

UI 101

Welcome!

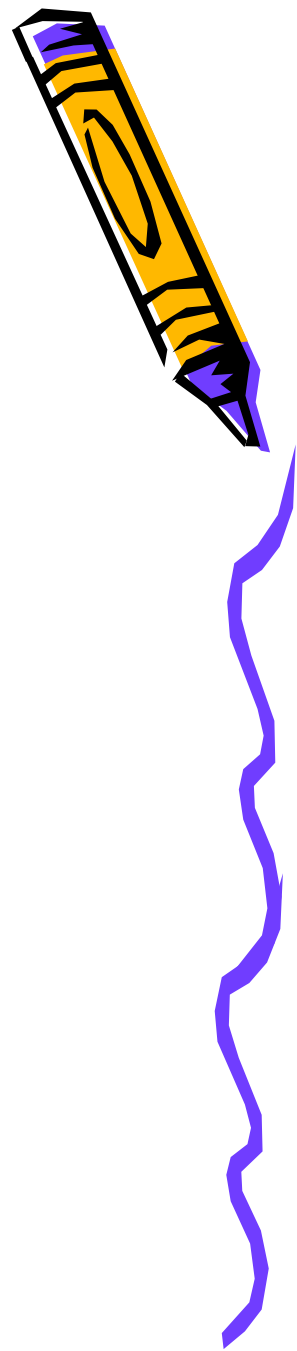


Welcome to MTSUIP!

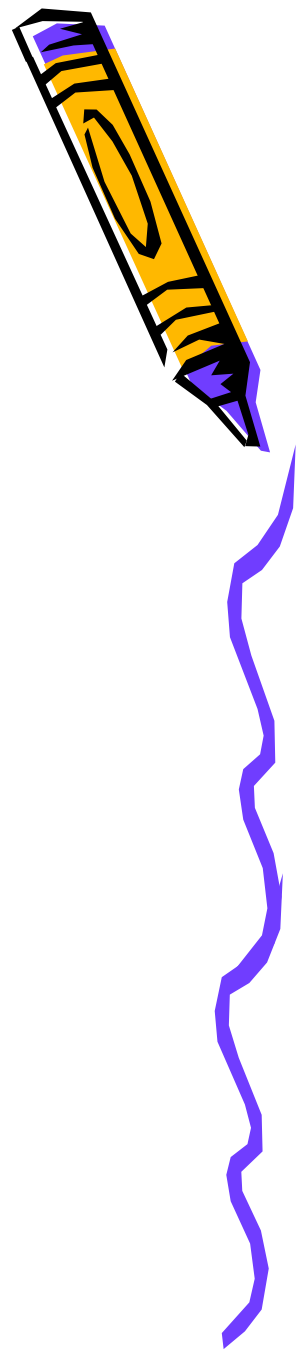
- If you have any questions during my presentation, please ask.



So, you're New

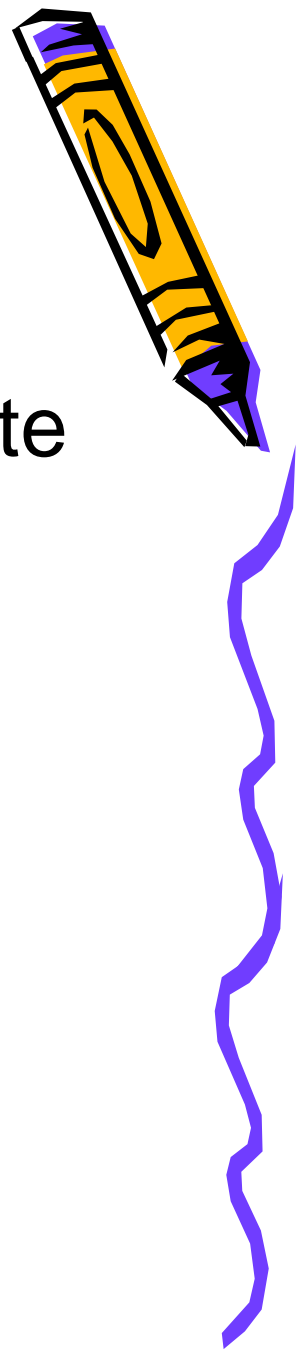


Don't worry, we are here to help!

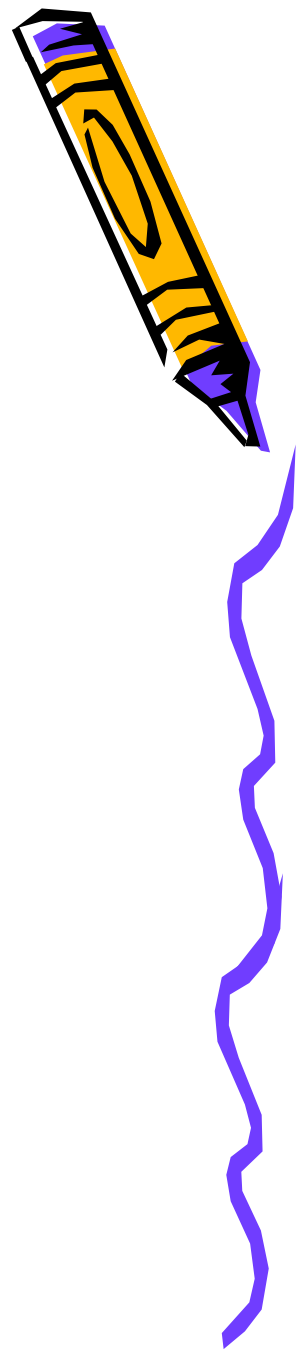


Highlights

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



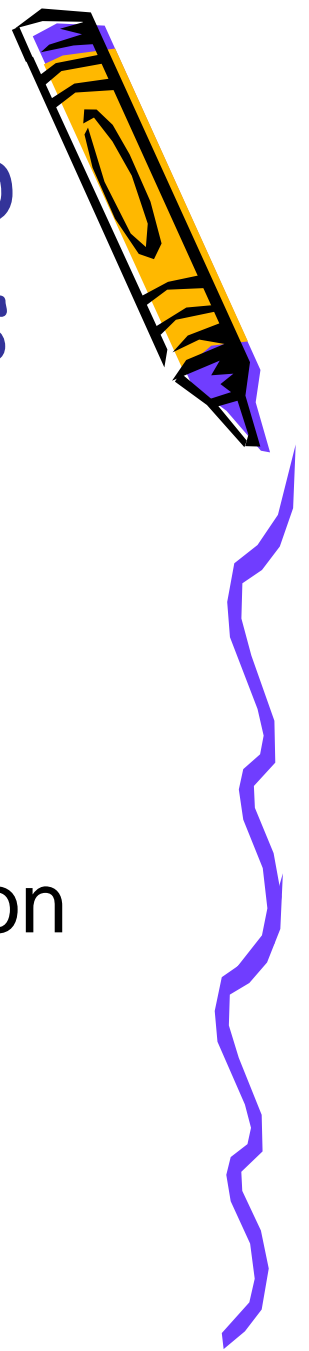
UI Coverage Options



- 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.

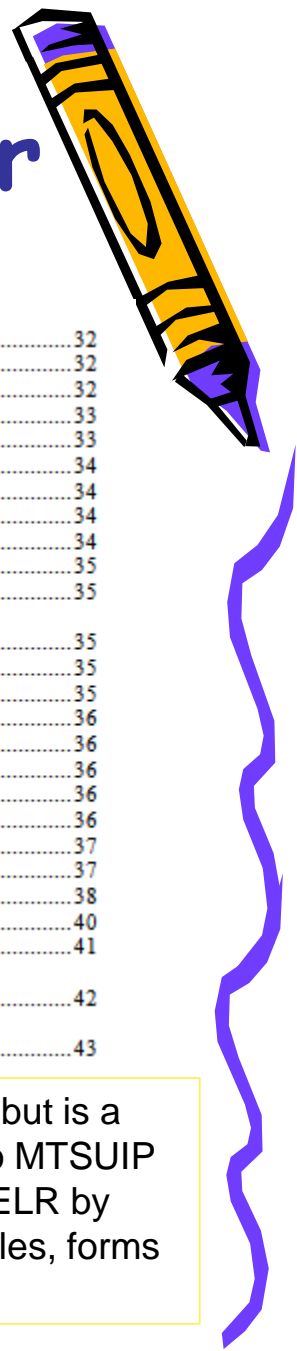


- Verify charges & protest if necessary
- Provide claim activity reports
- Pre-loss legal services
- Advise of legislative changes
- Respond to questions



Montana Education Law Reporter

24/7 Online Member Resource



§000

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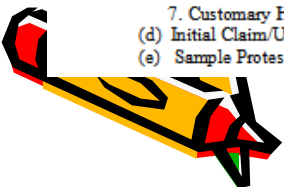
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The MELR is published by MTSBA but is a sponsored product available only to MTSUIP members. You must access the MELR by going to www.mtsba.org for all articles, forms and model job descriptions.



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, SHRM-CP, PHR
Director
863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.457.4407 (Voice) 406.442.2194 (Fax)

DATE: May 6, 2019
TO: Your School District
FROM: Montana Schools Unemployment Insurance Program
RE: **FY20 RATE NOTIFICATION & CREDIT DISTRIBUTION ANNOUNCEMENT**

The Board of Directors for Montana Schools Unemployment Insurance Program (MTSUIP) recently approved renewal rates for the 2020 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, 2018 was \$5,062,581.18 whereas on the same date last year, it was \$5,151,120. The Board has chosen to stabilize rates for FY20 to maintain the funding levels recommended by the program consultant.

Your district's participation in MTSUIP since July 1, 2015 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 470.4% based on 30 months experience ending December 31, 2018.

Additionally, the Board is declaring an Excess Contribution Refund (ECR) of \$248,285 to be distributed to members participating in the program prior to June 30, 2018. 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 2nd quarter report (Apr/May/June 2019) and may be used any quarter.

TAX RATE	0.33%
ECR Credit	\$ 158.74

New Rates Effective July 1 each year

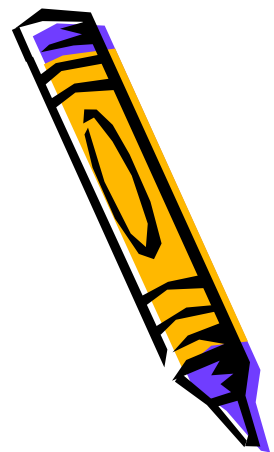
If you have any questions, please call Montana Schools Unemployment Insurance Program at (406) 457-4407.

Theresa LeSueur, MBA, SHRM-CP, PHR
Program Director

Lisa Gowen
CSR/UI Tech

MTSBA, Lance Melton, Executive Director
863 Great Northern Blvd., Ste. 301, Helena, MT 59601
406.442.2180 (Voice) 406.442.2194 (Fax)

© MTSUIP 2019



Q4/2018 REPORT

Federal ID Number *

1st Month # Employees *

2nd Month # Employees *

3rd Month # Employees *

Total Number Employees *

Comments

Total Wages Paid *

Contribution Rate *

Penalties and Interest Due *

Adjustments *

Total MTSUIP Premium Due: \$0.00

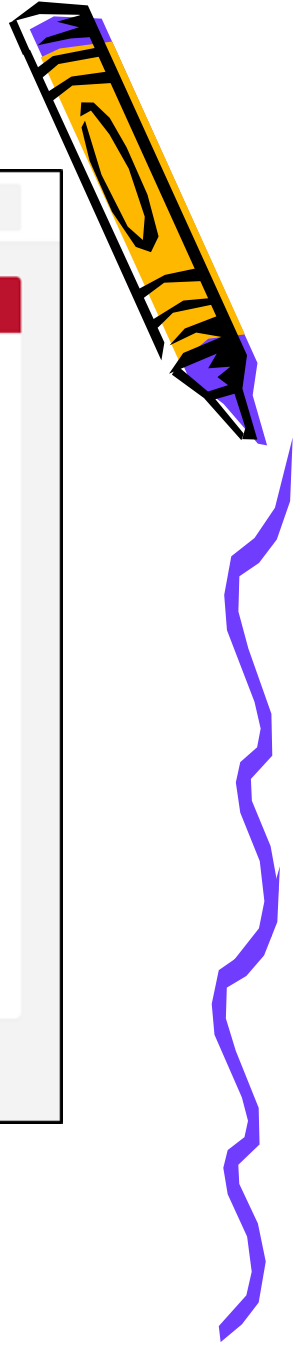
Pay Via ACH

NAME	DATE	ACTIONS
No data available in table		

Drop files here to upload

Previous

Next



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 Check here if wage listing is attached.

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	State Unemployment Insurance Tax	Step 4. Number of UI Employees
1. Total wages paid this quarter	>	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 _____
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)	>	

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.

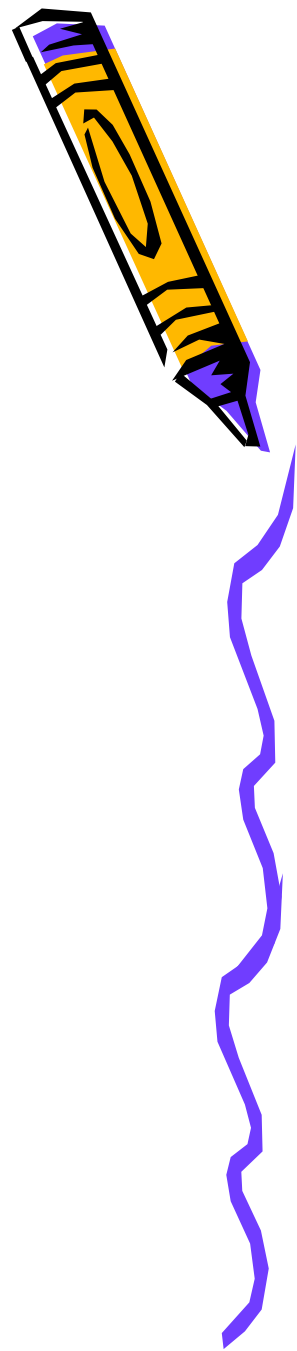
Mail to: Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339	I certify the information on this report is true and correct.	Date
	Authorized Signature Title Telephone Number	Name/Title of Contact Person Telephone No

Mail this form with your check to the Unemployment Insurance Contributions Bureau UI-5 Revised 8/05



Miscellaneous Claim Facts

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



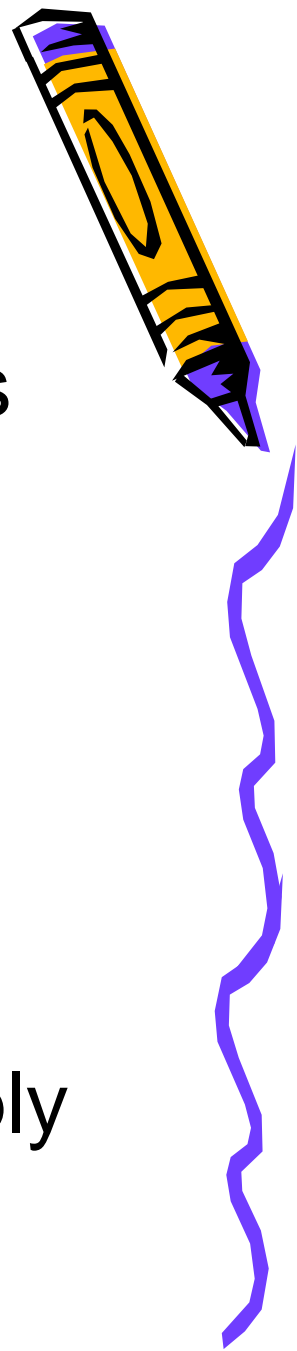
Unemployment Claims

Most often districts receive UI claims
from:

- Substitutes
- Coaches
- Bus Drivers

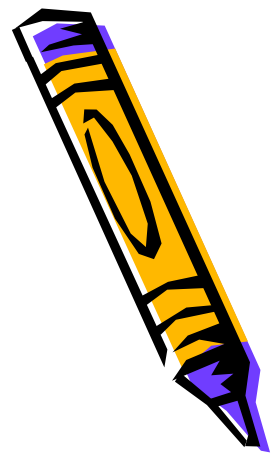
However,

ANY school district employee can apply



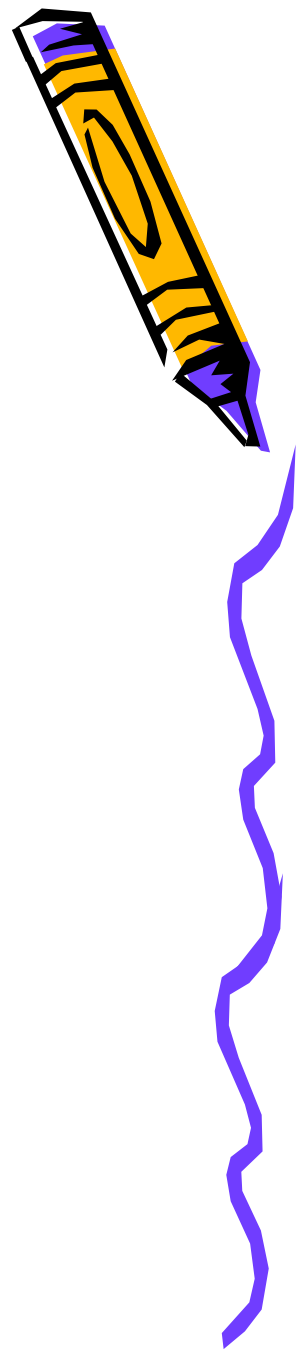
Claims Process

- How an employee files a claim
 - Triggering event
 - Call DOLI
 - DOLI reviews
 - 8 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

This is where you see the potential charges to your school district for the individual



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

2433981218

Mailed: 5/20/2019

Claim Effective Date: 04/14/2019
Acct #: _____

PUBLIC SCHOOLS
THERESA LESKUR
863 GREAT NORTHERN BLVD STE 301
HELLINA MT 59601-3398

FAX 442-2194

CLAIM FILING AND POTENTIAL CHARGE NOTICE

The individual named above has filed a new claim or reactivated an existing claim for unemployment insurance benefits.

Response to the following information request must be received by 05/28/2019 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 insured party. Additionally, any future overpayments linked to the separation determination on this claim will not be credited to your account.

Reason for claimant's separation from your employment: The information you provide is essential to ensuring appropriate charges to your account. (Check the applicable box and provide an explanation below.)

- Quit (please explain)
- Discharged/Dismissed (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: (Please 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 Reevaluation section above.)

Job title: _____

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

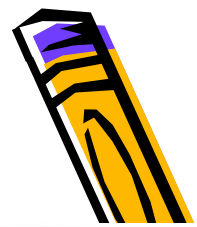
This form must be returned to the address below or faxed to the fax number below.

The base period on this claim is 01/01/2018 through 12/31/2018. Your business reported wages in quarter 1/2018, 2/2018 in the amount of \$358,37, which is 3.18% of the wages this claimant earned in the base period. Your experience rating account is potentially chargeable for up to \$10.22.

Employer Signature: _____ Title: _____
Employer Name (Printed): _____ E-mail: _____
Date Signed: _____ Telephone Number: _____

GO PAPERLESS... Sign up for SIDESI for more details log on to unemployment.gov or call 406-444-3334 and select option 2.

2nd - Verification of School Employment



2430987751



2430987751

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

SCHOOL DISTRICT #15 6
 TERESA LESUEUR
 863 GREAT NORTHERN BLVD STE 301
 HELLENA MT 59601-3398

Mailed: 5/20/2019
 Claim Effective Date: 07/01/2018
 DISTRICT: [REDACTED] SCHOOL
 Acct #: [REDACTED]

Everything will be based on this date.

FAX 442-2194

REQUEST FOR INFORMATION: VERIFICATION OF SCHOOL EMPLOYMENT

EMPLOYER INSTRUCTIONS: Please review SECTION 1 for accuracy and complete SECTION 2.

UI Representative:
 DUMICA
 email:

If we do not receive your response on or before 05/28/2019, we will make a decision using the information available.

SECTION 1: INFORMATION PROVIDED BY CLAIMANT

Current Employer: Best period ER? Yes
 Last 42 day employer? No

Are you a Head Start/Early Childhood Services employee? No

Do you usually work for a school during school breaks? No

Last School Employer (School Name) Florence Carlton School

Address of School:
 [REDACTED]

Your Job Title: Paraprofessional

School's Phone Number: (406) [REDACTED]

Supervisor's Name: [REDACTED]

Type of Employment: Professional

Dates of employment:
 From: 09/04/2016
 To: 05/09/2018

My wages were: 13.75 per Hour

For: 7 hours per day 5 days per week

Usual Schedule/Hours worked: 8:20 to 3:00

Current Schedule/Hours (Produced or changed): From: to:

Reason for Separation: Quit

Have you received a notice of termination? No

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?

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?

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:

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

Are you on any substitute list(s)? No
 If "Yes" list schools whose lists you are currently on:

Additional Comments:

SECTION 2: EMPLOYER VERIFICATION

Return this form, along with any supporting documentation. Your response will be used to determine the claimant's eligibility for benefits, based on whether there is reasonable assurance the claimant will be returning to work for you, or any other school.

NOTE: If you are located outside Montana, please provide a copy of the most recent and upcoming academic calendar.

Additional Comments:

Contact Person:	Phone Number:
Employer's Signature:	Date:

I agree with claimant's statement. No new information provided.

I disagree with claimant's statement. Revisions/additions completed.



3rd - Separation Information



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

2433608P82



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

2433608P82

5. Describe in detail the final incident that led to the separation, including the date(s) and the names/titles of those involved. Please explain **exactly** what happened; what was specifically said or done. (Please do not use generalized terms such as "us" or "them"; "inappropriate", etc.) Note: All submitted information will be used as evidence and may be shared with other interested parties.

Mailed: 5/20/2019

[Redacted]

Claim Effective Date: 04/14/2019

Acct #: [Redacted]

[Redacted] PUBLIC SCHOOLS
THERESIA LESUEUR
863 GREAT NORTHERN BLVD STE 301
HELENA MT 59601-3398

FAX 442-2194

Non-renewal (do not provide details)

REQUEST FOR INFORMATION: SEPARATION

UI Representative:
Margie S.

Due Date: 05/28/2019



Montana Department of
LABOR & INDUSTRY
Unemployment Insurance Division

2433608P82

6. 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? Yes No
If yes, please explain.
7. 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.

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax 5/17/2019

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.

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2199 Montana Relay (TDD) 711 UID.DLI.MT.GOV 5/17/2019 PR2-RequestERStepInfo-UIERS&P Page 1 of 3

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV 5/17/2019 PR2-RequestERStepInfo-UIERS&P Page 1 of 3

****Waiver of Rights as an Interested Party**** → **IMPORTANT NOTICE:** Under Montana Code Annotated Section 39-51-605 and Administrative Rules of Montana 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.

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.** Return this information by faxing or calling the number listed below by **05/28/2019**. If we do not receive your response, a determination regarding the individual's eligibility for benefits will be made using the information available. If you have provided this information previously, indicate this on the form and return as indicated above.

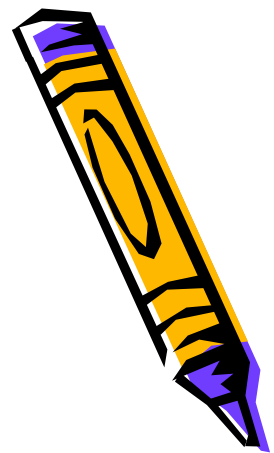
Please follow the instructions and provide all documentation requested. If you have questions about what is being requested, please refer to the Employer Handbook. If you do not have a hard copy you can view it on line at uid.dli.mt.gov or contact our agency directly at the contact number below.

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?
- Was the claimant scheduled an average of 40 hours-per-week? Yes No
If no, what was their average scheduled hours-per-week?



4th - 8wk Form



2432760E82

Mailed: 5/20/2019

Claim Effective Date: 04/21/2019
Acct #: [REDACTED]

[REDACTED] SCHOOL DIST
THERESIA LESJEUR
863 GREAT NORTHERN BLVD STE 301
HELENA MT 59601-3398

FAX 442-2194

REQUEST FOR INFORMATION: 8 WEEK WORK HISTORY

If this completed form is not received by **05/28/2019**, your account may be charged. List the hours the claimant worked each week (Sunday - Saturday). Provide the reason for any reduction in hours, missed work, etc. and the number of hours for each reason in the columns below.

Information can result in benefits not being charged to the district

Calendar Week Beginning	Calendar Week Ending	Hours Actually Worked	Hours Scheduled/Expected To Work	If Holiday Hours	If Claimant Took Time Off (Sick, Vacation, Late.)	If Conditions Causing Less Hours (Weather, Occupancy, Work slowdown)
Ex. 01/06/2019	01/12/2019	10	20	8 hrs	<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid	2 hrs/Sick 8 hrs/Weather
03/24/2019	03/30/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
03/31/2019	04/06/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
04/07/2019	04/13/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
04/14/2019	04/20/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
04/21/2019	04/27/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
04/28/2019	05/04/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
05/05/2019	05/11/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
05/12/2019	05/18/2019				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	

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.

Is this a Salary position? Yes No

If salary was reduced, indicate the amount of the reduction and the effective date. _____

Employer/Representative Signature: _____ Telephone #: _____

Respectfully,

Diane G.
UI Contact
406-444-9044
dgoerig@mt.gov



5th - Determination



2433237M08



2433237M08



Mailed: 5/20/2019
ID: [REDACTED]
Claim Effective Date: 05/05/2019
[REDACTED] SCHOOL DIST [REDACTED]
Acct #: 00099594

NOTICE OF DETERMINATION: SEPARATION

Issue: Quit from [REDACTED] SCHOOL DIST # [REDACTED]

Beginning 05/05/2019, you are disqualified from receiving benefits.

You left your job for personal medical reasons. While you state your doctor advised you to leave, you have not provided the requested medical documentation. Therefore, your reason for leaving was not attributable to, or the fault of, the employment under Montana Code Annotated Section 39-51-2302.

To end this disqualification, you must provide proof that since your separation from [REDACTED] SCHOOL DIST [REDACTED]

- A. You have earned wages in the amount of \$900. Submit paystubs or an employer statement of earnings.
- OR
- B. You have attended school for at least 3 consecutive months. Submit transcript for this period.

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.

Respectfully,

Adjudication Unit
Montana Unemployment Insurance Division

C:
[REDACTED] SCHOOL DIST [REDACTED]
THERESIA LESJUEUR
863 GREAT NORTHERN BLVD STE 301
HELENA, MT 59601-3398

REDETERMINATION RIGHTS

This decision is final unless a request for redetermination is received on or before **05/30/2019**. If you disagree with this decision, you may request a redetermination by:

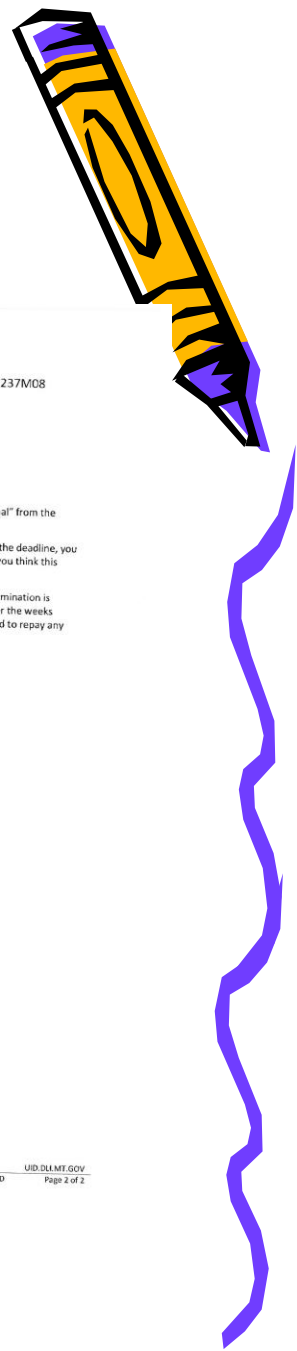
Calling the Claims Processing Center at 406-444-2545
Faxing your request to 406-444-2699
Mailing your request to:

Montana Department of Labor and Industry
Unemployment Insurance Division
PO Box 8020
Helena, MT 59604

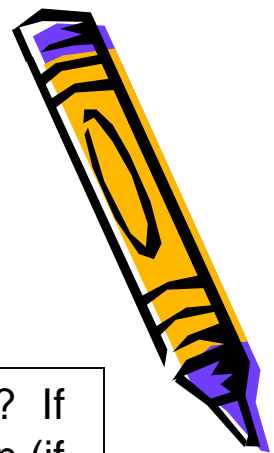
CLAIMANTS: Login at UI4U.mt.gov and select "Request for Redetermination or Appeal" from the Main Menu. This option is only available for timely requests.

You may choose whichever method you want as long as it is received by **05/30/2019**. If you miss the deadline, you must provide good cause for your late request. Please include in your request the reason(s) why you think this decision is in error.

CLAIMANTS: To claim ongoing benefits, you must file timely payment requests while your redetermination is pending. If the decision is changed and you are otherwise eligible for benefits, you may be paid for the weeks requested. If a decision allowing benefits is overturned at any level of appeal, you may be required to repay any benefits you received.



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.

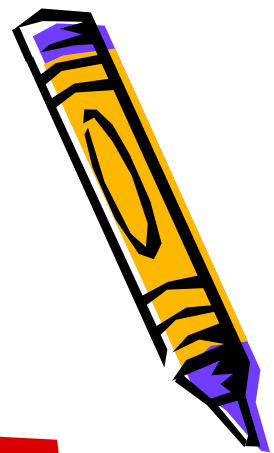
Was a written resignation provided by the claimant? If so, attach.

Details / Documentation



Base Period

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



Standard Base Period

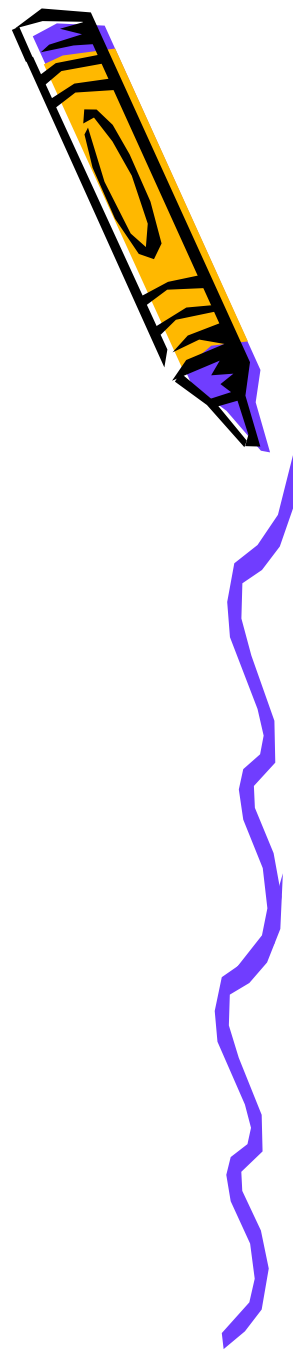


Base Period				Lag Quarter	Claim Filed Here
Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar
Jan Feb Mar	Apr May Jun	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun	Jul Aug Sep
Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr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

01/01/2018 through 03/31/2018	\$
04/01/2018 through 06/30/2018	\$
07/01/2018 through 09/30/2018	\$
10/01/2018 through 12/31/2018	\$
01/01/2019 through 03/31/2019	\$

Monetary Eligibility	Weekly Benefit Amt	Number of Weeks	Max Benefit Amt

Quarter Change Estimate

If you wait and file your claim between 07/03/2019 and 10/01/2019, this would be your estimated benefit amount. (Benefits will not be paid for any weeks prior to the effective date of your claim.)

