

UTAH DEPT OF WORKFORCE SERVICES  
UI DIVISION  
140 EAST 300 SOUTH  
PO BOX 45266  
SALT LAKE CITY, UT 84145-0266

Utah Department of Workforce Services  
Unemployment Insurance  
**Notice of Wage Assignment**  
**Due to Grievance**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

On the claim for unemployment benefits you recently filed, you advised this department that you have filed or will file a grievance for reinstatement with a former employer. If this is correct, you must complete this form and **return it within 10 days** in order for a decision to be made on your claim.

**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. Please do not send a cover sheet.**

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 \_\_\_\_\_