

# Form UIA 1575

## (Monetary Determination)

UIA 1575E WR (Rev. 6-04)	State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY	UIA Office:
Monetary Determination		
		UIA Account No:
		Mail Date:
CLAIM INFORMATION		
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED
		WEEKLY BENEFIT AMOUNT
		BENEFIT WEEKS ALLOWED
LAST EMPLOYER		
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason
		Total Wages
		Last Employer Charge for First 2 Benefit Weeks
		Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:		
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason
Employer		Base Period Wages
		Maximum Charge
		Non-charge Amount

Now, we'll discuss this Form in detail so you'll understand what it tells you, and when and how you should respond to it.

# FORM UIA 1575E – WHEN TO RESPOND AND HOW

UC 1575E WR  
(10/21/2003)

State of Michigan  
Department of Consumer & Industry Services  
Bureau of Workers' & Unemployment Compensation

Branch Office: 023

Monetary Determination

MOTORS LLC  
UC TAX OFFICE 11 FL  
3024W GRAND BLVD  
DETROIT, MI 48202-6024

PO BOX 11671  
DETROIT, MI 48211-0671  
PHONE: 800-638-3995  
FAX: 313-456-2596

UC Account No:  
-000  
Mail Date: 10/22/2003

CLAIM INFORMATION

FILED A CLAIM FOR UNEMPLOYMENT INSURANCE ON 10/17/2003.  
THE CLAIMANT HAS SUFFICIENT WAGES TO ESTABLISH A BENEFIT YEAR. THE CLAIMANT IS ENTITLED TO RECEIVE  
BENEFIT PAYMENTS UNLESS BENEFIT PAYMENT IS DELAYED OR DENIED FOR OTHER REASONS UNDER THE LAW.  
THIS DETERMINATION IS EFFECTIVE FOR WEEKS OF BENEFITS CLAIMED, BEGINNING 10/12/2003.

BENEFIT YEAR BEGINS: 10/12/2003  
BENEFIT YEAR ENDS: 10/09/2004  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS \$7,840.00

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED  
0

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
\$321.00	23.5

LAST EMPLOYER

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
MOTORS LLC	24.25	QUIT	\$5200.00	\$642.00	

BASE PERIOD EMPLOYER(S)

BASE PERIOD BEGINS: 07/01/2002 AND ENDS: 06/30/2003

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
STORES LP	32	QUIT	\$1935.45	\$757.09	
PAYROLL SERVIC	32	LACK OF WORK	\$15700.99	\$6144.41	

**The UIA will send THIS employer a request for information about THIS “Quit” to determine if benefits are payable.**

**Because the worker later requalified for benefits in employment with the “Last Employer” the UIA will NOT question this base period employer about this quit. THIS employer should notify the UIA if this WOULD HAVE BEEN a disqualifying quit. If it would have been, then the employer can escape benefit charges.**

# Form UIA 1575 (Monetary Determination)

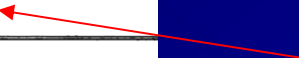
UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date: 

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
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**IMPORTANT NOTICE TO EMPLOYERS:** NO EMPLOYER RESPONSE OR PROTEST IS NEEDED WHEN AN EMPLOYEE'S CLAIM IS DENIED, OR IF THE CLAIM IS ALLOWED BUT THE EMPLOYER IS NOT BEING CHARGED FOR BENEFITS. IF YOU SEE A ZERO BALANCE IN THE ABOVE BOX, THERE IS NO NEED TO RESPOND TO THIS NOTICE BECAUSE YOUR ACCOUNT IS NOT BEING CHARGED.

YOUR ACCOUNT WILL BE CHARGED FOR BENEFITS UNLESS YOU NOTIFY THE AGENCY OF ANY POSSIBLE INELIGIBILITY/DISQUALIFICATION AND PROVIDE SPECIFIC DETAILS. BENEFITS PAID IN ACCORDANCE WITH THIS MONETARY DETERMINATION WILL BE CONSIDERED PROPERLY PAID AND WILL NOT BE CHANGED UNLESS THE AGENCY RECEIVES NEW, CORRECTED, OR ADDITIONAL INFORMATION FROM YOU, WITHIN 10 CALENDAR DAYS AFTER THE MAIL DATE SHOWN ABOVE OR 30 CALENDAR DAYS FOR A VOLUNTARY LEAVING SEPARATION (QUIT).  
TO MEET THE 10 DAY DEADLINE INFORMATION MUST BE RECEIVED NO LATER THAN

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**EMPLOYERS:** IF YOU DISAGREE WITH THIS DETERMINATION AND PROVIDE INFORMATION SHOWING YOUR ACCOUNT SHOULD NOT BE CHARGED AFTER THE 10 DAY NOTICE PERIOD DESCRIBED ABOVE, BUT WITHIN 30 DAYS OF THE MAIL DATE, ANY REDETERMINATION OF CHARGEABILITY WILL BE EFFECTIVE WITH THE WEEK IN WHICH THE INFORMATION IS RECEIVED EXCEPT FOR A VOLUNTARY LEAVING SEPARATION. A REDETERMINATION OF CHARGEABILITY ON A VOLUNTARY LEAVING SEPARATION IS EFFECTIVE FROM THE BEGINNING OF THE CLAIM IF THE INFORMATION IS RECEIVED WITHIN 30 DAYS. IF YOUR REQUEST FOR A REDETERMINATION OF CHARGEABILITY IS RECEIVED AFTER THE 30-DAY PERIOD, IT WILL BE DENIED UNLESS YOU ESTABLISH GOOD CAUSE FOR FAILURE TO PROTEST WITHIN THE 30-DAY PERIOD. TO BE RECEIVED WITHIN THE 30-DAY PERIOD, YOUR PROTEST MUST BE RECEIVED NO LATER THAN

**Protest Due Date:**  
The due date is 30 calendar days from the date of mailing of this notice.  
Protest rights are explained on the reverse side of this form.

