

First Name: _____ Last Name: _____

Date of Birth: _____

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 within 10 days.**

RETURN TO: Utah Department of Workforce Services, P.O. Box 45266, Salt Lake City, UT 84145-0266, Phone 801-526-4400 or 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 within 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: A DEFERRAL WILL NOT BE GRANTED IF THIS FORM IS NOT FILLED OUT COMPLETELY.

Name of Company or Union	Address	Phone
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Signature of Official	Printed Name of Official	Date
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