## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Unemployment Insurance Program

## JOB OFFER DEVELOPMENT, REFERRAL, ELIGIBILITY INVESTIGATION RECORD

C1	C2	C4	Process Date	Process Date C5 / ER Number					
Social Se	curity Nu	mber	Claimant Name						
ER Name	and Add	lress							
Issue Coo	le		Issue ID (C	2)	Deputy ID			PGM	
Issue Stat	tus		Free For	rm Text	Resolution Cod	le	Count N	Untimely	
1 <sup>st</sup> Affecte	d BWE _		REDET Reason						
C9 Release Date			LTR	#					
Disqualification Start			Di	squalific	ation End		_ Statement 1		
Statement 2			ER Charge Statement N/A C5			_ Date Issue D	etected		
I certify I	obtaine	d the follo	wing information	on from	the parties nar	ned.			
Deputy's I	Name								
FINDINGS OF FACT									
Basis for /	Adjudicat	tion:							
Employer	Informat	ion:							
Job Inforn	nation:								
Claimant	Informati	<b></b>							
Claimant	mornau	011.							
OTHER INFORMATION:									
Work Is	Suita	ible I	Not Suitable	UB-083	3#	UB-1	10 – Date:		
Suitable/N	lot Suital	ble becau	se:						
Research	a and Co	nclusion							
i veasoriini	y anu UU								
Other Issu	les								

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.