

1 LABOR CABINET

2 Office of Unemployment Insurance

3 (Amendment)

4 787 KAR 1:010. Application for employer account; reports.

5 RELATES TO: KRS 341.070, 341.190, 341.243, 341.250, 341.262

6 STATUTORY AUTHORITY: KRS 336.015, 336.050~~[151B-020]~~, 341.115, 2021 Ky Acts

7 ch. 169 Part 1(D)(7)

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 341.115(1) authorizes the
9 secretary to promulgate administrative regulations for the proper administration of KRS Chapter
10 341. KRS 341.190(2) requires each employing unit to keep specified work records and authorizes
11 the secretary to require additional reports. This administrative regulation establishes the
12 application requirements for an employer account and the requirements for other additional reports
13 required by the office~~[division]~~.

14 Section 1. Each employing unit that has met one (1) or more of the requirements for
15 coverage set forth in KRS 341.070 shall use the Unemployment Insurance Self-Service Web Portal
16 located at <https://kewes.ky.gov> to complete and electronically file with Office~~[Division]~~ of
17 Unemployment Insurance an Application for Unemployment Insurance Employer Reserve

1 Account UI-1 no later than the last day of the calendar quarter in which the coverage
2 requirements are first met.

3 Section 2. Each employing unit shall use the Unemployment Insurance Self-Service Web
4 Portal located at <https://kewes.ky.gov> to complete and electronically file with the Office[Division]
5 of Unemployment Insurance the following electronic reports as required in accordance with the
6 instructions contained on Unemployment Insurance Self-Service Web Portal [the forms]:

7 (1) UI-1S, Supplemental Application for Unemployment Insurance Employer Reserve
8 Account;

9 ~~[(2) UI-3, Employer's Quarterly Unemployment Wage and Tax Report;]~~

10 ~~(2)[(3)] UI-3.2, Account Status Information; and~~

11 ~~(3)[(4)] UI-21, Report of Change in Ownership or Discontinuance of Business in Whole or~~
12 ~~Part.[;]~~

13 ~~[(5) UI-35, Termination of Coverage;~~

14 ~~(6) UI-74, Application for Partial Payment Agreement;~~

15 ~~(7) UI-412A, Notice to Employer of Claim for Unemployment Insurance Benefits; and~~

16 ~~(8) UI-203, Overpayment and Fraud Detection.]~~

17 Section 3. Each employing unit shall complete and file with the Office of Unemployment
18 Insurance the following reports as required in accordance with the instructions contained on the
19 forms:

20 (1) UI-3, Employer's Quarterly Unemployment Wage and Tax Report;

21 (2) UI-74, Application for Partial Payment Application;

22 (3) UI-203, Overpayment and Fraud Detection; and

23 (4) UI-412A, Notice to Employer of Claim for Unemployment Insurance Benefits.

1 Section ~~(4)~~[3]. If an employing unit elects to submit the information required in any report
2 listed in Section ~~3~~[1-~~or~~ 2] of this administrative regulation through the Web site provided by the
3 ~~Office~~[Division] of Unemployment Insurance for that purpose, the requirement for the filing of
4 that report shall have been satisfied.

5 Section ~~5~~[4]. Incorporation by Reference. (1) The following material is incorporated by
6 reference:

7 ~~[(a) UI-1, "Application for Unemployment Insurance Employer Reserve Account", Rev.~~
8 ~~3/05;]~~

9 ~~[(b) UI-1S, "Supplemental Application for Unemployment Insurance Employer Reserve~~
10 ~~Account", Rev. 5/11];~~

11 ~~(a)~~[(e)] UI-3, "Employer's Quarterly Unemployment Wage and Tax Report", Rev.
12 ~~11/20~~[7/18];

13 ~~[(d) UI-3.2, "Account Status Information", Rev. 7/18;~~

14 ~~[(e) UI-21, "Report of Change in Ownership or Discontinuance of Business in Whole or~~
15 ~~Part", Rev. 3/05;]~~

16 ~~(f) UI-35, "Termination of Coverage", Rev. 5/11;]~~

17 ~~(b)~~[(g)] UI-74, "Application for Partial Payment Agreement", Rev. 5/11;

18 ~~(c)~~[(h)] UI-203, "Overpayment and Fraud Detection", Rev. ~~01/2021~~[9/11]; and

19 ~~(d)~~[(i)] UI-412A, "Notice to Employer of Claim for Unemployment Insurance Benefits",
20 Rev. ~~09/18~~[9/11].

21 (2) This material may be inspected, copied, or obtained, subject to applicable copyright
22 law, at the Office of the Director of Unemployment Insurance, Mayo-Underwood Building, 500

- 1 Mero Street[~~275 E. Main Street, 2E~~], Frankfort, Kentucky 40601[~~40621~~], Monday through
- 2 Friday, 8 a.m. to 4:30 p.m.

As approved by



Buddy Hoskinson, Executive Director
Office of Unemployment Insurance

07/01/2021

Date



Jamie Link, Secretary
Kentucky Labor Cabinet

07/01/2021

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on September 27, 2021 at 2:00 (ET). This hearing will be conducted by live videoconference (ZOOM) pursuant to Senate Bill 150, Section 1, subparagraph 8(b) (R.S. 2020) and the continuing state of emergency due to the novel coronavirus pandemic. Public access to the meeting will be available at <https://us02web.zoom.us/j/88991458931?pwd=eTZYZMEo0V3Qydnk0a1B3MFFyYmZVUT09>, password 358248 or by telephone at 713-353-0212 or 888-822-7517 (toll free), conference code 278497.

Individuals interested in being heard at this hearing shall notify this agency in writing five (5) working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through September 30, 2021. Send notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Buddy Hoskinson, Labor Cabinet, Mayo-Underwood Building, 500 Mero Street, 4th Floor, Frankfort, Kentucky 40601, Telephone: (502) 564-2199, Facsimile: (502) 564-7850, Email: buddy.hoskinson@ky.gov.

REGULATORY IMPACT AND TIERING STATEMENT

Regulation Number 787 KAR 1:010

Contact Person: Buddy Hoskinson, Telephone: (502) 564-2199, Facsimile: (502) 564-7850,
Email: buddy.hoskinson@ky.gov.

- (1) Provide a brief summary of:
 - (a) What this administrative regulation does: This administrative regulation establishes application requirements for an employer account and the requirements for other additional reports required by the office.
 - (b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the necessary reports an employer is required to file with the office.
 - (c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 341.115(1) authorizes the secretary to adopt regulations deemed necessary or suitable for the proper administration of KRS Chapter 341. This administrative regulation establishes required reports pursuant to KRS 341.190(2).
 - (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation sets required forms and reports an employer is required to file with the office.

- (2) If this is an amendment to an existing regulation, provide a brief summary of:
 - (a) How this amendment will change this existing administrative regulation: This amendment updates statutory authority, updates language to reflect the office is now the Office of Unemployment and its new address. This amendment also updates material incorporated by reference by removing some material incorporated reference, updating materials incorporated by reference and clarifies that some reports may be filed electronically.
 - (b) The necessity of the amendment to this administrative regulation: This amendment is necessary to update statutory authority, terminology used by the office and to update the materials incorporated by reference to reflect the changes in how reports are filed.
 - (c) How the amendment conforms to the content of the authorizing statutes: KRS 341.115(1) authorizes the secretary to adopt regulations deemed necessary or suitable for the proper administration of KRS Chapter 341. This amendment updates required reports pursuant to KRS 341.190(2).
 - (d) How the amendment will assist in the effective administration of the statutes: This amendment ensures the use of updated terminology and reports utilized by the office.

- (3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation effects any employing unit meeting the definition of "subject employer" in KRS 341.070.

- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:
- (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: No additional compliance duties are required by this amendment.
 - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There is no additional cost associated with this amendment.
 - (c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Compliance with this administrative regulation helps protect employee and employer rights.
- (5) Provide an estimate of how much it will cost to implement this administrative regulation:
- (a) Initially: This administrative regulation, as amended, is not anticipated to generate any new or additional costs.
 - (b) On a continuing basis: This administrative regulation, as amended, is not anticipated to generate any new or additional costs.
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: KRS 341.240 establishes the unemployment compensation administration fund, the funds in which are available to the secretary for administration of the UI program and are deposited to defray the cost of the administration of this chapter.
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new or by the change if it is an amendment: This administrative regulation, as amended, is not anticipated to generate any increase in fees or funding.
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: There are no fees associated with this administrative regulation.
- (9) TIERING: Is tiering applied? Tiering is not applied. This administrative regulation equally effects all regulated entities.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation Number 787 KAR 1:010

Contact Person: Buddy Hoskinson, Telephone: (502) 564-2199, Facsimile: (502) 564-7850,
Email: buddy.hoskinson@ky.gov.

1. What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? Most state and local governmental entities are subject to unemployment insurance coverage and thus potentially affected by this administrative regulation.
2. Identify each state or federal statute or regulation that requires or authorizes the action taken by the administrative regulation. KRS 336.015, KRS 336.050, KRS 341.115 and 2021 Ky Acts ch. 169 Part I(1)(7).
3. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.
 - a. How much revenue will the administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue.
 - b. How much revenue will the administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue.
 - c. How much will it cost to administer this program for the first year? There is no cost to this amendment.
 - d. How much will it cost to administer this program for subsequent years? There is no cost to this amendment.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): Unknown

Expenditures (+/-): Unknown

Other explanations: This amendment does not impose any additional requirements or expenditures.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The UI-3, “Employer’s Quarterly Unemployment Wage and Tax Report” is the 2-page report required to be filed by employers with the Office of Unemployment Insurance. This report determines an employer’s tax liability.

The UI-74, “Application for Partial Payment Agreement” is the 2-page form used by employers to apply for installment payments for amounts owed to the Office of Unemployment Insurance.

The UI-203, “Overpayment and Fraud Detection” form is the 2-page form used by the Office of Unemployment Insurance in auditing a claim filed by an individual.

The UI-412A, “Notice to Employer of Claim for Unemployment Insurance Benefits” is the 1-page notice to an employer from the Office of Unemployment Insurance that an employee has filed for unemployment benefits

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

The UI-3, “Employer’s Quarterly Unemployment Wage and tax report” is the 2-page report required to be filed by employers with the Office of Unemployment Insurance. Page 1, No.5(b) was amended to include the statement that the SCUF assesses has been suspended for 2021. The UI-3.2 Account Status Information Section was updated to reflect a revision date of 11/2019. Page 2 was amended to reflect the updated Taxable wage Base & Surcharge and SCUF amounts and percentages. Page 2 was amended further with updated language in the “Important Information” section. Notices regarding electronically filing the form and utilizing online and a notice that SCUF was added for the third quarter of 2118 we removed from this section. Notices of an increase in the Taxable Wage Base for year 2021, when 2021 notices of Contribution Tax Rates will be sent, that Contribution Tax Rates will be at rate schedule E for reporting year 2021 and a notice that SCUF is suspended for 2021 were added into the section.

The UI-203, “Overpayment and Fraud Detection” form is the 2-page form used by the Office of Unemployment Insurance in auditing a claim filed by an individual. The first page of this form was amended to reflect the current name and address for the office.

The UI-412A, “Notice to employer of Claim for Unemployment Insurance Benefits” is the 1-page notice to an employer from the Office of Unemployment Insurance that an employee has filed for unemployed benefits. The form was amended to remove employer phone number from the top of the form, removed the language from the top that stated, “Carefully read the information below supplied by your former employee. If the employee was separated for any reason other than lack of work, complete the employer’s statement below and return this form to the above address with in 15 days of _____.” A sections for “Instructions” has been updated and reflect the protest must be mailed within 10 days from the notice or within 12 days if filing electronically. The form was also amended to include the language, “Improper benefit

payment that result from the employer's failure to respond timely or adequately could result in charges or penalties to the employer's account (KRS 341.543(4), KRS 341.415(1)(c))."

