

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
UNEMPLOYMENT INSURANCE PROGRAM

NOTICE TO EMPLOYER
See Explanation on Reverse

Mail Date:

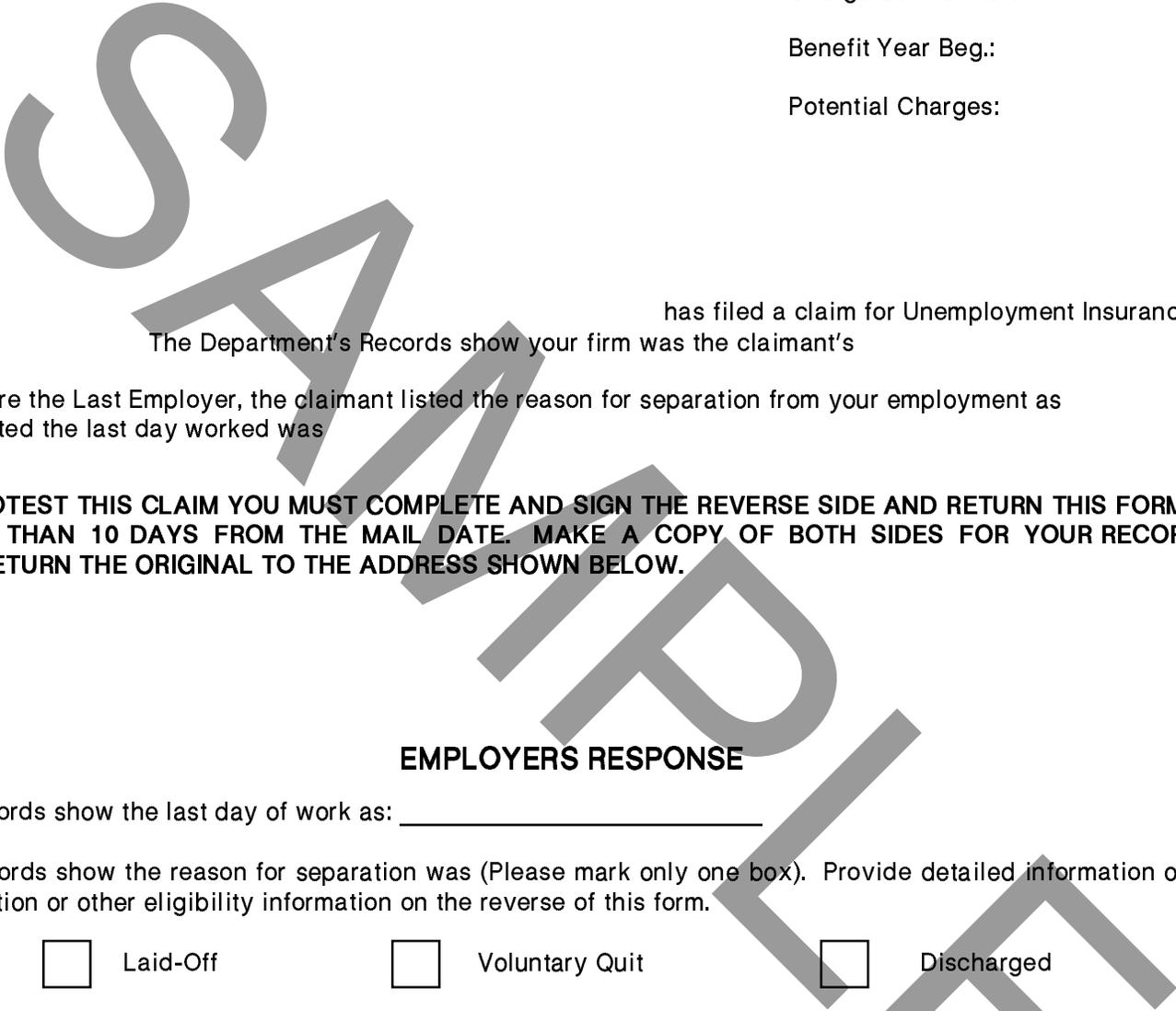
Social Security No.:

Employer No.:

Charge Control Date:

Benefit Year Beg.:

Potential Charges:



_____ has filed a claim for Unemployment Insurance on
The Department's Records show your firm was the claimant's

If you are the Last Employer, the claimant listed the reason for separation from your employment as
and stated the last day worked was _____

**TO PROTEST THIS CLAIM YOU MUST COMPLETE AND SIGN THE REVERSE SIDE AND RETURN THIS FORM NO
LATER THAN 10 DAYS FROM THE MAIL DATE. MAKE A COPY OF BOTH SIDES FOR YOUR RECORDS
AND RETURN THE ORIGINAL TO THE ADDRESS SHOWN BELOW.**

EMPLOYERS RESPONSE

My records show the last day of work as: _____

My records show the reason for separation was (Please mark only one box). Provide detailed information on the
separation or other eligibility information on the reverse of this form.

