DWS-UI FORM 606 REV 03/08

UTAH DEPARTMENT OF WORKFORCE SERVICES UNEMPLOYMENT INSURANCE OFFICIAL NOTICE OF CLAIM FILED



DATE MAILED: 01/01/04

Test Company 140 East 300 South Ste 700 Salt Lake City, Utah 84111 EFFECTIVE DATE: 10/23/06 ADDITIONAL DT: 01/25/04 Employer Account No: 123456-7 Employer PIN Number: 888888888

CLAIMANT: John Doe AKA: SSN: xxx-xx-xxx RIGHT TO APPEAL â## You may appeal if you believe you have good cause for not requesting relief of charges to your firmå##s benefit account when the original notices were sent from this Department. However, you must include your reason for not responding within the allotted period after the original notice was sent. ~#10; RIGHT TO APPEAL â## If you believe this decision is incorrect, appeal by mail to: ~~R_ADDRESS_APPEALS-~ Your appeal must be in writing and must be received or postmarked on or before ~~R_APPL_DT-~. An appeal received or postmarked after ~~R_APPL_DT-~ may be considered if good cause for the late filing can be established. Your appeal must be signed by you or your legal representative and show your firma##s name, the date mailed or sent by fax and the claimanta##s name and social security number. Also, please state the reason for your appeal. A copy of your appeal will be sent to any other interested parties. Department of Workforce Services, PO Box 45266, Salt Lake City, UT, 84145-0266, FAX (801)526-4402. 1. Dates of employment with your company: Begin Date / / Last Day Worked / / 2. Rate of Pay: \$ per . Job Title 3. Did this employee receive or will he/she receive severance or vacation pay Yes [] No [] If Yes, Vacation Pay: Gross Amount \$_____for ____hrs. Severance Pay: Gross Amount \$ _____for ____hrs. Date paid or to be paid ___/__/___ How many hours did this employee normally work each week? hrs per week 4. Did this employee receive or will he/she begin receiving retirement benefits? Yes [] No [] If Yes, monthly amount \$_____, or lump sum amount \$_____. Date payments start(ed) ___/___/___. 5. Is this employee still employed by your company? Yes [] No [] If Yes, how many hours is he/she currently working per week? hrs per week Has the number of hours per week recently been reduced? Yes [] No [] Did this employee request a reduction in hours? Yes [] No []

DO NOT WRITE BELOW THIS LINE

