DWS-UI
FORM 653D
REV 10/13

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
REQUEST WORK SEARCH DEFERRAL

DATE MAILED:

SSN: ___-__-____

The primary obligation of an individual receiving unemployment benefits is to become reemployed. Registering for work with the department and actively looking for work are important activities towards achieving this goal.

TO THE CLAIMANT: Please have your employer complete and **return this form by** . **RETURN TO: Department of Workforce Services, PO Box 45266, Salt Lake City, UT, 84145-0266, FAX (801)526-4402.**

TO THE EMPLOYER/UNION: The above individual has filed a claim for unemployment benefits and may be deferred from our normal work search and work registration requirements if one of the following conditions are met: (a) expectation of job recall with the regular employer, or (b) registration with a union having a hiring hall. The information you provide in part A or B below will help determine whether this person can be granted a deferral.

A. Employer-Recall Deferral: (please mark the appropriate box.)

This former employee:

[ ] will be recalled to full-time work with in the near future.

[ ] will NOT be recalled to full-time work.

Date of Job Separation _____ Estimated Date of Recall_____.

Other Information:_____.

B. Union Registered Deferral: (Please mark the appropriate box.)

This Person:

[ ] is a current member in good standing and is eligible for job referrals.

[ ] is NOT a current member in good standing and is NOT eligible for job deferrals.

Does your union operate a hiring hall? [ ] Yes [ ] No. Expected Referral Date: _____.

NOTE: IF THIS FORM IS NOT FILLED OUT COMPLETELY, NO DEFERRAL WILL BE GRANTED.

_____
Name of Company or Union Address Telephone

_____
Signature of Official Printed Name of Official Date

DO NOT WRITE BELOW THIS LINE