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Laid-Off | <input type="checkbox"/> Voluntary Quit | <input type="checkbox"/> Discharged |
| <input type="checkbox"/> Labor Dispute | <input type="checkbox"/> Still Working Part-time | |

You may not wish to protest the separation. However, if you paid or will pay vacation, holiday, unused sick pay or
severance pay on or after the last day of work, please complete the appropriate section on the reverse, sign and
return this notice no later than 10 days from mail date.

PROTEST MUST BE SIGNED ON THE REVERSE TO BE VALID

EXPLANATION OF NOTICE

IF THIS INDIVIDUAL LEFT YOUR EMPLOY FOR ANY REASON OTHER THAN A LACK OF WORK YOU MAY WISH TO PROTEST THE PAYMENT OF BENEFITS AND/OR CHARGES TO YOUR EXPERIENCE RATING ACCOUNT. Your account will be relieved from charges as provided by law when the Department finds that the claimant:

1. Left work voluntarily without good cause in connection with the employment; or
2. Was discharged from employment for wilful or negligent misconduct connected with the employment; or
3. Separated from employment for a compelling personal reason not attributable to the employment; or
4. Worked part-time for you during the last quarter of the base period, and you continue to provide employment to the same extent.

EXCEPTION: Relief of charges does not apply to employers who have elected to make payments in lieu of contributions. (A.R.S. § 23-750).

FILING A PROTEST: TO PROTEST THE PAYMENT OF BENEFITS AND/OR CHARGES TO YOUR EXPERIENCE RATING ACCOUNT, SUBMIT A DETAILED EXPLANATION OF THIS CLAIMANT'S SEPARATION ON THIS NOTICE WITHIN 10 DAYS, AFTER THE DATE THIS NOTICE WAS MAILED. The postmark or telefax transmittal date is the date of the protest. The protest period may be extended if failure to make timely submission is due to delay or other action of the United States Postal Service, or error or misinformation by the Department of Economic Security. If your protest is late for either of these reasons, please give details with your protest.

IF YOU DO NOT FILE A TIMELY PROTEST: (1) If you are the last employer, a determination will be made regarding the claimant's eligibility based on available information. Benefits will be paid immediately, if allowed, and no appeal rights will be afforded you. (2) If you are a base-period employer your experience rating account will be charged with its pro-rata share of benefits paid.

REQUIRED INFORMATION: IF YOU ARE THE CLAIMANT'S LAST EMPLOYER, ARIZONA ADMINISTRATIVE RULES REQUIRE THAT YOU SUBMIT ANY SEPARATION OR ELIGIBILITY INFORMATION WHICH WOULD HAVE A BEARING ON THE CLAIMANT'S RECEIPT OF BENEFITS. You may also be contacted by telephone for further information. If you are a base-period employer, it will assist the Department in determining the claimant's eligibility if you submit any information you have regarding the claimant's current employment, ability to work, or availability for work. Please notify the Department if you wish to offer the claimant employment.

Please do not protest charges if you have previously received a notice of this claimant's application for Unemployment Insurance and the claimant has not been reemployed by you subsequent to such "notice" unless, the claimant failed to return to work at the end of a labor dispute. If the claimant failed to return to available work at the conclusion of a labor dispute, this may be the basis of your protest.

CHARGE CONTROL DATE: The date of our last notice to you or the beginning of the claimant's base period, whichever is later.

POTENTIAL CHARGES: The total amount which may be charged against your experience rating account, or for which reimbursement may be requested if you make payments in lieu of contributions, for unemployment insurance benefits paid to the claimant. These charges are in direct proportion to your percentage of the total wages paid during the claimant's base period, and are subject to change if other wages are added or deleted. If **Potential Charges** show asterisks in lieu of a dollar amount, the potential charges cannot be determined.

Equal Opportunity Employer/Program

This document available in alternative formats by calling the local office phone number listed on the front of this notice.

UB-110 (REVERSE 09/04)

VACATION, HOLIDAY, SICK PAY, SEVERANCE PAY:				
If you paid or will pay vacation, holiday, unused sick pay or severance pay on or after the last day of work complete the appropriate boxes.				
	DATE PAID	GROSS AMOUNT	# HOURS	RATE OF PAY
VACATION		\$		\$ per
HOLIDAY		\$		\$ per
SICK		\$		\$ per
SEVERANCE		\$		\$ per
PROVIDE DETAILED SEPARATION OR ELIGIBILITY INFORMATION WITHIN THE SPACE BELOW				
PROTEST MUST BE SIGNED TO BE VALID				
SIGNATURE:		PHONE NUMBER:		FAX:
PRINT YOUR NAME:		TITLE:		
COMPANY NAME:				DATE: