

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:

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

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

YOU MUST COMPLETE AND SIGN THE REVERSE SIDE AND RETURN THIS NOTICE NO LATER THAN 10 BUSINESS 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 notice.

- | | | |
|--|--|-------------------------------------|
| <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 | |

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 section on the reverse, sign and return this notice no later than 10 business days from the mail date.

THIS NOTICE MUST BE SIGNED ON THE REVERSE TO BE VALID

EXPLANATION OF NOTICE

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 willful 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).

BENEFIT PAYMENTS/CHARGES: SUBMIT A DETAILED EXPLANATION OF THIS CLAIMANT'S SEPARATION ON THIS NOTICE WITHIN 10 BUSINESS DAYS FROM THE MAIL DATE. The postmark or telefax transmittal date is the date the notice is returned. This 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 the notice is late for either of these reasons, please give details with your notice.

IF YOU DO NOT FILE A TIMELY NOTICE: (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.

This notice must be returned even 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". If the claimant failed to return to available work at the conclusion of a labor dispute, this notice must be returned.

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 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. 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, the potential charges cannot be determined.

PATTERN OF FAILURE: The repeated failure to return the Notice to Employer timely and with adequate information. A pattern shall be established if the employer has five or more failures or failures in more than five percent of the number of requests whichever is greater. (A.R.S. § 23-727)

Equal Opportunity Employer/Program

UB-110 (REVERSE 01/18)

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 IN THE SPACE BELOW

PLEASE ENTER THE EMPLOYEE'S SSN / /

NOTICE MUST BE SIGNED TO BE VALID

SIGNATURE:	PHONE NUMBER:	FAX:
PRINT YOUR NAME:	TITLE:	
COMPANY NAME:	DATE:	