

**ELIGIBILITY INVESTIGATION RECORD**  
**VACATION, HOLIDAY, SICK OR SEVERANCE PAY**

C1    C2    C4    Process Date \_\_\_\_\_ C5 \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Claimant Name Check \_\_\_\_\_  
 ER Number \_\_\_\_\_ Issue Code \_\_\_\_\_ Issue ID (C2) \_\_\_\_\_ Deputy ID \_\_\_\_\_  
 PGM \_\_\_\_\_ Issue Status \_\_\_\_\_ ER Name and Address \_\_\_\_\_  
 Resolution **70** Count \_\_\_\_\_ Untimely \_\_\_\_\_ 1<sup>st</sup> Affected BWE \_\_\_\_\_ REDET Reason \_\_\_\_\_  
 Disqualification Start \_\_\_\_\_ Disqualification End \_\_\_\_\_  
 Statement 1 \_\_\_\_\_  
 Statement 2 \_\_\_\_\_  
 ER Protest    Not applicable    Received timely/valid    Received untimely/invalid    Not received  
 ER Charge Statement **N/A**    C5 \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_ AMT \_\_\_\_\_  
 ACT IND (C2) \_\_\_\_\_ LTR# \_\_\_\_\_ Free Form Text    C9 Release Date \_\_\_\_\_  
 I certify I obtained the following information from the parties named.  
 Deputy's Name \_\_\_\_\_

**FINDINGS OF FACT**

Basis for Adjudication: **Claimant received Vacation, Holiday, Sick or Severance Pay.**

Date issue detected: \_\_\_\_\_ UB436 Mailed: \_\_\_\_\_ Received:    Yes    No  
 TC    VM    Message    Date/Time \_\_\_\_\_ Name \_\_\_\_\_

to RTC by (*Date and Time*) \_\_\_\_\_.

If failure to RTC determination will be issued with the available information.

Last date worked: \_\_\_\_\_ Pay rate: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Hours per day: \_\_\_\_\_  
 Worked:    Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday  
 Received on: \_\_\_\_\_ Will receive on: \_\_\_\_\_ pay in the gross amount of  
 \$ \_\_\_\_\_ considered to be:    Vacation Hours    Holiday Pay    Sick Hours    Severance Hours

Additional information: \_\_\_\_\_

**Employer's Statement:**

Per:    Telecon    Letter    UB-110 of \_\_\_\_\_ with \_\_\_\_\_  
 other \_\_\_\_\_  
 Message Left (*Date*): \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_  
 Call by: \_\_\_\_\_

Agrees with claimant's statement    Advised of consequences

Disagrees with the following points of claimant's statement \_\_\_\_\_

There **IS** **IS NOT** a contract allocating vacation, holiday or sick pay to a specific period.

There **IS** **IS NOT** a contract allocating severance pay.

If an agreement exists, it is **ORAL** **WRITTEN** and the period of allocation would be \_\_\_\_\_.

It has been in effect since: \_\_\_\_\_ A.R.S. § 23-621.C, BPR: R6-3-55460

**Reasoning and Conclusion:**

The Claimant received:

Vacation, holiday, or sick pay allocated from \_\_\_\_\_ to \_\_\_\_\_

Severance pay allocated from \_\_\_\_\_ to \_\_\_\_\_

None of the above (*explain*) \_\_\_\_\_

The Claimant is:

Eligible because payment is not allocated to a period claimed. (*No workload count, CRC entry. Issue form letter 15 on M2 if employer protests.*)

Eligible with \$ \_\_\_\_\_ allocated to week ending \_\_\_\_\_ (*Enter countable UB-098-J if week involved is a waiting week and employer did not protest. Issue UB-100 if employer protests or week involved is NOT a waiting week.*)

Ineligible \_\_\_\_\_ to \_\_\_\_\_ with \$ \_\_\_\_\_ allocated to week ending \_\_\_\_\_ (*Issue UB-100*)

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