**Date of Mailing  
of this Monetary  
Determination.  
The 30-day  
protest period is  
calculated  
beginning on  
this date.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT  
AMOUNT

BENEFIT WEEKS  
ALLOWED

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**LAST EMPLOYER**

Employer

Reference Codes  
(See Back of Form)

Claimant's  
Separation Reason

Total Wages

Last Employer Charge  
for First 2 Benefit Weeks

Non-charge  
Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:

Employer

Reference Codes  
(See Back of Form)

Separation Reason

Base Period  
Wages

Maximum  
Charge

Non-charge  
Amount

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**Protest Due Date:**

The due date is 30 calendar days from the date of mailing of this notice.  
Protest rights are explained on the reverse side of this form.

At the bottom of the Form is important information about the period to provide information and the protest period.

# Form UIA 1575

## (Monetary Determination)

**IMPORTANT NOTICE TO EMPLOYERS:** NO EMPLOYER RESPONSE OR PROTEST IS NEEDED WHEN AN EMPLOYEE'S CLAIM IS DENIED, OR IF THE CLAIM IS ALLOWED BUT THE EMPLOYER IS NOT BEING CHARGED FOR BENEFITS. IF YOU SEE A ZERO BALANCE IN THE ABOVE BOX, THERE IS NO NEED TO RESPOND TO THIS NOTICE BECAUSE YOUR ACCOUNT IS NOT BEING CHARGED.

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### Protest Due Date:

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**Period for  
providing  
information.**

**Effective  
date of  
information  
provided.**

# Form UIA 1575

## (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

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**BENEFIT YEAR BEGINS:**  
**BENEFIT YEAR ENDS:**  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED

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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

**BASE PERIOD BEGINS:**

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

Beginning date of  
the 52-week  
“Benefit Year”  
during which the  
claimant can draw  
benefits for the  
number of weeks  
shown.



# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination


UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:   
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED

---

**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

---

**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

**Ending date of  
the 52-week  
Benefit Year in  
which benefits  
based on this  
Monetary  
Determination are  
payable.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)	State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY	UIA Office:
Monetary Determination		
		UIA Account No:
		Mail Date:
CLAIM INFORMATION		
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED
		WEEKLY BENEFIT AMOUNT
		BENEFIT WEEKS ALLOWED
LAST EMPLOYER		
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason
		Total Wages
		Last Employer Charge for First 2 Benefit Weeks
		Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:		
BASE PERIOD BEGINS:		
Employer	Reference Codes (See Back of Form)	Separation Reason
		Base Period Wages
		Maximum Charge
		Non-charge Amount

Wages in “High  
Quarter” used  
to calculate  
weekly benefit  
amount.



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State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED

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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

**“Reference  
Code” for  
additional  
explanation as  
provided on  
the reverse  
side of the  
Form.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UIA Office:	
Monetary Determination				UIA Account No:	
				Mail Date:	
<b>CLAIM INFORMATION</b>					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
<b>LAST EMPLOYER</b>					
<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Claimant's</u> <u>Separation Reason</u>	<u>Total Wages</u>	<u>Last Employer Charge</u> <u>for First 2 Benefit Weeks</u>	<u>Non-charge</u> <u>Amount</u>
<b>BASE PERIOD EMPLOYER(S) AND ENDS:</b>					
BASE PERIOD BEGINS:	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	<u>Maximum</u> <u>Charge</u>	<u>Non-charge</u> <u>Amount</u>
<u>Employer</u>					

**Number of allowed Dependents (up to 5). Each dependent adds \$6.00 to benefit amount (up to maximum benefit amount)**

# Form UIA 1575 (Monetary Determination)

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Monetary Determination				UIA Account No:	
				Mail Date:	
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

**Weekly Benefit Amount (High Quarter Wages multiplied by 4.1%, and rounded down to next lower dollar).**

# Form UIA 1575 (Monetary Determination)

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CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

**Number of  
weeks of  
regular state  
benefits  
payable within  
the limits of  
the 52-week  
benefit year.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

**Name of the  
employer the  
claimant most  
recently worked  
for before  
becoming  
unemployed.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)	State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY	UOA Office:
Monetary Determination		
UOA Account No:		
Mail Date:		
CLAIM INFORMATION		
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED
		WEEKLY BENEFIT AMOUNT
		BENEFIT WEEKS ALLOWED
LAST EMPLOYER		
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason
		Total Wages
		Last Employer Charge for First 2 Benefit Weeks
		Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:		
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Base Period Wages
Employer		Maximum Charge
		Non-charge Amount

Reference Code  
pertinent to Last  
Employer.