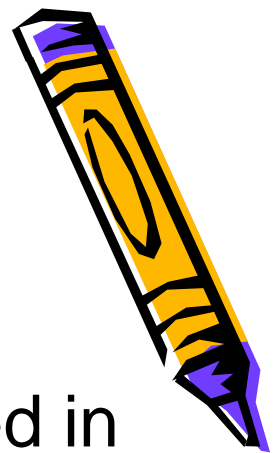
Monetary Eligibility	Weekly Benefit Amt	Number of Weeks	Max Benefit Amt

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

Unemployment Liability



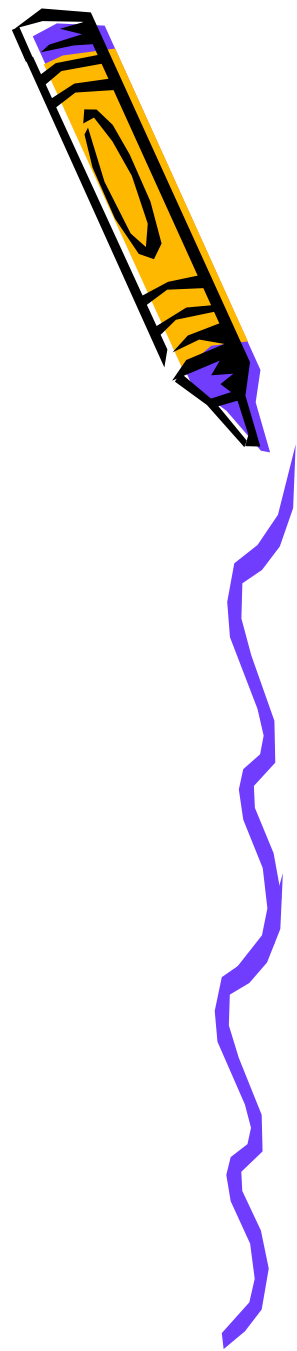
- UI liability exists on employee wages earned in the past 18 months – Base Wage Period (wages earned in the first four of the last five quarters)
- Maximum Weekly Benefit: \$552 up from \$527
Minimum Weekly Benefit: \$163 up from \$150

These increases will take effect 7/1/19

- Maximum Liability Per Employee = 28 weeks paid benefits (\$15,456)



How Much can a Person Receive?



- Former employees can receive up to 28 weeks of benefits at a maximum of \$527/week (\$552 beginning 7/1/2019)
 - 28 weeks x \$552/week = \$15,456
 - Approximate annual salaries:
 - \$50,000 = \$552/week
 - \$32,000 = \$304/week
 - \$22,000 = \$209/week



Charging Notices



CLAIMS PAID 18-19

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	10/5/2018	6,821.59								1,791.30					5,030.29	10/2/2019
Jim Bob Walton	222-22-2	8/24/2018	0.00			205.94	(205.94)									0.00	8/22/2019
Mary Ellen Walton	333-33-3	4/6/2017	42.46			9.89	8.89									23.68	4/4/2018
Ben Walton	444-44-4	5/18/2019	500.84		27.82	111.28		111.28	111.28		55.64					83.54	5/16/2020
Erin Walton	555-55-5	2/22/2019	2,706.00									369.00				2,337.00	2/20/2020
Jason Walton	666-66-6	8/11/2017	580.13		111.55											468.58	8/9/2018
Jason Walton	666-66-6	8/14/2018	0.68		0.67											0.01	8/12/2019
Elizabeth Walton	777-77-7	7/7/2017	2,105.00	421.00												1,684.00	7/5/2018
TOTALS			12,756.70	421.00	140.04	327.11	(197.05)	111.28	111.28	0.00	1,846.94	369.00	0.00	0.00	0.00	9,627.10	
Quarter Total						888.15			25.51			2,215.94			0.00		

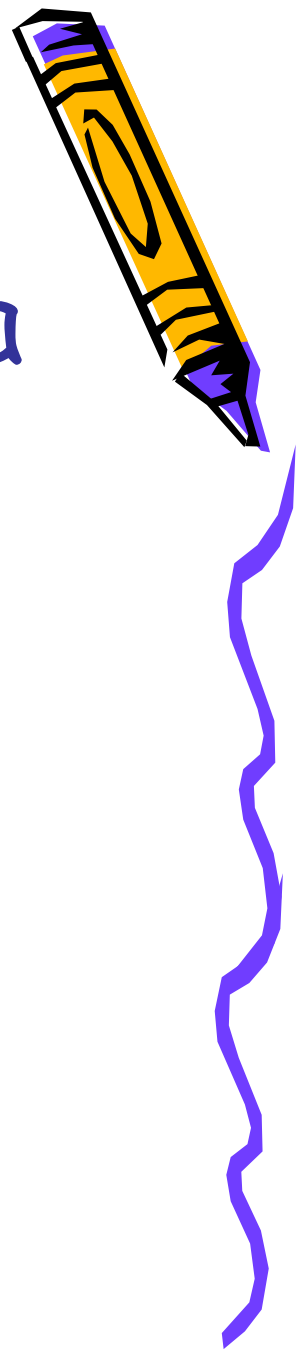


UI Process- Contact Data

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

If not a MTSUIP
member

DOLI Helena Phone Center
PO Box 8020, Helena MT 59604
406-444-2545 (9:00 am to 4:00 pm M-F)
406-444-2699 (fax)



Thanks for learning!



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