

UI 101

Welcome!

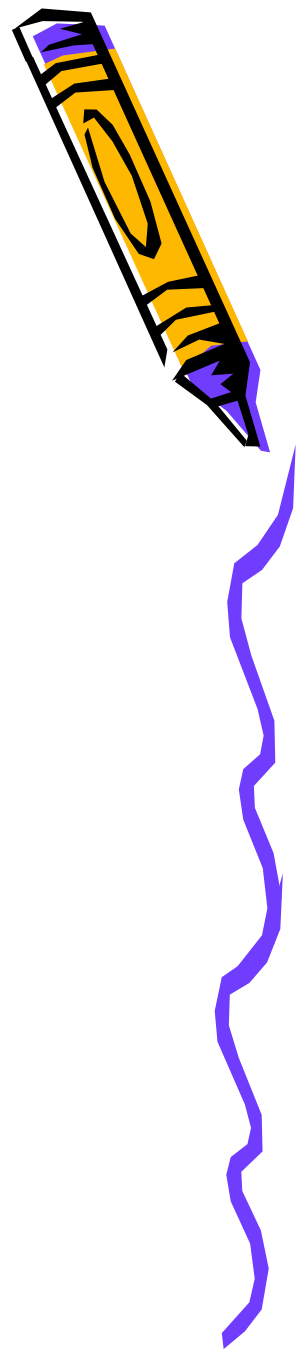


Welcome to MTSUIP!

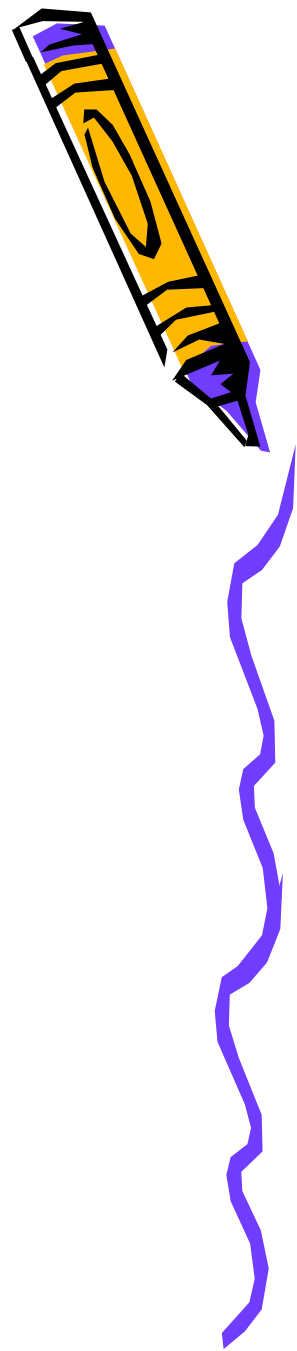
- If you have any questions during my presentation, please ask.



So, you're New

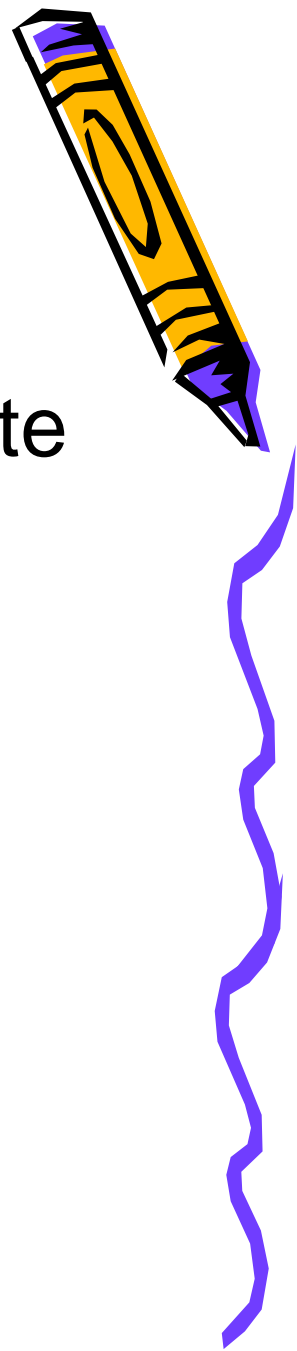


Don't worry, we are here to help!

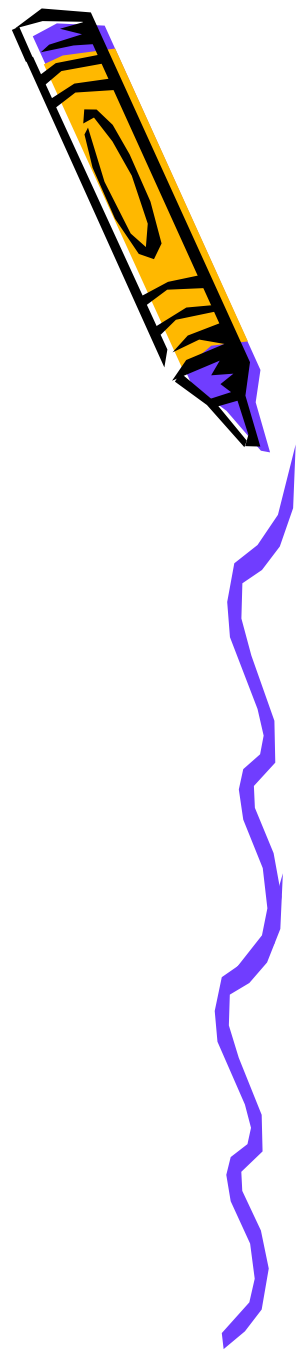


Highlights

- Coverage Options - MTSUIP vs. State
- Benefits of Membership
- Payroll Reporting – Quarterlies
- Claims Process
- Base Period



UI Coverage Options



- MTSUIP
 - One Contact Person
 - School Specific Program
- State of Montana
 - Large mixed group businesses covered



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



UNEMPLOYMENT INSURANCE TABLE OF CONTENTS

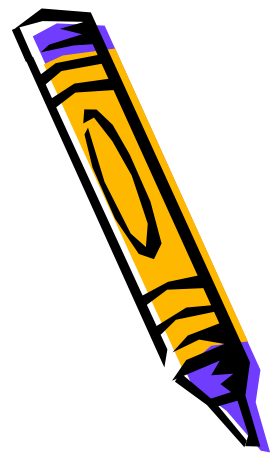
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The MELR is published by MTSBA but is a sponsored product available only to MTSUIP members. You must access the MELR by going to www.mtsba.org for all articles, forms and model job descriptions.



Payroll Reporting



- MTSUIP – Quarterlies
 - Due the 15th day of a new quarter (ex. 7/15, 10/15, 1/15, 4/15)
 - No Excess Wages
- State of Montana
 - Due on last day of the month following the quarter end (ex. 7/30, 10/30, 1/30, 4/30)
 - Excess wages rules : Governmental, Reimbursable, or Experience Rated



Annual Rate Notice



Theresa LeSueur, MBA, PHR
Director
863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.457.4407 (Voice), 406.457.2188 (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

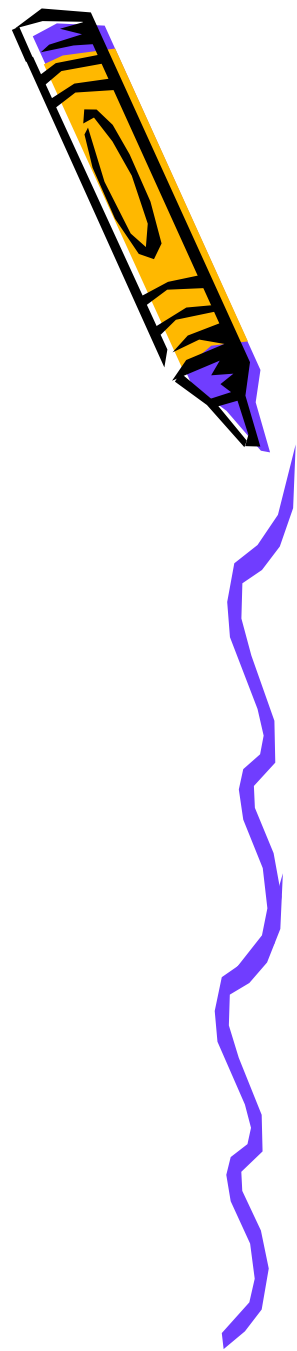
New Rates Effective July 1 each year

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

MTSBA, Lance Melton, Executive Director
863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.442.2180 (Voice), 406.457.2188 (Fax)



Montana School Unemployment Insurance Program P.O. Box 6729 Helena MT 59604 (406) 457-4407	UNEMPLOYMENT INSURANCE QUARTERLY WAGE REPORT			MT Association of School Business Officials 1 South Montana Helena MT 59601 (406) 441-5599
Quarter/Year Apr / May / Jun 2005	Contr. Rate 0.0000%	Due Date Jul 15, 2005	Federal ID Number \$16000095	Do not write in this space Agency Use Only
UI Account #: 306272 Carter County High School				