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**CLAIM INFORMATION**

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**LAST EMPLOYER**

<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Claimant's</u> <u>Separation Reason</u>	<u>Total Wages</u>	<u>Last Employer Charge</u> for First 2 Benefit Weeks	<u>Non-charge</u> <u>Amount</u>
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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	<u>Maximum</u> <u>Charge</u>	<u>Non-charge</u> <u>Amount</u>
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**Reason given  
by claimant for  
becoming  
unemployed  
from the “Last”  
(that is, most  
recent)  
employer.**

# Form UIA 1575 (Monetary Determination)

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State of Michigan  
Department of Labor & Economic Growth  
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**LAST EMPLOYER**

<u>Employer</u>	<u>Reference Codes</u> (See Back of Form)	<u>Claimant's</u> <u>Separation Reason</u>	<u>Total Wages</u>	<u>Last Employer Charge</u> for First 2 Benefit Weeks	<u>Non-charge</u> <u>Amount</u>
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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

<b>BASE PERIOD BEGINS:</b>	<u>Reference Codes</u> (See Back of Form)	<u>Separation Reason</u>	<u>Base Period</u> <u>Wages</u>	<u>Maximum</u> <u>Charge</u>	<u>Non-charge</u> <u>Amount</u>
<u>Employer</u>					

**Total wages  
earned with last  
(most recent)  
employer during  
the most recent  
period of  
employment with  
that employer.**

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Monetary Determination				UIA Account No:	
				Mail Date:	
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BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

**Total benefit charges to last employer for 100% of first 2 weeks of benefit payments**

# Form UIA 1575

## (Monetary Determination)

UIA 1575E WR (Rev. 6-04)	State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY	UIA Office:
Monetary Determination		
		UIA Account No:
		Mail Date:
CLAIM INFORMATION		
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED
		WEEKLY BENEFIT AMOUNT
		BENEFIT WEEKS ALLOWED
LAST EMPLOYER		
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason
		Total Wages
		Last Employer Charge for First 2 Benefit Weeks
		Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:		
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason
Employer		Base Period Wages
		Maximum Charge
		Non-charge Amount

**Total  
amount of  
benefits not  
being  
charged to  
last  
employer.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

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**CLAIM INFORMATION**

<b>BENEFIT YEAR BEGINS:</b> <b>BENEFIT YEAR ENDS:</b> HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

<b>BASE PERIOD BEGINS:</b>	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

**Shows the beginning and ending dates of the Base Period whose wages were used to calculate the weekly benefit amount and duration.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

BENEFIT YEAR BEGINS:  
BENEFIT YEAR ENDS:  
HIGH QTR. WAGES USED  
TO CALCULATE BENEFITS

Reference Codes  
(See Back of Form)

DEPENDENTS  
CLAIMED

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
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**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
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**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
----------	---------------------------------------	-------------------	----------------------	-------------------	----------------------

**Names of all  
employers in the  
base period of  
the claim (not  
necessarily in  
order of  
employment)**



# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UOA Office:	
Monetary Determination				UOA Account No:	
				Mail Date:	
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

Reference  
Codes pertinent  
to each base  
period employer

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR  
(Rev. 6-04)

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY

Monetary Determination

UIA Office:

UIA Account No:

Mail Date:

---

**CLAIM INFORMATION**

BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED

---

**LAST EMPLOYER**

Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount

---

**BASE PERIOD EMPLOYER(S)  
AND ENDS:**

BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

**Reference  
Codes can be  
found in three  
places on this  
Form**

# Form UIA 1575

## (Monetary Determination)

### EXPLANATION OF UIA REFERENCE CODES LISTED ON FRONT OF THIS FORM

(Reference numbers not reflected are reserved for future use)

- |  |   |
|--|---|
| 1. Claim denied due to insufficient base period wages.   | 22. No separating employer can be designated. First 2 weeks of benefits will be charged proportionally to the base period employer(s).  |
| 2. Claim denied as earnings do not equal at least 5 times the most recent weekly benefit amount on last claim.   | 23. Earnings insufficient to charge separating employer. First 2 weeks charged proportionally to the base period employer(s).   |
| 3. Unemployed worker has filed for preservation of benefit entitlement.  | 24. The separation reason listed by the claimant is other than lack of work; a determination is pending review of the worker's qualification for benefits under the law and will be sent under separate cover.                    |
| 4. Michigan claim denied as worker's wages are in another state. Unemployed worker should pursue an interstate claim.  | 25. To figure your total maximum charge, add the charge for first 2 weeks to your maximum charge in the base period.  |
| 5. Claim denied because unemployed worker has an existing claim. If in another state, unemployed worker should reopen the interstate claim.  | 26. Employer will not be charged as liability pending. First 2 weeks of benefits will be charged to non-chargeable benefits account until liability is determined.  |
| 6. Unemployed worker is eligible for greater benefits in another state. Unemployed worker should pursue an interstate claim.   | 31. Wages cannot be used as they are either canceled, not subject to the MES Act, or previously used.   |
| 7. This claim does not qualify as combined wage claim. Unemployed worker should pursue another type of claim.  | 32. Some or all wage information provided by the claimant.  |
| 8. Benefits are reduced based on a disqualifying determination.  | 33. Unemployed worker is owner, or relative of owner(s) of majority interest of employer. Benefits limited to 7 weeks chargeable to this employer.  |
| 9. Benefits changed per Referee decision.  | 34. Wages earned with this Federal agency are not assigned to Michigan.   |
| 10. Benefits changed per Board of Review decision.   | 35. These military wages can not be used to establish a claim because you were discharged prior to completion of a first full term of service and the narrative reason or character of service for separation was not acceptable. |
| 11. Unemployed worker did not receive benefits and withdrew the claim.   | 36. Your account is being charged due to a 'leaving to accept' separation.  |
| 12. Benefits for this benefit year have been redetermined.   |   |
| 13. The Emergency Unemployment Compensation Act of 1991 allows 26 weeks of benefit payment for ex-service people. A reservist needs at least 90 continuous days of active service to qualify for UCX benefits. |   |
| 14. The WBA will be reduced after 7 weeks of payments because one of your employers is a family employer.  |   |
| 21. Unemployed worker to return to work with your company within 120 days; unemployed worker not required to use Michigan Works! Agency placement services unless UIA notified otherwise.                      |   |

