

DE 1545

NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM

***RULING REQUESTS MUST BE POSTMARKED BY**

YOUR ACCOUNT NO. BR. NO.

PREDECESSOR ACCOUNT NO.

CLAIM DATE

***IF INFORMATION ABOUT WAGES IS CORRECT AND YOU DO NOT WISH TO REQUEST A RULING, NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.**

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME NAME WAGES REPORTED UNDER SOCIAL SECURITY NUMBER OTHER SOCIAL SECURITY NUMBER

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM (BASED ON _____)

FOR INFORMATION REGARDING BASE PERIOD, SEE ENCLOSED INSTRUCTIONS

TOTAL WAGES REPORTED BY YOU

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM _____

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR RESERVE ACCOUNT IS _____

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS _____ TO A MAXIMUM BENEFIT AMOUNT OF _____

RULINGS: To request a ruling, supply the information below and mail to the address in the upper left corner.

1. Give date(s) of separation(s) and rehire(s) (if any) during quarters used to establish this claim.

Separation(s) Dates(s) _____ Rehire(s) Date(s) _____

2. Did the claimant notify you that he/she quit? Yes No

3. Give complete details about separation _____

The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME _____ DATE _____

SIGNATURE/TITLE _____ PHONE NUMBER (_____) _____

SAMPLE FORM

FOR DEPARTMENT USE ONLY

DATE _____

SSN _____

DOCUMENTS MADE PART OF RECORD _____ CLAIMANT NAME _____

ER PROTESTED DATE _____ TIMELY UNTIMELY DE 3977 DE 4463 DE 4464 DE 4465

Employer Statement

Claimant Statement

Reason for Favorable Ruling

BDG Reason for Decision _____

Accepts other Employment _____ Rate of Pay _____

Part-Time

Employers Name _____

Favorable

Address _____

Unfavorable

Department Representative (Print Name)

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