UNEMPLOYMENT INSURANCE QUARTERLY WAGE REPORT

STEP	ITEM	RATE		AMOUNT	
A	TOTAL WAGES PAID THIS QUARTER:				
B	CONTRIBUTION RATE:	0.000000			
C	PENALTIES AND INTEREST DUE:			0.00	
D	ADJUSTMENTS (ATTACH EXPLANATION):			0.00	
E	TOTAL MSUIP PREMIUM DUE:				
	NUMBER OF COVERED WORKERS:	1st Month	2nd Month	3rd Month	Total
F	TOTAL NUMBER OF EMPLOYEES LISTED ==>				

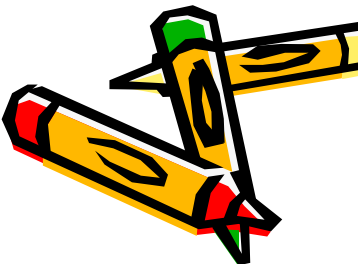
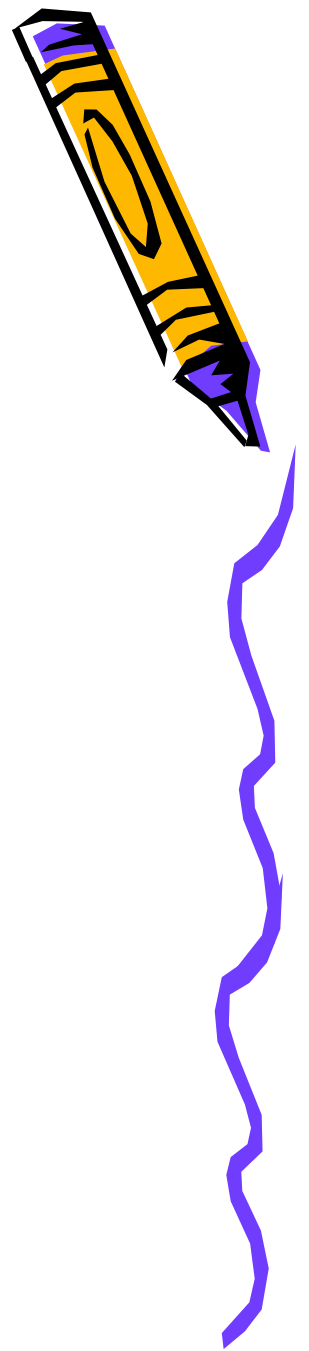
A report must be filed listing all employees, social security numbers and wages for which payment relating to UI coverage were provided

Social Security Number	Name of Employee	Wages

Very Important - Make checks payable MSUIP for your Unemployment Insurance premiums due. Remit to P.O. Box 6729, Helena MT 59604.

I certify that the information on this report and attachments is true and correct.		Phone #:
Authorized Signature:	Title:	Date:

Please make a copy of this form for your records.



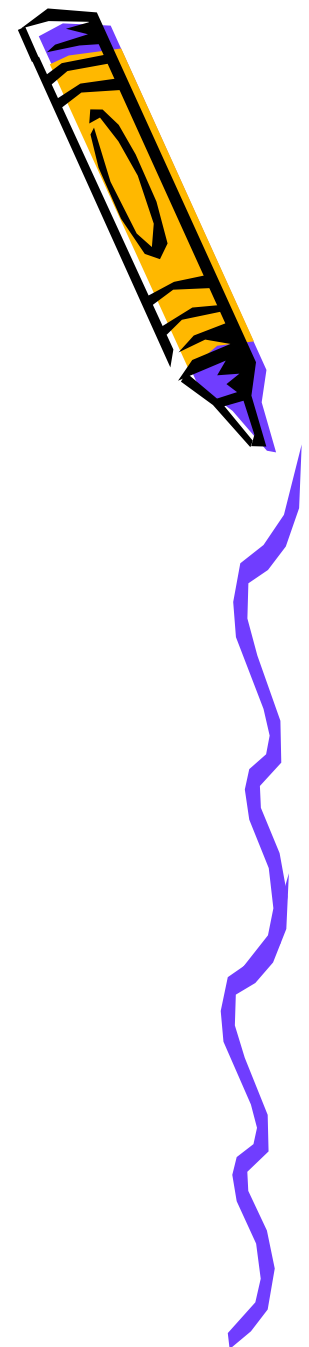
**Montana Employer's Unemployment Insurance (UI)
Quarterly Wage Report – Form UI-5**



Quarter End	Due Date
Employer Identification Numbers	
UI Account Number	
Federal Id (FEIN)	
UI Contribution Rate	%
UI Administrative Fund Tax Rate	%
UI Total Tax Rate	%
UI Annual Taxable Wage Base (Each Employee)	\$21,000

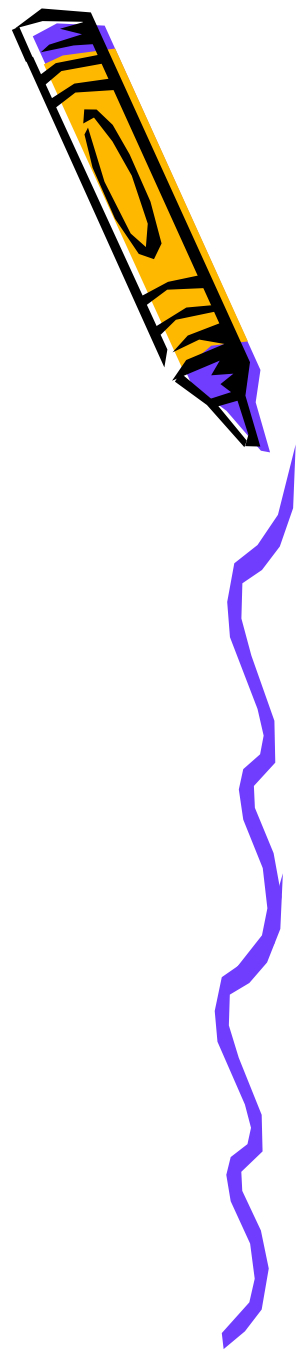
A report must be filed even if no wages are paid. Please refer to instructions for information on completing this form.

Step 1. Check applicable boxes and provide information requested:	<input type="checkbox"/> No Wages paid for the quarter covering this report																																																							
	<input type="checkbox"/> Sold Business – Name and address of new owner:																																																							
	<input type="checkbox"/> Ceased Employing – Last payroll date: _____																																																							
	<input type="checkbox"/> Change in Name, Address, Phone Number or Identification Number (list corrections here): <input type="checkbox"/> Amended Report																																																							
Step 2. Unemployment Insurance Employee Wage Listing <input type="checkbox"/> Check here if wage listing is attached.																																																								
STATE OF MONTANA CHECK HERE	<table border="1"> <thead> <tr> <th>Employee's Social Security Number</th> <th colspan="2">Name of Employee</th> <th>Total Wages Paid this Quarter</th> <th>Total Excess Wages this Quarter</th> </tr> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2">Total</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Employee's Social Security Number	Name of Employee		Total Wages Paid this Quarter	Total Excess Wages this Quarter		Last Name	First Name																																											Total				
	Employee's Social Security Number	Name of Employee		Total Wages Paid this Quarter	Total Excess Wages this Quarter																																																			
		Last Name	First Name																																																					
Total																																																								
Step 3. Calculate Tax																																																								
1. Total wages paid this quarter	>																																																							
2. UI excess wages																																																								
3. UI taxable wages (line 1 minus line 2)																																																								
4. UI total tax rate																																																								
5. Total tax (multiply line 3 times line 4)																																																								
6. Credits (overpayment from prior quarters)																																																								
7. Adjustments to prior quarters (attach explanation)																																																								
8. Balance due (line 5 – line 6 +/- line 7 – see instructions)																																																								
9. Penalty and interest due, if you file late																																																								
10. Payment enclosed (line 8 +/- 9)	>																																																							
Step 4. Number of UI Employees																																																								
Number of covered workers who worked during, or received pay for the payroll period that includes the 12 th day of the month:																																																								
1 st month _____																																																								
2 nd month _____																																																								
3 rd month _____																																																								
Make Check Payable to Unemployment Insurance Division																																																								
Step 5. Signature. Sign and make a copy of this form for your records. Mail your report, additional wage listings and payment by the due date above, even if no wages are paid or tax is due. Questions? Call (406) 444-3834.																																																								
Mail to: Unemployment Insurance Contributions Bureau PO Box 6330 Helena MT 59604-6339	I certify the information on this report is true and correct. _____ Authorized Signature																																																							
Date: _____	Name/Title of Contact Person _____ Telephone No. _____																																																							



Miscellaneous Claim Facts

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



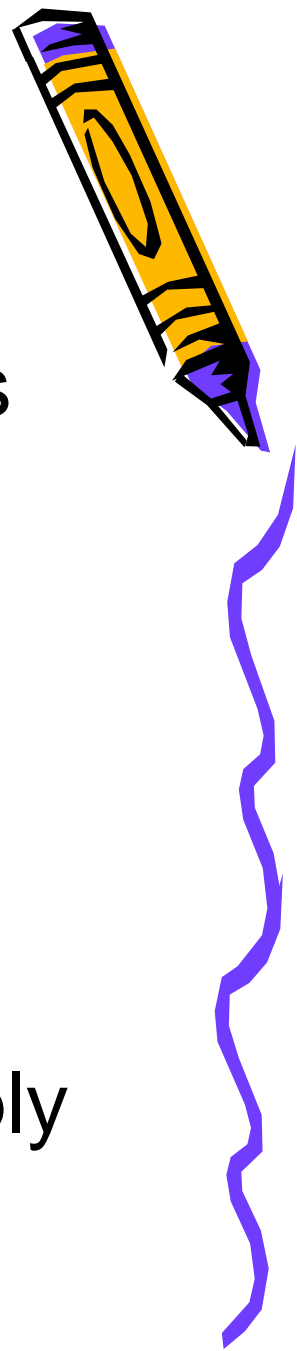
Unemployment Claims

Most often districts receive UI claims
from:

- Substitutes
- Coaches
- Bus Drivers

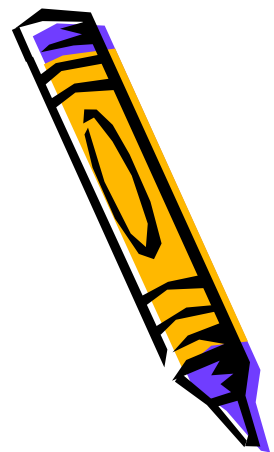
However,

ANY school district employee can apply



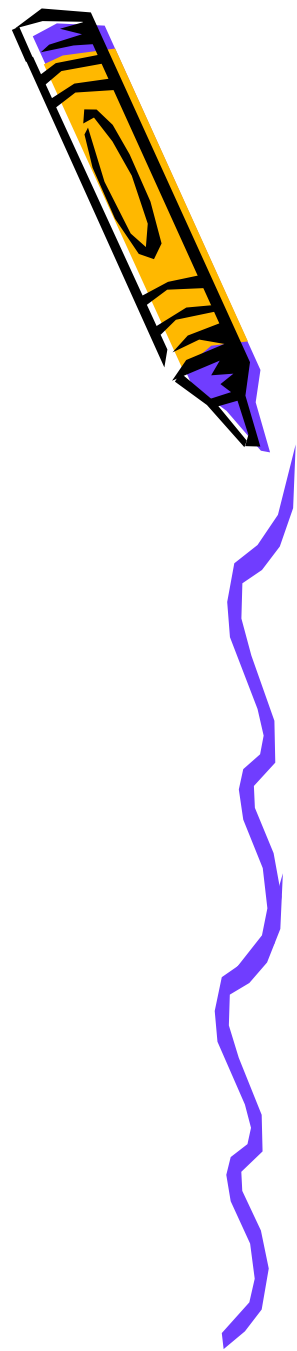
Claims Process

- How an employee files a claim
 - Triggering event
 - Call DOLI
 - DOLI reviews
 - 10 day response
 - Appeal



Claims Process

- Initial Claim
- Determination
- Redetermination
- Appeal
- Board of Labor Appeals (BOLA)
- 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

FAX 442-2194

Claimant Name: [REDACTED]
 SSN: [REDACTED] 1795
 Claim Effective Date: 10/05/2014
 Reopen/Additional Effective Date: [REDACTED]
 Employer Acct. No: 00099398
 Date Mailed: 10/07/2014

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

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) *More options that better fit a school:*
 Discharged/Fired (please explain) *Substitute - still working*
 Currently physically working (May be working reduced hours) (please explain) *Scheduled School Break*
 Laid off due to lack of work *Seasonal*
 Other (Suspension or Leave of Absence) (please specify) *Non-renewed without cause*
Reduction in Force (RIF)

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: _____

Separation pay/accrued vacation or sick leave pay: \$ _____ Date leave paid out: ___/___/___

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
 CE1374 MSUIP



2nd - School Employment Fact Finding Report



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

NOTE: was you became a member of MSUIP, all contact information will change to our Helena address.

Claimant Name: [REDACTED]
ID: [REDACTED] 539

Claim Effective Date: 10/26/2014
UI/Representative: Everything will be based on email: DLWICA

Name of Employer: SCHOOL DISTRICT
Acct. No: [REDACTED]
Date Mailed: 10/28/2014

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.

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
 School's Phone Number: (406)457 - 4407

Your Job Title: ~~Teacher~~ Sub Teacher
 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



- 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 hire? No
If "Yes", did you sign and return it?
If you did not sign it, please explain?

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: [Signature]	Date: 10/30/2014



3rd - Separation Information



IP1040792 0105102015 PB200090432

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

Claimant Name: ██████████
Employer Account No.: ██████████
Claim Eff. Dt: 05/10/2015
Additional Claim Eff. Dt: ██████████
UI Representative: P. Krueger
Date Mailed: 05/15/2015

SCHOOL DISTRICT
TERESIA LESIEUR
 863 GREAT NORTHERN BLVD STE 301
 HELENA MT 59601 3398

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.

- 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?

- 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.



IP1040792 0105102015 PB200090432

Claimant Name: ██████████
ID: ██████████
Employer Account No.: ██████████

Due Date: 05/26/2015

- 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.
 - 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.

- 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.

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

4. If the individual quit:

- 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.)
- 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.



4th - 8wk Form



1P54301



0409282014



E8200318009



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

PO BOX 4-8020
FAX 442-2194

8 WEEK / STILL WORKING SPREADSHEET

10/28/2014

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

Claimant Name: [REDACTED]

ID: [REDACTED] 0504

Claim Effective Date: 09/28/2014

Employer Acct.#: 4831000

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.

Information can result in benefits not being charged to the district

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			This is called the "Eight week" form. The state of Montana is looking for any hours the employee worked in the four weeks before and the four weeks after filing for benefits.
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



CE3226

RECEIVED

OCT 20 2014

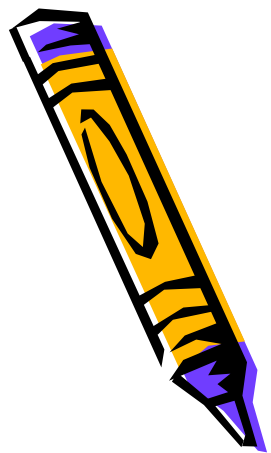
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Page 1 of 1

10/27/2014 Form: 8wk



5th - Determination



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Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

PO BOX 8020 HELENA MT 59604-8020
(406) 247-1000
FAX (406) 444-2699
Montana Relay: 711

05/15/2015

NOTICE OF DETERMINATION

Claimant Name [REDACTED]
ID [REDACTED]
Claim Effective Date: 02/01/2015

Beginning 04/26/2015, you are disqualified to receive unemployment insurance benefits.

You left your employment due to lack of transportation to [REDACTED] when your vehicle broke down and you could not afford to fix it or replace it. It is your responsibility to provide transportation to work. Your separation may have been for a good personal reason, but it was without good cause attributable to, or the fault of, the employment as required by Section 39-51-2302, Montana Code Annotated.

To end this disqualification, you must earn wages of at least six times your weekly benefit amount (\$1698) in a job that is covered by Unemployment Insurance. These wages must be earned beginning with the Sunday after the date of your separation from [REDACTED]. You may also end this disqualification by showing you were in regular attendance at an educational institution accredited by the state of Montana for at least three consecutive months after the date of your separation. Please send proof of these wages, such as pay stubs or a signed employer statement, or documentation of your school attendance to the Montana Claims Processing Center for your area.

If there are other issues on your claim that might affect your eligibility for benefits, you will receive a separate Notice of Determination for each issue either allowing or denying benefits.

CLAIMANT AND EMPLOYER REDETERMINATION RIGHTS

This decision is final unless a request for redetermination is filed on or before 05/26/2015. If you disagree with this decision, you have the right to request a redetermination. If you do so, a separate review of the file, and any new information submitted, will be conducted and a redetermination issued. Claimants may file a redetermination request using method 1, 2, 3 or 4 below. Employers may file a request using method 2, 3 or 4.

1. Go to U4U.Mt.gov and select Request Redetermination or Appeal on the Main Menu, or
2. Send a letter, requesting redetermination, to the address at the top of this letter. Explain why you think the decision is wrong. You may also submit any other information you think is relevant to the claim, or
3. Fax your request to the fax number at the top of this letter, or
4. Call your Claims Processing Center at the number on the top of this letter.



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YOU MAY CHOOSE WHICHEVER METHOD YOU WANT, BUT YOU MUST MAKE YOUR REQUEST BY THE DATE INDICATED IN THIS DETERMINATION. To view the full text of your request by the date indicated, you must provide good cause to extend the time limit.

CLAIMANT: You must continue to file your bi-weekly claim information with your redetermination to qualify. In the event of a favorable decision you will get benefits for those weeks provided you are otherwise qualified.

Claims Processing Center - Adjudication Unit
Montana Unemployment Insurance Division

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IN-SERVICE WORK, REINTEGRATION OR SERVICE WORK WITHOUT GOOD CAUSE
(1) An individual may be disqualified for benefits if the individual has not worked at least one-half week attributable to the "good cause" requirement.
(2) The individual has employment history of general work or there is no record with respect to the individual's work history for the purpose of determining the individual's work history.
(3) The individual has employment history of general work or there is no record with respect to the individual's work history for the purpose of determining the individual's work history.
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ALL-STATE LEAVING WORK WITH OR WITHOUT GOOD CAUSE ATTRIBUTABLE TO THE EMPLOYMENT
(1) The department shall consider the worker to have voluntarily left work or the worker has been discharged, if the worker has voluntarily left work or the worker has been discharged.
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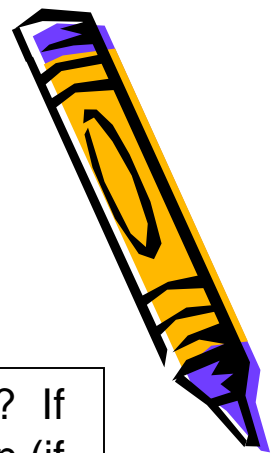
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RESPONDING TO CLAIMS IN THE MOST EFFECTIVE MANNER



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



Base Period

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



Standard Base Period

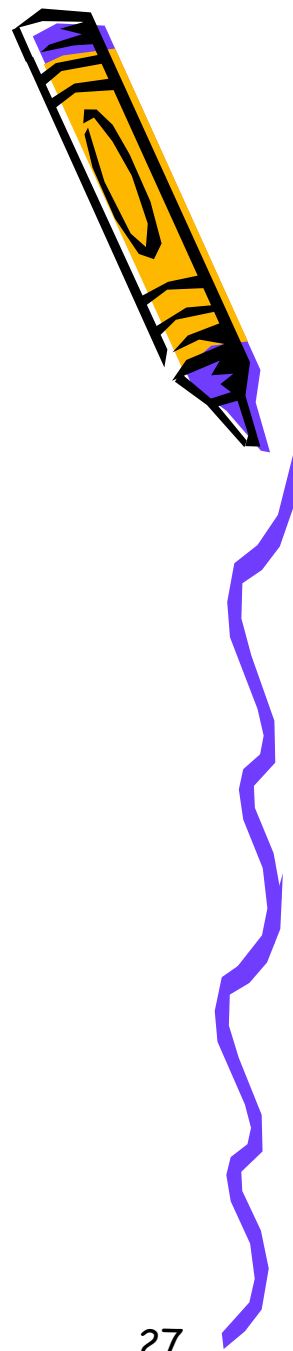


Base Period				Lag Quarter	Claim Filed Here
Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar
Jan Feb Mar	Apr May Jun	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep
Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr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

Unemployment Liability



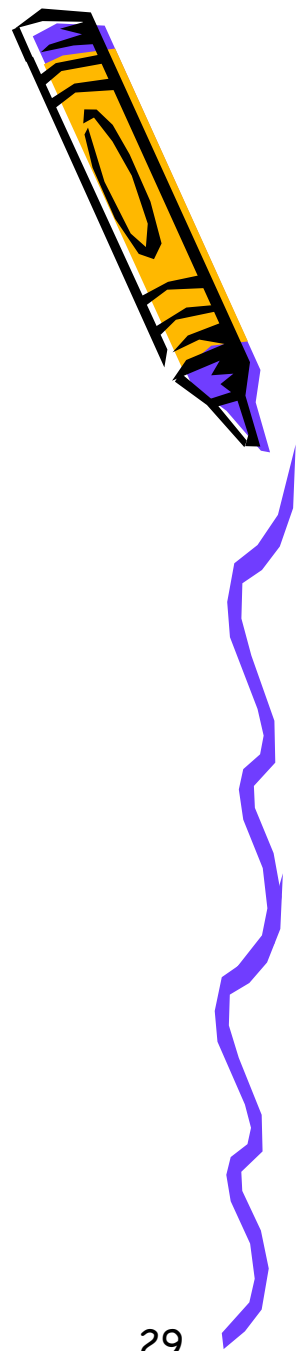
- UI liability exists on employee wages earned in the past 18 months – Base Wage Period (wages earned in the first four of the last five quarters)
- Maximum Weekly Benefit: \$527 up from \$518
- Minimum Weekly Benefit: \$150 down from \$153

These increases will take effect 7/1/18

- Maximum Liability Per Employee = 28 weeks paid benefits (\$14,756)



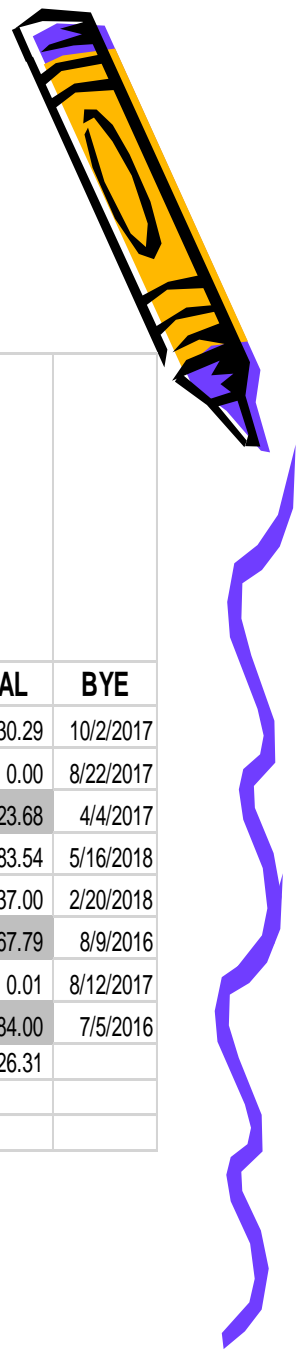
How Much can a Person Receive?



- Former employees can receive up to 28 weeks of benefits at a maximum of \$518/week (\$527 beginning 7/1/2018)
 - 28 weeks x \$527/week = \$14,756
 - Approximate annual salaries:
 - \$50,000 = \$527/week
 - \$32,000 = \$304/week
 - \$22,000 = \$209/week



Charging Notices



CLAIMS PAID 16-17

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	10/5/2016	6,821.59								1,791.30					5,030.29	10/2/2017
Jim Bob Walton	222-22-2	8/24/2016	0.00			205.94	(205.94)									0.00	8/22/2017
Mary Ellen Walton	333-33-3	4/6/2016	42.46			9.89	8.89									23.68	4/4/2017
Ben Walton	444-44-4	5/18/2017	500.84		27.82	111.28		111.28	111.28		55.64					83.54	5/16/2018
Erin Walton	555-55-5	2/22/2017	2,706.00									369.00				2,337.00	2/20/2018
Jason Walton	666-66-6	8/11/2015	580.13			111.55	111.55	89.24								267.79	8/9/2016
Jason Walton	666-66-6	8/14/2016	0.68	0.67												0.01	8/12/2017
Elizabeth Walton	777-77-7	7/7/2015	2,105.00	421.00												1,684.00	7/5/2016
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		



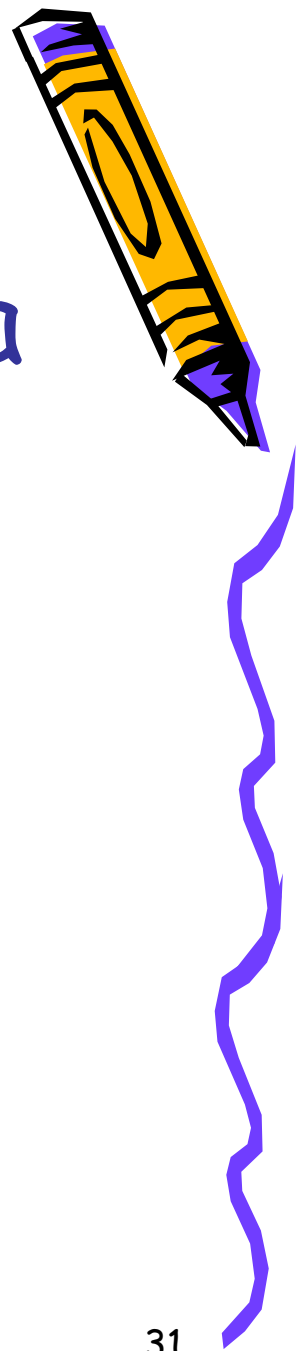
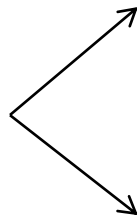
UI Process- Contact Data

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

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

If not a MTSUIP
member



Thanks for learning!