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UIA Office:	
Monetary Determination				UIA Account No:	
				Mail Date:	
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

**Reason given  
by claimant for  
separation from  
each base  
period  
employer.**

# Form UIA 1575

## (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UIA Office:	
Monetary Determination				UIA Account No:	
				Mail Date:	
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
Employer					

**Base period wages reported by the employer. This amount determines the employer's percentage of charge for the weekly benefits, beginning with week 3 of the claim.**

# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY		UIA Office:	
Monetary Determination				UIA Account No:	
				Mail Date:	
CLAIM INFORMATION					
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS		Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
LAST EMPLOYER					
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:					
Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount

Based on each employer's percentage of charge and the potential number of weeks payable, it shows the maximum possible amount chargeable to the employer, if the claimant were to draw out all payable weeks.



# Form UIA 1575 (Monetary Determination)

UIA 1575E WR (Rev. 6-04)	State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY	UIA Office:
Monetary Determination		
		UIA Account No:
		Mail Date:
CLAIM INFORMATION		
BENEFIT YEAR BEGINS: BENEFIT YEAR ENDS: HIGH QTR. WAGES USED TO CALCULATE BENEFITS	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED
		WEEKLY BENEFIT AMOUNT
		BENEFIT WEEKS ALLOWED
LAST EMPLOYER		
Employer	Reference Codes (See Back of Form)	Claimant's Separation Reason
		Total Wages
		Last Employer Charge for First 2 Benefit Weeks
		Non-charge Amount
BASE PERIOD EMPLOYER(S) AND ENDS:		
BASE PERIOD BEGINS:	Reference Codes (See Back of Form)	Separation Reason
Employer		Base Period Wages
		Maximum Charge
		Non-charge Amount

Shows the amount payable to the claimant based on work with this employer, but not chargeable to the account of this employer.

# Form UIA 1575

## (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS						
CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME		UIA EMPLOYER ACCOUNT NO.
Special Payments AFTER Benefit Year Beginning Date	Gross Amount (\$)	Period Covered (month/day) From To		Date Paid (month/day/year)	For A FAMILY OWNED FIRM check business type and list owner(s) below or attach additional sheet if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Earnings					Owner's Name	Percent (%) Ownership Relationship to Claimant
Holiday/Vacation Pay						
Pay in Lieu of Notice						
Sick Pay					As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below  Monthly amount \$ _____  Effective Date: _____ Date Paid: _____	
Lost Earnings					Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement <input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost	
Sales Commission or Consultation fee						
Short Work Week or On Call Pay						
Other Compensation (Describe below)						
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW <input type="checkbox"/> DISCHARGED/FIRED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER						
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)						
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.	

# Form UIA 1575

## (Monetary Determination)

**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

To notify the agency of any disqualifying circumstance(s), you may use the back of this form or submit your own request for a determination by mail or fax to the UIA office listed on the front of this form. If you submit your own written request, be sure to list unemployed worker's name, Social Security number, company and UIA employer account number. You may send additional documentation to support your request.

CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME		UIA EMPLOYER ACCOUNT NO.	
Special Payments AFTER Benefit Year Beginning Date	Gross Amount (\$)	Period Covered (month/day) From To		Date Paid (month/day/year)		For A FAMILY OWNED FIRM check business type and list owner(s) below or attach additional sheet if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Earnings						Owner's Name	Percent (%) Ownership Relationship to Claimant
Holiday/Vacation Pay							
Pay in Lieu of Notice							
Sick Pay						As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below  Monthly amount \$ _____  Effective Date: _____ Date Paid: _____	
Lost Earnings						Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement <input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost	
Sales Commission or Consultation fee							
Short Work Week or On Call Pay							
Other Compensation (Describe below)							
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW <input type="checkbox"/> DISCHARGED/FIRED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER							
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)							
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:				PHONE NO.	

Allows employer to enter various kinds of “special payments” made to claimants, in the amounts, on the dates, and for the periods, indicated. These payments can be used to reduce unemployment benefits during those periods, or can be used for qualifying wages.

# Form UIA 1575

## (Monetary Determination)

**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

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CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME	UIA EMPLOYER ACCOUNT NO.									
Special Payments AFTER Benefit Year Beginning Date	Gross Amount (\$)	Period Covered (month/day) From To		Date Paid (month/day/year)	<input type="checkbox"/> For A FAMILY OWNED FIRM check business type and list owner(s) below or attach additional sheet if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation									
Earnings					<table border="1"> <tr> <th>Owner's Name</th> <th>Percent (%) Ownership</th> <th>Relationship to Claimant</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Owner's Name	Percent (%) Ownership	Relationship to Claimant						
Owner's Name	Percent (%) Ownership	Relationship to Claimant												
Holiday/Vacation Pay														
Pay in Lieu of Notice														
Sick Pay					As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below  Monthly amount \$ _____  Effective Date: _____ Date Paid: _____									
Lost Earnings					Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement <input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost									
Sales Commission or Consultation fee														
Short Work Week or On Call Pay														
Other Compensation (Describe below)														
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW <input type="checkbox"/> DISCHARGED/FIRED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER														
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)														
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.									

**Allows employer to report that it is "family owned" and the details of ownership, and relation of claimant to owner(s)**

# Form UIA 1575

## (Monetary Determination)

**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

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CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME		UIA EMPLOYER ACCOUNT NO.	
Special Payments AFTER Benefit Year Beginning Date	Gross Amount (\$)	Period Covered (month/day) From To		Date Paid (month/day/year)	For A FAMILY OWNED FIRM check business type and list owner(s) below or attach additional sheet if more than 2 owners. <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Earnings					Owner's Name	Percent (%) Ownership	Relationship to Claimant
Holiday/Vacation Pay							
Pay in Lieu of Notice							
Sick Pay					As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below		
Lost Earnings					Monthly amount \$ _____		
Sales Commission or Consultation fee					Effective Date: _____ Date Paid: _____		
Short Work Week or On Call Pay					Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement		
Other Compensation (Describe below)					<input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost		
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW							
<input type="checkbox"/> DISCHARGED/FIRED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER							
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)							
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.		

**Allows employer to report details of pension being paid to claimant, which can reduce unemployment benefits each week.**



# Form UIA 1575

## (Monetary Determination)

EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS						
To notify the agency of any disqualifying circumstance(s), you may use the back of this form or submit your own request for a determination by mail or fax to the UIA office listed on the front of this form. If you submit your own written request, be sure to list unemployed worker's name, Social Security number, company and UIA employer account number. You may send additional documentation to support your request.						
CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME		UIA EMPLOYER ACCOUNT NO.
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Earnings				Owner's Name	Percent (%) Ownership	Relationship to Claimant
Holiday/Vacation Pay						
Pay in Lieu of Notice						
Sick Pay				As an involved employer, if you are paying the claimant a RETIREMENT pension, complete the information below		
Lost Earnings				Monthly amount \$ _____		
Sales Commission or Consultation fee				Effective Date: _____ Date Paid: _____		
Short Work Week or On Call Pay				Check the Box (on right) that reflects the amount the claimant contributed to his or her retirement		
Other Compensation (Describe below)				<input type="checkbox"/> Did not contribute <input type="checkbox"/> Contributed less than 1/2 the cost <input type="checkbox"/> Contributed 1/2 or more of cost		
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW						
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GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)						
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.	

**Allows employer to identify reason for disqualifying claimant for benefits, and providing details of the events that led to the separation from employment.**



# Form UIA 1575

## (Monetary Determination)

**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

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CLAIMANT'S NAME		UNEMPLOYED WORKER SSN		COMPANY NAME		UIA EMPLOYER ACCOUNT NO.	
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Other Compensation (Describe below)							
CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW							
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GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)							
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.		

**Allows employer to identify last day claimant was employed.**

# Form UIA 1575

## (Monetary Determination)


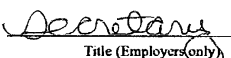
**EMPLOYER NOTIFICATION OF POSSIBLE DISQUALIFICATION OR INELIGIBILITY FOR BENEFITS**

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CHECK BOX THAT APPLIES IF YOU ARE NOTIFYING THE AGENCY OF A DISQUALIFYING SEPARATION AND DESCRIBE BELOW							
<input type="checkbox"/> DISCHARGED/FIRED <input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> VOLUNTARY RETIREMENT <input type="checkbox"/> LABOR DISPUTE <input type="checkbox"/> OTHER							
GIVE SPECIFIC DETAILS AS TO WHY UNEMPLOYED WORKER SHOULD BE DENIED BENEFITS (attach additional sheet if necessary)							
LAST DATE UNEMPLOYED WORKER WORKED FOR YOU		CONTACT PERSON:			PHONE NO.		

**Be sure the name and number of the contact person is clearly written.**


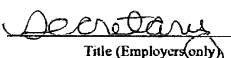
# Form UIA 1713 (Fact-Finding Form)

UUA 1713 (Rev. 1-06)		Authorized by MCL 421.1, et seq.	
EMPLOYEE BENEFITS DEPT		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY www.michigan.gov/uia	
		FACT- FINDING FORM	
			
CASE #: 001966351		0710	
Date mailed: 07/28/2009	Unemployed Worker Name:		
Employer Name: SCHOOL DISTRICT	Benefit Year Beginning: 07/26/2009		
Employer Number: -000	Social Security Number:		
<p>A question of eligibility and/or qualification has been raised on this claim. Please response to the questions on the reverse side of this form, writing your response (in black ink) on this side and/or the reverse side if space permits. Use additional paper if needed. Sign below and return to this Agency as shown below. The completed form must be received within 10 days of the date mailed shown above. You should keep a copy for your records. Failure to respond to this request will result in issuance of a determination based on the available information.</p>			
<p>Please return this form to: UNEMPLOYMENT INSURANCE AGENCY PO BOX 169 GRAND RAPIDS MI 49501-0169 FAX NUMBER: 1-517-636-0427</p> <p>Phone Number: 1-800-638-3994 Inquiry Line: 1-866-500-0017 TTY Customer: 1-866-366-0004</p>			
Signature 		Date 8/5/09	
Title (Employers only)		Phone Number	



Name of  
Claimant

# Form UIA 1713 (Fact-Finding Form)

**Beginning date  
of Benefit Year**

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EMPLOYEE BENEFITS DEPT		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY www.michigan.gov/uia	
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# Form UIA 1713 (Fact-Finding Form)

	UIA 1713 (Rev 1-06)	Authorized by MCL 421.1 of sec.												
<b>EMPLOYEE BENEFITS DEPT</b>														
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**Instruction to employer to complete questions on reverse in black ink, using additional paper if necessary, and return completed form within 10 days, keeping a copy.**

# Form UIA 1713 (Fact-Finding Form)

UUA 1713 (Rev. 1-06) Authorized by MCL 421.1, et seq.

State of Michigan  
Department of Labor & Economic Growth  
UNEMPLOYMENT INSURANCE AGENCY  
www.michigan.gov/ua  
**FACT-FINDING FORM**

**CASE #:** 001966351 **0710**

Date mailed: <b>07/28/2009</b>	Unemployed Worker Name:
Employer Name: <b>SCHOOL DISTRICT</b>	Benefit Year Beginning: <b>07/26/2009</b>
Employer Number: <b>- 000</b>	Social Security Number:

A question of eligibility and/or qualification has been raised on this claim. Please response to the questions on the reverse side of this form, writing your response (in black ink) on this side and/or the reverse side if space permits. Use additional paper if needed. Sign below and return to this Agency as shown below. The completed form must be received within 10 days of the date mailed shown above. You should keep a copy for your records. Failure to respond to this request will result in issuance of a determination based on the available information.

Please return this form to: **UNEMPLOYMENT INSURANCE AGENCY** Phone Number: 1-800-638-3994  
PO BOX 169 Inquiry Line: 1-866-500-0017  
GRAND RAPIDS MI 49501-0169 TTY Customer: 1-866-366-0004  
FAX NUMBER: 1-517-636-0427

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date **8/5/09**

*Secretary*  
Title (Employers only)

Address or fax  
number for  
returning  
completed form,  
and toll-free  
telephone number  
for questions.



# Form UIA 1713 (Fact-Finding Form)

UUA 1713 (Rev. 1-06)		Authorized by MCL 421.1, et seq.	
EMPLOYEE BENEFITS DEPT		State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY www.michigan.gov/uia <b>FACT-FINDING FORM</b>	
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Signature <i>Secretary</i>		Phone Number	Date 8/5/09
Title (Employers only)			

Place for  
signature of  
person  
completing Form,  
their telephone  
number, title, and  
the date of  
signature.



# Form UIA 1713 (Fact-Finding Form)

UIA 1713  
(Rev. 1-06)  
Reverse Side

07/28/2009 07/26/2009

Please respond to the questions below.

FACT FINDING CODE 710, PRIMARY ISSUE 710: School Denial Period

1. What was the unemployed worker's last date worked? *Working Summer School thru 8/20/09*

2. What was the unemployed worker's job classification?

- Teaching
- Research
- Administrative
- School crossing guard
- School bus driver
- If other, explain *Specialized Assistant*

3. What was the unemployed worker's employment status?

- Full time, Permanent
- Part time, Permanent
- Temporary or Substitute
- If other, describe

4. What is the reason for separation?

- Unemployed due to a period between academic years or term
- Unemployed due to a vacation or holiday recess
- Permanently laid off
- If unemployed for other reasons, what is the reason for separation?

5. Does the unemployed worker have reasonable assurance for reemployment in the next academic year or term? *yes*

6. On what date was the unemployed worker given the notice of reasonable assurance? *5/29 & 6/12/09 Psychosis*

7. Was the work for the same job or work that is comparable to the unemployed worker's previous work in skills required, location, wages, hours, and benefits? If no, describe in detail the differences between the unemployed worker's previous job and the work offered. *yes*

8. On what date is the unemployed worker expected to return to work? *9/8/09*

Computer-generated questions appropriate to the issue of separation or benefit eligibility based on information received from the claimant.

# Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707  
(REV. 04-04)

DEPARTMENT OF LABOR & ECONOMIC GROWTH  
UNEMPLOYMENT INSURANCE AGENCY  
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE  
INELIGIBILITY OR DISQUALIFICATION  
www.michigan.gov/uia

REPLACEMENT BY FORM #21.1, 01-00-01  
See "For Employers" at bottom for non-compliance penalty.

State of Michigan

You are involved in a claim for unemployment benefits, either as the employer or as the unemployed worker for benefits. Information we have received so far indicates there may be a reason to find the unemployed worker ineligible or disqualified from receiving benefits. Based on statements from the other party to this claim, we ask that you answer the following questions. Give us all information you believe would be helpful to us **if a reply is not received within 10 days, a (re)determination will be made on the basis of the available information.** You should keep a copy of this form for your records.

Please send all correspondence to UIA, P.O. Box 169, Grand Rapids, Michigan 49501-0169, or fax to 1-616-356-0104. If you have any questions please contact us at 1-800-638-3995. TTY users call 1-866-366-0004.

Mailed Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**YOUR ANSWERS**  
Attach additional sheet(s) if necessary

Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Mail or fax your answers to the return location indicated on the top of this form.  
**IMPORTANT:** Failure to respond may result in an unfavorable (re)determination.

FOR EMPLOYERS: You are required to respond to this form within 10 days whether you feel payment(s) on this claim should be allowed or denied. If you fail to respond timely, you are not entitled to credit for benefits paid prior to receipt of the information if the claimant is later found to be ineligible or disqualified. Please provide the following additional information.

