ARIZONA DEPARTMENT OF ECONOMIC SECURITY Unemployment Insurance Program

ELIGIBILITY INVESTIGATION RECORD - WC ALT. BASE PERIOD

C1	C2	C4	Process Date		C	5	Social Se	curity	Number		
Claimant Name						Issue Code					
Issue ID (C2)		Deputy ID				PGM					
Issue Status	s 75 R	esolution 7	5 Count	_ Untimely			1st Affected	BWE			
REDET Rea	ason				_ Disqu	ualific	ation Start	(N/A)	Disqualification	End (N/A)	
Statement 1	l		S	Statement 2 _				E	R Charge Stater	nent (N/A)	
C5	E	ER Number		_ ER Name	and Add	ress					
City						St	ate	_ z	IP Code		
Free For	m Text	C9 Relea	ase Date		Ltr#_						
UB-001:	Receive	ed Not	t Received								
I certify I of	btained	the followin	ng information f	rom the parti	ies name	ed.					
Deputy's Na	ame										
				FINDINGS	OF F	ACT					
Basis for Ac	ljudicatio	n: Worke	r's Compensatio	on – alternate	base p	eriod	. Date Iss	ue Det	ected		
UB-436 Ma	iled		Received	Yes	No						
TC	VM	Message	(Date/Time)								
Name							to RTC b	oy (Dat	e/Time)		
If failure to I	RTC dete	ermination v	vill be issued with	the available	informa	tion.					
Type of Inju	ry / Disal	oility					Da	te of In	jury / Disability $_$		
Date Releas	sed for V	/ork	Last week	that was or w	ill be co	mpen	sated by wo	orker's	compensation: _		
Name of em	nployer w	here disabi	ility occurred								
Date contact	ted emp	loyer to retu	ırn to employmer	nt	_						
Name and t	itle of pe	rson contac	ted								
Reason for	not retur	ning to the j	job								
If employer	not conta	acted, why i	not?								
Was the cla	im filed b	y the end c	of the fourth caler	ndar week afte	er the las	t wee	k compens	ated by	Worker's Comp	ensation?	
Yes	No										
Was the cla	im filed v	vithin two ye	ears after the disa	ability began?	Ye	S	No				
Other:	See UB-296 or other doctor's statement attached					e atta	ached state	ment fi	om Worker's Cor	npensation	
	See UB-001/BPR: ARS §23-771.B										
R&C:	Eligibl	e to use alt	ternate base per	riod.							
	Not eli	gible.	Claim not filed within four weeks of disability end.								
	Claim not filed within two years of disability start.										
			Did not attempt	to return to for	mer emp	oloyeı	г.				

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.