The form was further amended to include sections for employers to provide information for pay method; information on whether separation pay received, the amount of the pay and dates the pay covers; check boxes for the reason for separation; and a space for employers to make a Separation Statement.

EMPLOYER'S QUARTERLY UNEMPLOYMENT WAGE WORKSHEET
(Employer's Copy)



KY EMP ID #	QTR	YR	Social Security Number	Name of Worker	Gross Wages	Excess Wages
Total for This Page					Total for This Page	Total for This Page
Total for All Pages					Total for All Pages	Total for All Pages

Taxable Wage Base (TWB) & Surcharge (SCHG), and SCUF							
Year	TWB	SCHG (%)	SCUF (%)	Year	TWB	SCHG (%)	SCUF (%)
2016	\$10,200	0.210	0.000	2019	\$10,500	0.000	0.075
2017	\$10,200	0.000	0.000	2020	\$10,800	0.000	0.075
2018	\$10,200	0.000	0.075	2021	\$11,100	0.000	0.000

(Surcharge effective 1-2014 through 2-2016) (SCUF effective beginning 3-2018)

***** IMPORTANT INFORMATION *****

Please note the Taxable Wage Base will increase by \$300 to \$11,100 for reporting year 2021, beginning with your 1st quarter filing due at the end of April.

2021 Contribution Tax Rate Notices will be mailed out by December 15, 2020. You may also view your notice online at <https://kewes.kv.gov> and click on Employer Documents.

Contribution Tax Rates will be at rate schedule E for reporting year 2021. KRS 341.270

Service Capacity Upgrade Fund (SCUF) will be suspended for reporting year 2021.

► This report shall not be considered filed unless the Social Security number, name and gross and excess wages for each employee are listed. Incomplete information could subject you to failure to file penalties.
Detach report and submit with payment on or before the due date. Do not include check stub with payment.

KY EMP ID #	QTR/YR	Total Number of Pages in This Report	Social Security Number	1st Initial	Last Name of Worker	Gross Wages	Excess Wages
Total Gross Wages						Total Gross Wages	Total Excess Wages

UI39921

Signature: _____ Title _____
 Telephone Number _____ Date _____

Gross Wages Total for All Pages

1. _____

DO NOT STAPLE OR PAPERCLIP ADDITIONAL PAGES TOGETHER OR ATTACH ANYTHING TO REPORT.

Kentucky Labor Cabinet ~~(Education Cabinet)~~
Office of Unemployment Insurance ~~(Office of Employment and Training)~~ Integrity Branch ~~(Division of Unemployment Insurance Benefit Payment Control)~~
500 Mero Street, 4-SC ~~(275 E. Main St. (2EB))~~
Frankfort, KY 40601 ~~(40624)~~
Phone: (502)564-2387

Employer Claimant Information

Overpayment and Fraud Detection

Mailing Date:
Claimant:
SSN:
Case #:

Employer Instructions:

This agency is auditing an Unemployment Insurance claim filed by the individual named on this form. Please provide information for all **past weeks** listed on the back of this form.

For the purpose of Unemployment Insurance, wages are considered to be earned during the week the work is performed, regardless of when the claimant is paid for the work. A benefit week begins on Sunday and ends the following Saturday. **Please enter the gross wages earned for the claimant during the week(s) specified on the UI 203.**

If your payroll is in a form other than a calendar week (Sunday to Saturday), please make the necessary calculations to ensure that wages shown on the form are for the calendar week and represent the period for which wages were earned, not paid. Please enter the individual's gross wages for the week and show the total hours worked each day of the week in the appropriate box. Please identify Vacation, Holiday, Sick Pay, Wages in Lieu, Severance Pay, Pension and/or Other. If no wages were earned, enter "None" in the gross wages space.

The UI-203 is the agency's way of safeguarding the employer's reserve account. By completing this audit form you will be enabling us to prevent possible fraud. If future weeks are reflected on this form, information should be provided *only up to the current week*. **Please do not hold the form until the future weeks expire. Sign, date and return the UI 203 in the enclosed envelope within 10 days of the mailing date on the form.**

Wage audits are our most effective method of detecting Unemployment Insurance Fraud. If the claimant referenced above has never worked for you or if the social security number listed does not correspond to the one you have for the individual, please indicate on the form and return to us. Your efforts will help us maintain the integrity of the Kentucky Unemployment Insurance Program.

NOTE: COMPLETION OF THIS FORM IS REQUIRED UNDER KENTUCKY UNEMPLOYMENT COMPENSATION REGULATION 787 KAR 1:010 AND KRS 341.190.

YOU NOW HAVE THE OPTION TO PROVIDE THE RESPONSE TO THIS FORM ELECTRONICALLY. PLEASE VISIT OUR WEBSITE AT <https://kewes.ky.gov>. FOR ADDITIONAL INFORMATION AND TO SIGN UP FOR THESE SERVICES.

Please do not fax, mail only to the address shown above. No attachments accepted.

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

INMEDIATAMENTE: Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 502 564-2387.

Kentucky Labor Cabinet
Office of Unemployment Insurance
Integrity Branch
500 Mero Street, 4-SC
Frankfort, KY 40601
Phone: (502)564-2387

Overpayment and Fraud Detection

EMPLOYER
ADDRESS

Mailing Date:
Claimant:
SSN:
Case #:

Employer Instructions:

This agency is auditing an Unemployment Insurance claim filed by the individual named on this form. Please provide information for all **past** weeks listed on the back of this form.

For the purpose of Unemployment Insurance, wages are considered to be earned during the week the work is performed, regardless of when the claimant is paid for the work. A benefit week begins on Sunday and ends the following Saturday. **Please enter the gross wages earned for the claimant during the week(s) specified on the UI 203.**

If your payroll is in a form other than a calendar week (Sunday to Saturday), please make the necessary calculations to ensure that wages shown on the form are for the calendar week and represent the period for which wages were earned, not paid. Please enter the individual’s gross wages for the week and show the total hours worked each day of the week in the appropriate box. Please identify Vacation, Holiday, Sick Pay, Wages in Lieu, Severance Pay, Pension and/or Other. If no wages were earned, enter “None” in the gross wages space.

The UI-203 is the agency’s way of safeguarding the employer’s reserve account. By completing this audit form you will be enabling us to prevent possible fraud. If future weeks are reflected on this form, information should be provided *only up to the current week*. **Please do not hold the form until the future weeks expire. Sign, date and return the UI 203 within 10 days of the mailing date on the form.**

Wage audits are our most effective method of detecting Unemployment Insurance Fraud. If the claimant referenced above has never worked for you **or** if the social security number listed does not correspond to the one you have for the individual, please indicate on the form and return to us. Your efforts will help us maintain the integrity of the Kentucky Unemployment Insurance Program.

NOTE: COMPLETION OF THIS FORM IS REQUIRED UNDER KENTUCKY UNEMPLOYMENT COMPENSATION REGULATION 787 KAR 1:010 AND KRS 341.190.

YOU NOW HAVE THE OPTION TO PROVIDE THE RESPONSE TO THIS FORM ELECTRONICALLY. PLEASE VISIT OUR WEBSITE AT <https://kewes.kv.gov>. FOR ADDITIONAL INFORMATION AND TO SIGN UP FOR THESE SERVICES.

Please do not fax, mail only to the address shown above. No attachments accepted.

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

INMEDIATAMENTE: Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 502 564-2387.



Notice to Employer of Claim for Unemployment Insurance Benefits

~~[Employer Notification]~~

Date Processed:

~~[Employer Phone No~~

~~]~~

Mail Date:

~~[Carefully read the information below supplied by your former employee. If the employee was separated for any reason other than lack of work, complete the 'employer's statement' below and return this form to the above address within 15 days of 05/21/2013.]~~

This is notice that a claim for unemployment benefits has been filed by _____, SSN# _____, listing you as the employer. The claimant has indicated he/she worked for you from _____ through _____, and is no longer working due to _____. ~~[You may also receive a "fact finding report" from this agency in a separate mailing. It is important that you complete and return it as instructed.]~~ The claimant has provided the following explanation regarding the separation.

Instructions:

If the claimant left your employ for any reason other than "Lack of Work" or "Lay-off with definite recall", **you are required to return this form in accordance with 787 KAR 1:070. Return this form within 10 days from this mailing to file your protest by mail or 12 days to file your protest electronically. Improper benefit payments that result from the employer's failure to respond timely or adequately could result in charges or penalties to the employer's account (KRS 341.530(4), KRS 341.415(1(C)(B)).** ~~[under 787KAR 1:070 you, as an employer, are required to return this form within 15 days of the mail date to qualify for potential relief of charges to your reserve account.]~~

Claimant Employment Information:

- a. Last Day Worked: _____ Average Hours Worked Per Week: _____
Date Employed: from _____ to _____ Pay Method: Hourly Salaries Other: _____
- b. Has the claimant received any separate pay? YES NO
Reason for Separation Payment: Severance Agreement Wages in Lieu of Notice Other: _____
Amount of Payment: _____ Dates Covered by Payment: from _____ to _____
- c. Reason for Separation: (select the most appropriate)
 Lack of Work Strike/Lock-Out Full-Time To Part-Time Work Leave of Absence Other: _____
 Discharge/Termination Unable/Unavailable for Work Suspension The Employer does not wish to provide further information
- d. Employer's Separation Statement:

[Employer's Statement

On the day this claimant was separated from your employment, what was the primary reason for separation?

Last day worked

Dates of Employment: From _____ To]

Employer Representative Printed Name [Employer Signature]

Employer Representative Title [Date]

Employer KEIN

Employer Representative Signature [Employer Name Please Print]

Date [Employer Phone]

Employer Email Address [Employer Fax]

Employer Phone Number

Employer Fax Number



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05/17/2014



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2-N8R0TR

Equal Education and Employment Opportunities M/F/D

COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE
500 MERO STREET, 4-SC
P.O. BOX 452
FRANKFORT, KY 40602-0452
FAX (502) 564-9333



NOTICE TO EMPLOYER OF CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS

Date Processed:
Mail Date :

This is notice that a claim for unemployment benefits has been filed by _____, SSN# _____, listing you as the employer. The claimant has indicated they worked for you from _____ through _____ and is filing the claim due to _____. The claimant has provided the following explanation regarding the reason for claim filing:

Instructions:

If the claimant has been separated from the employment for any reason other than "Lack of Work" or "Lay-off With Definite Recall", you are required to return this form in accordance with 787 KAR 1:070. Return this form within 10 days from this mailing to file your protest by mail or 12 days to file your protest electronically. Improper benefit payments that result from the employer's failure to respond timely or adequately could result in charges or penalties to the employer's account (KRS 341.530(4), KRS 341.415(1)(C)(B)).

Claimant Employment Information:

- a. Last Day Worked: _____ Average Hours Worked Per Week: _____
Dates Employed: from _____ to _____ Pay Method: Hourly Salaried Other: _____
- b. Has the claimant received any separation pay? YES NO
Reason for Separation Payment: Severance Agreement Wages in Lieu of Notice Other: _____
Amount of Payment: _____ Dates Covered by Payment: from _____ to _____
- c. Reason for Separation: (select the most appropriate)
 Lack of Work Strike/Lock-Out Voluntary Quit Full-Time to Part-Time Work Leave of Absence Other: _____
 Discharge/Termination Unable/Unavailable for Work Suspension The Employer does not wish to provide any further information
- d. Employer's Separation Statement:

Employer Representative Printed Name

Employer Representative Title

Employer Representative Signature

Date

Employer KEIN

Employer Phone Number

Employer Fax Number

Employer Email Address

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

INMEDIATAMENTE: Si necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: www.kentuckycareercenter.com



501

UI

Equal Education and Employment Opportunities M/F/D