Unemployed Workers first day worked: \_\_\_\_\_ Last day worked: \_\_\_\_\_ Date removed from payroll: \_\_\_\_\_

Your name and title (please print): \_\_\_\_\_



Similar to Form UIA 1713, except that this form is custom-prepared by staff, rather than being computer-generated, and asks for specific information staff needs regarding claimant's eligibility or qualification for benefits.

# Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707  
(REV. 04-04)

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
UNEMPLOYMENT INSURANCE AGENCY  
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE  
INELIGIBILITY OR DISQUALIFICATION  
www.michigan.gov/uia

REPLACEMENT BY FORM #21.1, 01-00-01  
See "For Employers" at bottom for non-compliance penalty.

You are involved in a claim for unemployment benefits, either as the employer or as the unemployed worker for benefits. Information we have received so far indicates there may be a reason to find the unemployed worker ineligible or disqualified from receiving benefits. Based on statements from the other party to this claim, we ask that you answer the following questions. Give us all information you believe would be helpful to us **if a reply is not received within 10 days, a (re)determination will be made on the basis of the available information.** You should keep a copy of this form for your records.

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Mailed Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Interviewer \_\_\_\_\_

**YOUR ANSWERS**  
Attach additional sheet(s) if necessary

Signature: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Date: \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

Mail or fax your answers to the return location indicated on the top of this form.  
**IMPORTANT:** Failure to respond may result in an unfavorable (re)determination.

FOR EMPLOYERS: You are required to respond to this form within 10 days whether you feel payment(s) on this claim should be allowed or denied. If you fail to respond timely, you are not entitled to credit for benefits paid prior to receipt of the information if the claimant is later found to be ineligible or disqualified. Please provide the following additional information.

Unemployed Workers first day worked: \_\_\_\_\_ Last day worked: \_\_\_\_\_ Date removed from payroll: \_\_\_\_\_

Your name and title (please print): \_\_\_\_\_

Questions are  
asked in this area  
of the Form.

# Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707  
(REV. 04-04)

DEPARTMENT OF LABOR & ECONOMIC GROWTH  
UNEMPLOYMENT INSURANCE AGENCY  
REQUEST FOR INFORMATION RELATIVE TO POSSIBLE  
INELIGIBILITY OR DISQUALIFICATION  
www.michigan.gov/uia

RECEIVED BY MAIL #211, 88 WML  
See "For Employers" at bottom for non-compliance penalty.

You are involved in a claim for unemployment benefits, either as the employer or as the unemployed worker for benefits. Information we have received so far indicates there may be a reason to find the unemployed worker ineligible or disqualified from receiving benefits. Based on statements from the other party to this claim, we ask that you answer the following questions. Give us all information you believe would be helpful to us **if a reply is not received within 10 days, a (re)determination will be made on the basis of the available information.** You should keep a copy of this form for your records.

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Mailed Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Interviewer \_\_\_\_\_

**YOUR ANSWERS**  
Attach additional sheet(s) if necessary

Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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Unemployed Workers first day worked: \_\_\_\_\_ Last day worked: \_\_\_\_\_ Date removed from payroll: \_\_\_\_\_

Your name and title (please print): \_\_\_\_\_

Answers may be written in this area of the Form, and additional pages may be attached, if necessary.

# Form UIA 1707 (Request for Information Relative to Possible Ineligibility or Disqualification)

UIA 1707  
(REV. 04-04)

DEPARTMENT OF LABOR & ECONOMIC GROWTH  
UNEMPLOYMENT INSURANCE AGENCY  
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www.michigan.gov/uia

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**YOUR ANSWERS**  
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Signature: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
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Unemployed Workers first day worked: \_\_\_\_\_ Last day worked: \_\_\_\_\_ Date removed from payroll: \_\_\_\_\_

Your name and title (please print): \_\_\_\_\_

The name and title of the person we can contact for further information should be clearly printed.

# Form UIA 1564-1


## (Notice of Claim Renewal)

 <p>UIA 1564-1 (Rev. 01/06)</p>	<p>State of Michigan Department of Labor &amp; Economic Growth Unemployment Insurance Agency PO BOX 169 GRAND RAPIDS MI 49501-0169</p>	<p>Authorized by MCL 421.1 et seq.</p> 
<p>NOTICE TO THE EMPLOYER OF CLAIM RENEWAL</p>		
<p>EARLY RETIREMENT UNLIMITED 123 INTOOYOUNG DREAMER MI 41234-5678</p>		<p>MAILING DATE 02/03/2006</p>
<p>THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND REPORTED A SEPARATION FROM YOUR COMPANY.</p>	<p>UNEMPLOYED WORKER SSN AND NAME  111-22-3333 LAST NAME FIRSTNAME E</p>	
<p>ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT YEAR OR ON A FUTURE CLAIM.</p>	<p>CLAIM REOPENED ON  11/12/2005</p>	
<p>IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE, BY MAIL TO THE ADDRESS ABOVE OR BY FAX TO 1-517-636-0427.</p>		<p>LAST DAY WORKED  11/11/2005</p>
<p>REASON FOR SEPARATION  LACK OF WORK</p>		




# Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1  
(Rev. 01/06)

 www.michigan.gov/ul

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency

Authorized by MCL  
421.1 et seq.



PO BOX 169  
GRAND RAPIDS MI 49501-0169

**NOTICE TO THE EMPLOYER OF CLAIM RENEWAL**

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED  
123 INTOOYOUNG  
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS  
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND  
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME  
111-22-3333  
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY  
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT  
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON  
11/12/2005

LAST DAY WORKED  
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE  
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE  
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY  
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,  
BY MAIL TO THE ADDRESS ABOVE OR BY FAX  
TO 1-517-636-0427.

REASON FOR SEPARATION  
LACK OF WORK

Notifies a “Benefit Year” employer that their recent worker (named here) had a prior claim in existence and is renewing it. It asks this employer for information about how the worker became unemployed, which would then prevent the worker from resuming benefit payment. This employer might not be chargeable until a future benefit claim.



# Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1  
(Rev. 01/06)

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency  
PO BOX 169  
GRAND RAPIDS MI 49501-0169

Authorized by MCL  
421.1 et seq.

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED  
123 INTOOYOUNG  
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS  
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND  
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME  
111-22-3333  
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY  
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT  
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON  
11/12/2005

LAST DAY WORKED  
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IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE  
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IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,  
BY MAIL TO THE ADDRESS ABOVE OR BY FAX  
TO 1-517-636-0427.

REASON FOR SEPARATION  
LACK OF WORK

Shows when the  
existing claim was  
reopened by the  
claimant.

# Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1  
(Rev. 01/06)

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency  
PO BOX 169  
GRAND RAPIDS MI 49501-0169

Authorized by MCL  
421.1 et seq.

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED  
123 INTOOYOUNG  
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS  
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND  
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME  
111-22-3333  
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY  
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT  
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON  
11/12/2005

LAST DAY WORKED  
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE  
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE  
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY  
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,  
BY MAIL TO THE ADDRESS ABOVE OR BY FAX  
TO 1-517-636-0427.

REASON FOR SEPARATION  
LACK OF WORK

**Shows when the existing claim was reopened by the claimant.**

**Shows last date worked for this employer, as reported by the claimant.**

# Form UIA 1564-1 (Notice of Claim Renewal)

UIA 1564-1  
(Rev. 01/06)

State of Michigan  
Department of Labor & Economic Growth  
Unemployment Insurance Agency  
PO BOX 169  
GRAND RAPIDS MI 49501-0169

Authorized by MCL  
421.1 et seq.

NOTICE TO THE EMPLOYER OF CLAIM RENEWAL

MAILING DATE 02/03/2006

EARLY RETIREMENT UNLIMITED  
123 INTOOYOUNG  
DREAMER MI 41234-5678

THE UNEMPLOYED WORKER NAMED ON THIS FORM HAS  
RENEWED A CLAIM FOR UNEMPLOYMENT BENEFITS AND  
REPORTED A SEPARATION FROM YOUR COMPANY.

UNEMPLOYED WORKER SSN AND NAME  
111-22-3333  
LAST NAME FIRSTNAME E

ANY BENEFITS PAID AS A RESULT OF THIS CLAIM MAY  
BE CHARGED TO YOUR ACCOUNT IN THIS BENEFIT  
YEAR OR ON A FUTURE CLAIM.

CLAIM REOPENED ON  
11/12/2005

LAST DAY WORKED  
11/11/2005

IF YOU BELIEVE THE UNEMPLOYED WORKER SHOULD BE  
DISQUALIFIED OR IS INELIGIBLE FOR BENEFITS, PLEASE  
REPLY TO THE UNEMPLOYMENT INSURANCE AGENCY  
IN WRITING WITHIN 10 DAYS FROM THE MAILING DATE,  
BY MAIL TO THE ADDRESS ABOVE OR BY FAX  
TO 1-517-636-0427.

REASON FOR SEPARATION  
LACK OF WORK

Shows when the existing claim was reopened by the claimant.

Shows last date worked for this employer, as reported by the claimant.

Shows reason for unemployment as reported by the claimant.

# Protest/Appeal Rights

**IMPORTANT – You need not respond to this (re)determination unless you wish to protest this action.**

---

## **RIGHT OF PROTEST OR APPEAL:**

If you disagree with a determination, and want to protest, request a redetermination.

If you disagree with a redetermination, and want to appeal, request a hearing before an Administrative Law Judge.

Any protest or appeal from this (re)determination must be in writing. Any protest or appeal must be filed by mail or faxed and **received** within 30 calendar days from the date of mailing (see front of form).

If the 30th day is a Saturday, Sunday, legal holiday or Agency non-work day, the protest or appeal must be received by the Unemployment Insurance Agency (UIA) by the next day which is neither a Saturday, Sunday, legal holiday, nor Agency non-work day. Good cause may be considered on late protest(s) or appeal(s).

- Protests/appeals must be in writing, signed, and clearly state the reason for disagreeing with the (re)determination, and include the unemployed worker's name and Social Security number and the name of the employer.
- You may submit your request by mail to the UIA address listed or fax number provided on the front of this form.
- **IMPORTANT ADVOCACY INFORMATION:** After you appeal your redetermination to the Administrative Law Judge, an Advocate may be able to assist you at the hearing. This service is free to unemployed workers and employers. If you are interested in using an Advocate, once you have received your *Referee Hearing Notice*, call the Advocacy Program at 1-800-638-3994 and press Option 2. Provide the Advocate Representative with the *Appeal Number* from your *Referee Hearing Notice* form. Some restrictions in service may apply.

**The  
protest/appeal  
rights are  
described on  
the back of  
each Form.**