

**NOTICE TO EMPLOYER OF WAGE ASSIGNMENT
DUE TO GRIEVANCE**

PO BOX 45277
SALT LAKE CITY, UTAH 84145-0277

Name _____ S.S.N. _____

I have been terminated from the following employer:

_____			_____	
Company Name			Separating Supervisor's Name	
_____			_____	
Street or P.O. Box			Date of Separation	
_____			_____	
City,	State,	Zip	Utah or Federal Employer Acct. No.	

Employer's Telephone Number				

I have filed or I intend to file a grievance for reinstatement with this employer. I also am filing to obtain back wages for the weeks following my separation.

Since I am claiming unemployment insurance benefits for weeks for which I may later receive wages from this employer, I assign to the Utah Department of Workforce Services the amount of wages I may receive equal to the amount of benefits I have been paid during my grievance period.

I authorize this employer and the Utah Department of Workforce Services to release the information necessary to satisfy this wage assignment. I also authorize this employer to withhold from my back wages the amount of benefits paid within the grievance period to reimburse the Department.

Signed _____ Date _____