

**Notice of Claim Filed
Request for Separation Information**

Mail or Fax your response to:

**EMPLOYMENT DEPARTMENT
UI CENTER
PO BOX 14135
SALEM OR 97309-5068
UI CENTER FAX #:(866) 345-1878**

**Time Sensitive
DUE DATE: 01/23/17**

Date Mailed to Employer: 01/13/17
Claim Effective Date: 10/16/16
Benefit Year Ends: 41/17
IC/AC/FR: AC
UIC#: 200
E-RESPONSE PIN:

**OREGON ATHLETIC OFFICIALS ASSOC
25200 SW PARKWAY AVE STE 1
WILSONVILLE OR 97070-9650**

On Record

Correction

Employee Name Other Name Job Title Social Security Number Other SSN	██████████ BASKETBALL REFEREE ██████████	
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DEADLINE FOR YOUR RESPONSE

The employee named above has filed a claim for Unemployment Benefits. The Department is requesting information to help determine whether benefits should be paid. If the employee is still working or off due to a lack of work with your company, you do not need to respond to this notice. If the worker is not working for any other reason, or not accepting all available work, you need to answer the questions on the following pages that apply to your former employee.

This Request for Separation Information may be completed online at <https://uisides.org/>, the E-Response web site. To complete it online, you need your Federal Employer Identification Number (FEIN), State Business Identification Number (BIN) and the E-Response PIN located above. Enter your FEIN without dashes (Example: 000000000). Enter your BIN as 7 digits, a dash, and the final digit (Example: 0000000-0). If you have questions, please email Oregon.sideshelp@oregon.gov or call (503) 947-1685.

NOTE: If you do not have internet access, return the completed form by fax or mail to the UI Center shown above. When you complete this Request online, or by fax or mail by the DUE date, you will receive notice of any benefit decision in this case, including your rights to request a hearing on the decision. IF YOU DO NOT COMPLETE THIS REQUEST BY THE DUE DATE, YOU MAY NOT RECEIVE NOTICE OF THE DECISION, INCLUDING A DECISION TO ALLOW BENEFITS.

On Record

Correction

Employer Name Address FEIN	OREGON ATHLETIC OFFICIALS ASSOC 25200 SW PARKWAY AVE STE 1 WILSONVILLE OR 97070-9650 231277550	
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Check here if the claimant did NOT work for this employer.

Check here if the representative receiving this request does NOT represent this employer.

Claimant Provided Reason for Separation:

First Day Worked: (MM/DD/CCYY) _____

LACK OF WORK

Last Day Worked: (MM/DD/CCYY) _____

Employer's Reason for Claimant's Separation: _____

(See page 4 for separation codes)

Separation Date: (MM/DD/CCYY) _____

(if different from Last Day Worked)

If labor dispute, is it due to strike or lockout? _____

Strike

Lockout

Was this seasonal employment? _____

Yes

No

Does the claimant have reasonable assurance of returning to work? _____

Yes

No

If yes, what date do you expect the claimant to return to work? (MM/DD/YYYY) _____

If claimant is still working, is claimant working all available hours? _____

Yes

No

If claimant is not working all available hours, why not? _____

Claimant's average weekly wage _____

Average number of hours worked per week _____

Total wages earned after 12/07/16 _____

Total hours worked after 12/07/16 _____

Explain why the claimant is no longer employed or provide additional information regarding this separation: _____

INDEPENDENT CONTRACTOR - EXEMPT PER CAS 657.088

Compensation after Separation

What type of compensation did or will the claimant receive after the last day of work? _____

(See page 4 for compensation codes)

Was the compensation allocated to a specific period of time? _____

Yes

No

If yes, what is the beginning date for the compensation allocation? _____

What is the ending date for the compensation allocation? _____

What is the frequency of the claimant's compensation after separation? _____

Daily

Weekly

Biweekly

Semi-monthly

Monthly

Quarterly

Lump Sum

What is the amount of the compensation per period? _____

What date will or was the compensation paid? (MM/DD/YYYY) _____

What is the average number of hours claimant worked per week? _____

I certify that the above information is true and accurate to the best of my knowledge.

Preparer: _____

(Print name and position)

Employer

Representative

Signature: _____

Telephone Number: _____

203-975-4488

Ext. _____

Date: _____

1/25/17