ARIZONA DEPARTMENT OF ECONOMIC SECURITY Unemployment Insurance Program

ELIGIBILITY INVESTIGATION RECORD – ADMINISTRATIVE PENALTY

C1 C2 C4	Process Date	Social Security Number				
Claimant Name Check		Issu	Issue Code Issue ID (C2)			
Deputy ID	PGM		Issue Status _		Free Form	Text
Resolution		Count	Un	itimely		
C9 Release Date	Ltr# _		Disqualifica	tion Start		
Disqualification End	Sta	itement 1				
Statement 2			ER Charge	Statement N /	A C5	
I certify I obtained the follo	owing information from t	he parties named.				
Deputy's Name						
	·	INDINGS OF FAC	CT			
Basis for Adjudication: Co	onsideration of Adminis	strative Penalty.	Date issue	detected:		
Unreported Earnings	False Statements	UB436 Mailed:		Received:	Yes	No
TC VM Mess	age			o RTC by		
	Date/Time	Nam	е		Date/Time	,
Date of Determination Claimant's statement <i>(inc</i>		First Valid Claim after De	etermination			
Material:						
Knowingly:						

UIB-0098D FORFF (9-18)	Page 2 of 2
Intent	

BPR: R6-3-54340

Conclusion: