

Unemployment 101



Presented by:

Theresa LeSueur, MBA, SHRM-CP, PHR



So, you're New



Don't worry, we are here to help!



Montana Schools Unemployment Insurance Program

Theresia LeSueur, Director (406) 457-4407 tllesueur@mtsba.org

Lisa Gowen, UI Technician (406) 495-2342 lgowen@mtsba.org

863 Great Northern Blvd #301, Helena, MT 59601

FAX: 406-442-2194

Highlights

- Differences - MTSUIP vs. State
- Benefits of Membership - Services
- Payroll Reporting - Quarterlies
- Base Period
- UI Claims Process
- Reasonable Assurance

UI Coverage Options

- MTSUIP
 - One contact person
 - Program specific to business
- State Agency
 - Many individuals
 - Large mixed group businesses covered

What is MTSUIP?

- Started in 1994
- We are not state employees
- Communicate between State of Montana and member districts
- State makes eligibility determination
- Here to serve you

Benefits of Membership Using MTSUIP Services

- Free workshops for members on:
 - Human Resource Issues
- Montana Education Law Reporter (MELR)
- Assistance with claim form completion
- Hearing representation
- Excess Contribution Refund (ECR)

Benefits of Membership Using MTSUIP Services, cont.

- Verify charges & protest if necessary
- Provide claim activity reports
- Pre-loss legal services
- Advise of legislative changes
- Respond to questions

Montana Education Law Reporter

24/7 Online Member Resource

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The MELR is published by MTSBA but is a sponsored product available only to MTSUIP members. You must access the MELR by going to www.mtsba.org all forms can be found in the “community group library”

Unemployment Liability

- UI liability exists on employee wages earned in the past 18 months – Base Wage Period (wages earned in the first four of the last five quarters)
- Maximum Weekly Benefit: \$510 up from \$487
Minimum Weekly Benefit: \$151 up from \$139

These increases will take effect 7/3/16

- Maximum Liability Per Employee = 28 weeks paid benefits (\$14,280)

Base Period

- First four of the last five completed *calendar* quarters.
- <http://uid.dli.mt.gov/uid/estimator.asp>

Standard Base Period

Base Period				Lag Quarter	Claim Filed Here
Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar
Jan Feb Mar	Apr May Jun	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep
Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec

The first four of the last five completed *calendar* quarters.

Benefit Estimator

Base Period Quarterly Wages

Enter your approximate gross quarterly earnings in the boxes below.

Do not use punctuation (decimals or commas).

01/01/2015 through 03/31/2015	\$
04/01/2015 through 06/30/2015	\$
07/01/2015 through 09/30/2015	\$
10/01/2015 through 12/31/2015	\$
01/01/2016 through 03/31/2016	\$

Monetary Eligibility	Weekly Benefit Amt	Number of Weeks	Max Benefit Amt

Quarter Change Estimate

If you wait and file your claim between 07/03/2016 and 10/01/2016, this would be your estimated benefit amount. (Benefits will not be paid for any weeks prior to the effective date of your claim.)

Monetary Eligibility	Weekly Benefit Amt	Number of Weeks	Max Benefit Amt

Source: <http://uid.dli.mt.gov/uid/estimator.asp>

How Much can a Person Receive?

- Former employees can receive up to 28 weeks of benefits at a maximum of \$510/week
 - 28 weeks x \$510/week = \$14,280
 - Approximate annual salaries:
 - \$50,000 = \$510/week
 - \$32,000 = \$304/week
 - \$22,000 = \$209/week

Charging Notices

CLAIMS PAID 15-16

099999 YOUR SCHOOL																	
NAME	SSN	BYB	POT CHG	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	BAL	BYE
John Boy Walton	111-11-1	10/5/2015	6,821.59								1,791.30					5,030.29	10/2/2016
Jim Bob Walton	222-22-2	8/24/2015	0.00			205.94	(205.94)									0.00	8/22/2016
Mary Ellen Walton	333-33-3	4/6/2015	42.46			9.89	8.89									23.68	4/4/2016
Ben Walton	444-44-4	5/18/2016	500.84		27.82	111.28		111.28	111.28		55.64					83.54	5/16/2017
Erin Walton	555-55-5	2/22/2016	2,706.00									369.00				2,337.00	2/20/2017
Jason Walton	666-66-6	8/11/2014	580.13			111.55	111.55	89.24								267.79	8/9/2015
Jason Walton	666-66-6	8/14/2015	0.68	0.67												0.01	8/12/2016
Elizabeth Walton	777-77-7	7/7/2014	2,105.00	421.00												1,684.00	7/5/2015
TOTALS			12,756.70	421.67	27.82	438.66	(85.50)	200.52	111.28	0.00	1,846.94	369.00	0.00	0.00	0.00	9,426.31	
Quarter Total						888.15			226.30			2,215.94			0.00		

