ECONOMIC SECURITY Unemployment Insurance Program

ELIGIBILITY INVESTIGATION RECORD - EDUCATION/SCHOOL BUS WAGES

C1	C2	C4 Process Date Social Security Number										
Claimant Name					Issue Code							
Issue ID (C	2)				Deputy ID _	puty ID PGM						
Issue Statu	s	Resolution Code				Count		Untimelines	s			
1st Affected	BWE _			F	Redeterr	mination Reas	on (C2)					
Disqualifica	ition Star	t Disqualification End					Statement 1					
Statement 2	2	ER Charge Statement					C5					
C5 ER Nun	nber		ER N	Name and	d Addres	SS						
City							State _		ZIP Code			
Free Fo	rm Text	LTR #					C9 Release Date					
ER Protest												
Timely:	Yes	No	Signed:	Yes	No	Att/Rec'd:	Yes	No	Applic:	Yes	No	
I certify I o	btained	the foll	owing inforn	nation fr	om the	parties name	d.					
Deputy's Na	ame											
				F	INDI	NGS OF FA	CT					
Basis for A	djudicatio	n Edu	ıcation/Scho	ool bus w	/ages		Date	e Issue [Detected			
Do base pe	eriod wag	es inclu	de earnings	from:								
			n by state or onal wages.)		ernmen	it or a nonprof	it organizat	ion? OR	Yes	No		
			ctor? Ye		o (If No,	issue is NOT	school bus	contrac	tor wages.)			
			en terms or d ional or school	•		or holiday peri wages.)	od? Y	′es	No			
UB-436 Ma	iled		Re	ceived	Yes	No						
TC	VM	Messa	age <i>(Date/T</i>	īme)								
Name							to F	to RTC by (Date/Time)				
If failure to	RTC dete	erminati	on will be iss	ued with	the avai	ilable informat	ion.					
Type of wor	rk last pe	rformed	l:									
Reason for	separation	on:										
Employmer	nt Status:	Р	ermanent	Substi	tute							
Claimant ha	as reasor	nable as	surance with	ı:								
Date of offe	er:		Date	school b	egins/re	esumes:						
Type of wor	rk offered	l:										
How was th	ne claima	nt notifi	ed of the offe	r?								
						l, did the claim e of employme					the	
Yes No If Yes, date school begins/resumes:								If No, go to Employer Information.				

UIB-0098E FORFF (6-21) Page 2 of 2 Offer made by: _____ Title: ____ Name: _____ List educational or private school bus contractor base period employers: No reasonable assurance because: **EMPLOYER INFORMATION** (REQUIRED ONLY IF THE CLAIMANT STATES NO REASONABLE ASSURANCE): Date: _____ Phone No.: ____ Name: ____ Employer's Name: _____ Title: Employer Representative: ___ Does the claimant have reasonable assurance of work during the next school year/term or immediately following a vacation or holiday period? Yes No Type of work offered: _____ If Yes, date school begins/resumes: Date of offer: How was the claimant notified of offer: BPR: A.R.S. § 23-750.E A.R.S. § 23-794 R&C: The claimant has reasonable assurance with an educational institution or private school bus contractor for the next school term or year, or immediately following the vacation or holiday period. The claimant is eligible for a reduced award based on other wages in the amount of \$ The claimant does not have reasonable assurance with an educational institution or private school bus contractor for the next school year, term or immediately following the vacation or holiday period. The claimant is eligible to use the educational institution or private school bus contractor wages. The claimant has reasonable assurance with ___ an educational institution or private school bus contractor for the next school term or year, or immediately following the vacation or holiday. The claimant is not eligible, as there are no other wages in the base period.