Quarterly Reporting

- Timely reporting – due by the 15th of the month (Jan, April, July, October)
- Full Social Security Numbers required
- ACH – optional automated payment
- Online reporting is most accurate and secure method

Annual Rate Notice



Montana
Schools
Unemployment
Insurance
Program

Theresa LeSueur, MBA, PHR
Director

863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.457.4407 (Voice) 406.442.2184 (Fax)

DATE: May 9, 2016
TO: Your School District
FROM: Montana Schools Unemployment Insurance Program
RE: **FY16 RATE NOTIFICATION & CREDIT DISTRIBUTION ANNOUNCEMENT**

The Board of Directors for Montana Schools Unemployment Insurance Program (MSUIP) recently approved renewal rates for the 2016 fiscal year. The program paid a lower level of unemployment insurance benefits this past year than was anticipated. The reserve fund balance on December 31, 2015 was \$5,517,264 whereas on the same date last year, it was \$5,404,425. The Board has chosen to decrease rates for FY16 to maintain the funding levels recommended by the program consultant.

Your district's participation in MSUIP since July 1, 2011 or before, qualifies for this rating structure authorized by the Board of Directors. The rate listed is developed based on your district's claims experience. Your district has a loss ratio of Absarokee School District% based on 30 months experience ending December 31, 2014.

Additionally, the Board is declaring an Excess Contribution Refund (ECR) of \$300,000 to be distributed to members participating in the program prior to June 30, 2014. This ECR has been calculated based on a member's size to determine the percent loss ratio and pool loss ratio. The credit will be reflected on the 3rd quarter report (Jul/Aug/Sep 2015).

TAX RATE 0.19%
ECR Credit \$ 492.53

**New Rates Effective
July 1 each year**

If you have any questions, please call Montana Schools Unemployment Insurance Program at (406) 457-4407.

Theresa LeSueur, MBA, PHR
Director

Lisa Gowen
CSR/UI Tech

Quarterly Report Form

Montana School Unemployment Insurance Program 863 Great Northern Blvd. Ste. 301, Helena, MT 59601 (406) 457-4407		UNEMPLOYMENT INSURANCE QUARTERLY WAGE REPORT		Montana School Boards Association 863 Great Northern Blvd. Ste. 301, Helena, MT 59601 (406) 442-2180	
Quarter/Year Apr / May / Jun 2016	Cont. Rate 0.5000%	Due Date Jul 15, 2016	Federal ID Number 123456789	Do not write in this space Agency Use Only	
UI Account #: 0099999999 Sample School District 123 School Drive Your Town MT 59000					

UNEMPLOYMENT INSURANCE QUARTERLY WAGE REPORT					
STEP	ITEM	RATE		AMOUNT	
A	TOTAL WAGES PAID THIS QUARTER:			150,000.00	
B	CONTRIBUTION RATE:	0.005000		750.00	
C	PENALTIES AND INTEREST DUE:			0.00	
D	ADJUSTMENTS (ATTACH EXPLANATION): rounding			.50 0.00	
E	TOTAL MSUIP PREMIUM DUE:			750.50	
	NUMBER OF COVERED WORKERS:	1st month	2nd month	3rd month	total
F	TOTAL NUMBER OF EMPLOYEES LISTED ==>	10	12	9	13

A report must be filed listing all employees, social security numbers and wages for which payment relating to UI coverage were provided.

Submitting quarterly wage information via: E-Mail: ☐ CD/Diskette: ☐ Paper Report: ☐

Social Security Number	Name of Employee	Wages

Very Important - Make checks payable MSUIP for your Unemployment Insurance premiums due. Remit to 863 Great Northern Blvd. Ste. 301, Helena, MT 59601		
I certify that the information on this report and attachments is true and correct.		Phone #: 406-457-4407
Authorized Signature: Theresia LeSueur	Title: Director	Date: 6/16/16
Please make a copy of this form for your records.		

Number of Covered Workers:
 1st month = 10
 2nd month = 12
 3rd month = 9
TOTAL = 13
 (total number of employees who were paid during the quarter)

www.mtsuip.org

Unemployment Claims

Most often districts receive UI claims from:

- Substitutes
- Coaches
- Bus Drivers

However,

ANY school district employee can apply

Miscellaneous Claim Facts

- One Year Duration
- Still Working
- 3 A's

Claims Process

How an employee files a claim

- Triggering event
- Call DOLI or file online
- Initial Claim (8 business days)
 - DOLI review/request information
- Determination (8 business days)
- Redetermination (8 business days)
- Appeal (10 business days)
- Unemployment Insurance Appeals Board (30 business days)
- District Court



Review/Request Information When a Claim is Filed

The State of Montana will send out paperwork with information provided by the claimant and ask that you as the employer verify the information.

Typically, there are up to five documents you could receive on each claim.

You have **eight days** to complete the request.

Here's how it works: The State will mail the request to the MTSUIP office, we will email it to you, you will return it to us, and we will return it to the State. Please do not correspond directly with the State and they should not be corresponding directly with you.

The Paperwork

When a claim is filed, you will *typically* receive a **Claim Filing Notice** first

This form is
computer generated
and is always blank

Mark this if you
anticipate they will
return next year – it is not
a guarantee of
employment

1P1059626 0110052014 Z0899398

**Montana Department of
LABOR & INDUSTRY**
Unemployment Insurance Division

CLAIM FILING NOTICE

PO Box 8020
Helena, Montana 59601

FAX 442-2194

CLAIMANT INFORMATION

Claimant Name: THERESIA LESIEUR
SSN: 1795

Claim Effective Date: 10/05/2014
Reopen/Additional Effective Date:
Employer Acct. No: 00099398
Date Mailed: 10/07/2014

THE INDIVIDUAL NAMED ABOVE FILED A NEW CLAIM OR REACTIVATED AN EXISTING CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

Response to the following information request must be received by 10/15/2014, or a decision will be made with the information on file.

IMPORTANT NOTICE: Per MCA 39-51-605 and ARM 24.11.208 failure to provide a timely and adequate response to this notice will forfeit your rights as an interested party. Additionally, any future overpayments linked to the separation determination on this claim will not be credited to your account.

Reason for separation: (Check the applicable box and provide an explanation below):

☐ Quit (please explain)
☐ Discharged/Fired (please explain)
☐ Currently physically working (May be working reduced hours) (please explain)
☐ Laid off due to lack of work
☐ Other (Suspension or Leave of Absence) (please specify)

Explanation or Comments: (use back of form if necessary)

Date hired: ____/____/____ **Last day physically worked:** ____/____/____
(If you previously received a decision on this separation please indicate that in the Explanation section above.)

Job title: ____ **Date leave paid out:** ____/____/____

Separation pay/accrued vacation or sick leave pay: \$ ____

Is this person returning to employment for thirty (30) hours or more per week with your company in the near future? ____
Do you consider the claimant to be job attached? ____

This form must be returned to the address above or faxed to the fax number above.

Employer Signature: ____ Title: ____
Employer Name (printed): ____ Email: ____
Date Signed: ____ Telephone Number: ____

For additional information about Unemployment Insurance go to uid.dli.mt.gov

UI-241.rdf RECEIVED UI 241
OCT 08 2014 Page 1 of 1
MSUIP

2nd – School Employment Fact Finding Report

1P1098885 0110262014 TS199397

School Employment Fact Finding Report Rev. 10/24/2012

Montana Department of Labor & Industry
Unemployment Insurance Division
PO Box 8020
Helena, Montana 59604-8020

FAX 442-2194

Montana Relay: 711

SCHOOL DIST
THERESA LESUEUR
863 GREAT NORTHERN BLVD STE 301
HELENA MT 59601 3398

NOTE: once you become a member of ASUIP, all contact information will change to our Helena address.

EMPLOYER INSTRUCTIONS: Please review information given by the claimant and return this form along with any supporting documentation by **11/05/2014** to the address shown above. If you feel the claimant has not answered all questions completely or correctly, please make changes on this form or give your response on the attached cover sheet. In addition, please verify if the claimant has reasonable assurance of returning to work after the school break. If the claimant has no reasonable assurance of returning to work, please note this and the reason for the permanent separation (i.e. position eliminated, contract not renewed, funding not obtained, etc.) Your response to this information is needed to make a decision on the claimant's eligibility for unemployment insurance benefits, so please respond as quickly as possible.

Claimant Name:
ID: 1539

Claim Effective Date: 10/26/2014
UI/Representative: Everything will be based on DL/MICA email
Name of Employer: SCHOOL DIST
Acct. No.:
Date Mailed: 10/28/2014

OFFICE USE ONLY: Base period ER? ☒ Yes
Last/42 day employer? ☒ No
Are you a Head Start/Early Childhood Services employee? No

Last School Employer (School Name) Address of School:
Helena School District **863 GREAT NORTHERN BLVD STE 301**
Helena, MT 59601
Your Job Title: **Teacher** *Sub Teacher*
School's Phone Number: **(406) 457 - 4407**
Supervisors Name: **Amy** Type of Employment: **Professional**
Dates of employment: From: **09/06/2010** to: **05/15/2014**
My wages were: **11.66** per: **Hour**
For: **8 hours per day 2 days per week** *Varies* Usual Schedule/Hours worked: **7:30am to: 4:30pm**
Current Schedule/Hours (if reduced or changed): From: to:

Separation Information

- Reason for Separation:
Still Working Part-time
- Have you received a notice of termination? ☒ No
If written, please attach a copy of your termination notice



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Page 1 of 2

10/27/2014 Form:ICUI212

1P1098885 0110262014 TS199397

- Do you have an agreement to work for any school district during the next academic year? ☒ No
If "Yes", Name of School:
Job title:
Type of agreement:
If written, please attach copy of your work agreement
- If you have a hiring agreement for the next academic year, has there been a change in the working agreement (different job title, hours, pay) from the previous year?
If "Yes", please explain:
- Is your re-employment pending passage of a bond issue, receipt of funding, etc? ☒ No
If "Yes", has this same situation occurred in previous academic years?
- Are you on any substitute list(s)? ☒ No
If "Yes" list schools whose lists you are currently on:
- Were you given a letter of intent to rehire? ☒ No
If "Yes", did you sign and return it?
If you did not sign it, please explain:
- Do you usually work for a school during school breaks? ☒ No

Additional Information: Please add any additional comments regarding this employment that you feel are important and relevant to your separation from this employer. **Substitute Teacher**

Substitute work is, by its very nature, infrequent, irregular, and unscheduled. Substitutes are contracted to work on an on-call basis. Claimant has no reassurance of continued or consistent employment as a substitute. Claimant does not have to reapply each year.

This is standard sample language we have developed.

☐ I agree with claimant's statement. No new information provided.
☒ I disagree with claimant's statement. *Revisions/additions completed.*

Contact Person: Lisa Smith	Phone Number: 406-444-2342
Employer's Signature: <i>[Signature]</i>	Date: 10/30/2014



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Page 2 of 2

10/27/2014 Form:ICUI212

3rd – Separation Information



Request to Employer for Separation Information

Rev. 04/08/2014

Montana Department of Labor & Industry
Unemployment Insurance Division
PO Box 8020
Helena, Montana 59604-8020

FAX 442-2194

Montana Relay: 711

SCHOOL DISTRICT
THERESIA LESUEUR
863 GREAT NORTHERN BLVD STE 301
HELENA MT 59601 3398

Claimant Name:

Employer Acc
Claim Eff. Dt: 05/10/2015
Additional Claim Eff. Dt:
UI Representative: P. Krueger
Date Mailed: 05/15/2015

Due Date: 05/26/2015

IMPORTANT NOTICE: Per MCA 39-51-605 and ARM 24.11.208 failure to provide a timely and adequate response to this notice will forfeit your rights as an interested party. Additionally, any future overpayments linked to the separation determination on this claim will not be credited to your account.

**Waiver of Rights as an Interested Party*

Employer Instructions: The above named individual has filed a claim for benefits. Please explain the circumstances regarding the individual's most recent separation from your employment. **When responding to the following questions, it is important that you provide complete, detailed information and copies of any supporting documentation.** You may provide the requested information by returning this form to the address above or by faxing to or calling the number listed above by **05/26/2015**. If we do not receive your response, a determination regarding the individual's eligibility for benefits will be made using the information we have available. If you have provided this information previously, indicate this on the form and return as indicated above.

Each section below requests specific information. **Please follow the instructions and provide all documentation requested.** If you have questions about what is being requested, please refer to the Employer Handbook. If you do not have a hard copy you can view it on line at uid.dli.mt.gov or contact our agency directly at the contact number above. Use additional pages as necessary to completely answer the questions.

Dates of employment are critical to proper and timely program administration of UI benefits.

1. What were the individual's dates of employment? Include the first and last date the individual physically worked.

- What was the individual's last rate of pay?
- What was the individual's job title and description?

2. Describe in detail the final incident that led to the separation, including the date(s) and the names/titles of those involved.

Non-renewal (do not provide details)

Note: All submitted information will be used as evidence and may be shared with other interested parties.



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MAY 18 2015

MSUIP

Page 1 of 2

05/14/2015 Form: uiersep



Claimant Name:

ID:

Employer Account No.: 4

Due Date: 05/26/2015

3. **If individual was discharged:** Respond to the questions and provide copies of policies, warnings, etc., by the due date. Benefits may be allowed without sufficient proof of misconduct.

a. Was the individual discharged for violation of a company rule or policy? Yes ☐ No ☐
If "Yes", please explain the violation and provide a copy of the rule or policy along with any documentation indicating the individual read, understood or signed the policies.

b. Did the individual receive prior warnings, written or verbal, related to the reason for their separation? Yes ☐ No ☐ If "Yes", provide information regarding the warnings, including dates, contents of warning(s), outcome, etc. If warnings were written please provide copies of the written warnings.

c. Was the individual informed they would be discharged if the problem occurred again?

4. **If the individual quit:**

a. What was the reason given to you for quitting? (If you have a resignation letter or documentation on file about the quit please provide copies.)

b. Prior to quitting, did the individual advise you, or anyone in higher authority, of the situation that caused them to quit? Yes ☐ No ☐ If "Yes", provide information including dates, name and title of who was contacted and any actions taken by you to resolve the situation.

Preparer: Please sign and return to this office.

Date of Signature

Signature

Name (Please Print)

Title

Telephone Number

Fax Number

email

Thank you for providing complete, accurate and timely information.
For additional information about Unemployment Insurance go to uid.dli.mt.gov.



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MAY 18 2015

MSUIP

Page 2 of 2

05/14/2015 Form: uiersep

4th – 8wk Form



1P54301



0409282014



E8200318009



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

PO BOX

FAX 442-2194

4-8020

8 WEEK / STILL WORKING SPREADSHEET

10/28/2014

SCHOOL DISTRICT

THERESIA LESUEUR
863 GREAT NORTHERN BLVD STE 301
HELENA MT 59601 3398

Claimant Name: _____

ID: **B504**

Claim Effective Date: **09/28/2014**

Employer Acct.#: **48314000**

If this completed form is not received by **11/05/2014**, a decision will be made with information on file and your account may be charged.

Additional information is needed before a charging determination can be made. Please list the hours the claimant **physically** worked as well as the hours scheduled to work for each calendar week. (**Sunday through Saturday**)

This information is needed to determine if the claimant's employment with you fluctuates.

Week Beginning	Week Ending	Hours Worked	Hours Scheduled	Reason for difference between hours worked and hours scheduled.
08/31/2014	09/06/2014			
09/07/2014	09/13/2014			
09/14/2014	09/20/2014			
09/21/2014	09/27/2014			
09/28/2014	10/04/2014			
10/05/2014	10/11/2014			
10/12/2014	10/18/2014			
10/19/2014	10/25/2014			

- ☐ Please list the hourly wage of the claimant. \$ _____ (Or salary: \$ _____ per _____.)
☐ If the claimant's salary was reduced, please indicate the amount and cause of the reduction.

You may use the reverse side of this letter if necessary.

Signature of Employer or Representative:	Telephone Number:
Business Title:	Date:

If you have any questions, please contact me.

Sincerely,

Kim H., Claims Assistant
406-444-3832



21782488



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OCT 20 2014

MSUP

Page 1 of 1

10/27/2014 Form: 8wk

Information can
result in benefits not
being charged to the
district

RESPONDING TO CLAIMS IN THE MOST EFFECTIVE MANNER

Did the claimant give a specific reason for resigning (i.e. domestic obligation, moving, returning to school?)

**Did the employee refuse any work?
If so, list the dates and reasons given (if you use an automated system attach the report)**

Was continuing work available if the claimant had not quit?

Were there any changes to his/her job duties, pay, hours, etc? If so, explain the changes and attach the contract or payroll records.

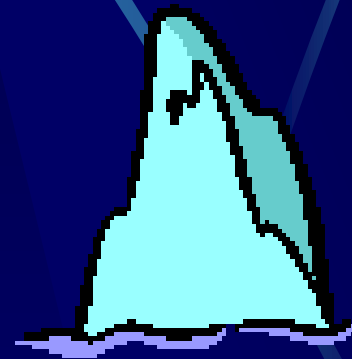
Non-renewal of a non-tenured teacher without cause.

If the position was temporary, did he/she request a leave of absence? If so, explain.

Was a written resignation provided by the claimant? If so, attach.

Details / Documentation

**Is the unemployment claim
just the tip of an iceberg?**



UI Process- Contact Data

MTSUIP – Theresia LeSueur
863 Great Northern Blvd. Ste 301,
Helena MT 59601
406-457-4407
406-442-2194 (fax)
406-431-5953 cell
tlsueur@mtsba.org

If not a MTSUIP
member



DOLI Helena Phone Center
PO Box 8020, Helena MT 59604
406-444-2545

DOLI Billings Phone Center
PO Box 30697, Billings MT 59107
406-247-1000