



*Montana Schools  
Unemployment  
Insurance Program*

**MTSUIP**

LAREN CARPARELLI, CPA  
PROGRAM DIRECTOR

LISA GOWEN,  
UI TECH

# https://mtsuip.org

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Montana Schools Unemployment Insurance Program

Managing employment-related liability in a cost-effective and fiscally responsible manner

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**Control unemployment costs and save valuable staff time with MTSUIP**

Since 1994, the program has helped member districts control unemployment costs and save valuable staff time, while providing superior support from a team of experts focused exclusively on helping Montana school districts.



### MTSUIP provides education and information through the following outreach programs:

- Cost-saving workshops are offered across the state, giving participants an opportunity to learn practical approaches to keeping claims costs low while protecting school districts from unnecessary exposure
- Take-home tools from workshops for supervisors to refer to later or share with coworkers
- Claims tips and updates sent by e-mail and bulletins to help members control costs and reduce claims
- [Montana Education Law Reporter](#) can provide answers to MTSUIP members' questions. The program manual is updated as necessary, so the information is always current and responsive to member's needs

### Unemployment Services

Handles processing and audit benefit charge statements

Reviews members' tax rate annually

Assists with appeals as well as hearing preparation and representation

Provides supervisor training and pre-separation assistance

### In-District Employment Training

As a member of the MTSUIP unemployment insurance program, you should be taking advantage of the 4-hour in-district employment training offered by the MTSBA Staff. **This is offered at no charge to your district** as a value-added service of membership in MTSUIP. Call Lindsay Ford at (406) 240-6686 to schedule the training.

A large, irregular green brushstroke graphic that serves as a background for the title text.

# *Unemployment 101*

## **We are here to assist you!**

- MTSUIP was formed as a non-profit, self-governed pooled insurance program in 1994. We operate as a program under the Montana School Boards Association (MTSBA)
- We are not State employees.
- MTSUIP is a member only program sponsored by MTSBA and MASBO. You must be a member of both organizations to participate in MTSUIP
- Only Montana School Districts can participate in the MTSUIP Program
- We communicate between our Member Districts and the Montana State Department of Labor and Industry (DOLI) on your behalf

# ***Why do I want to be a member of MTSUIP?***

- You should be a member if you are not! Let Lisa or Laren know if you'd like to look at rates
- We focus exclusively on Montana school districts
- We are your contacts for all things “unemployment” - every step of the way
- We save you time & make sure you know what you need to be doing
- Better cash flow – MTSUIP membership means your District pays a much lower unemployment rate. Rates are reviewed annually and adjusted appropriately
- Montana Education Law Reporter (MELR) access
- In-District 4 hour employment training at no charge to your district (\$750 - \$1500 value)
- Additional workshops (no charge to MTSUIP Members) “Back to School Legal Primer” in August, “HR Training” in February, “Budget & Finance Workshops” (must also be a MASBO member) in March & “Hot Topic Employment Training” in April
- Claims advice & access to MTSBA attorneys who are experts in Montana school legal issues. Assistance with appeals, hearing preparation & representation
- Visit our website at <https://mtsuiip.org>

# Annual Rate and ECR Notice



LAREN CARPARELLI  
Program Director  
863 Great Northern Blvd., Ste. 301, Helena, MT 59601  
406.431.3274 (Voice) 406.442.2194 (Fax)

DATE: May 16, 2022  
TO: Sample School District  
FROM: Montana Schools Unemployment Insurance Program  
RE: **FY23 RATE NOTIFICATION & CREDIT DISTRIBUTION ANNOUNCEMENT**

The Board of Directors for Montana Schools Unemployment Insurance Program (MTSUIP) recently approved renewal rates for the 2023 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, 2021 was \$6,839,666 whereas on the same date last year, it was \$4,770,282. The Board has chosen to stabilize rates for FY23 to maintain the funding levels recommended by the program consultant.

Your district's participation in MTSUIP since July 1, 2018 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 608.4% based on 30 months experience ending December 31, 2021.

Additionally, the Board is declaring an Excess Contribution Refund (ECR) of \$302,051 to be distributed to members participating in the program prior to June 30, 2017. 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 2022) and may be used any quarter.

**TAX RATE 0.32%**

**ECR Credit \$1,018.78**

If you have any questions, please call Montana Schools Unemployment Insurance Program at (406) 431-3274.

Laren Carparelli, CPA  
Program Director

Lisa Gowen  
UI Tech

**New rates are effective July 1<sup>st</sup> of each year for the upcoming fiscal year**

**Remember you MUST change the rate in your payroll software each year**

At times, the MTSUIP Board of Directors may issue a credit towards premiums known as an ECR or Excess Contribution Refund

# *Quarterly Reporting*

**[www.mtsuip.org/quarterlyreporting](http://www.mtsuip.org/quarterlyreporting)**

- Timely reporting and payment – due by the 15<sup>th</sup> of the month after each calendar month end (January 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>)
- Online reporting is required and is the most accurate and secure method
- Payment must be postmarked by the 15<sup>th</sup> of the month if mailed
- ACH – optional automated payment is also due by the 15<sup>th</sup> of the month
- Penalty and interest will be assessed on all late reports/payments

# Quarterly Reporting

[www.mtsuip.org/quarterlyreporting](http://www.mtsuip.org/quarterlyreporting)

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Montana Schools Unemployment Insurance Program

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## Quarterly Reporting

[ONLINE REPORTING](#)

[CLICK HERE TO ACCESS REPORTING INSTRUCTIONS](#)

[CLICK HERE FOR INSTRUCTIONS TO AMEND REPORT](#)

*MTSUIP Online Reporting is a convenient and secure way to use your unemployment reporting services.*

*The MTSUIP Online Reporting App is the property of Montana Schools Unemployment Insurance Program. This system, including all related equipment, networks, and network devices, is provided only for authorized unemployment insurance use.*

*Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. By using this system, the user consents to such*

There is no sign in required for our website.

If you are trying to access **Online Reporting** for the **first time**, you must contact Lisa Gowen at 406-437-4054 or by email at [lgowen@mtsba.org](mailto:lgowen@mtsba.org) to get set up.

# Quarterly Reporting

[www.mtsuip.org/quarterlyreporting](http://www.mtsuip.org/quarterlyreporting)

MTSUIP  
MONTANA TEACHERS' SUPERINTENDENTS' UNION

Home Quarterly Reports Lisa Gowen

Q2/2021 VALIDATE DISTRICT DATA

School District \*  
Sample School

Federal ID Number \*  
12-3456789

Address \*  
1 School Lane

City / State / Zip \*  
School MT 59000

Phone \*  
4061112222

Fax \*  
4061112233

Date Joined \*  
04/01/2019

Primary Contact Email \*  
lgowen@mtsba.org

UI Acct Number \*  
123456

Rate \*  
1.16

Superintendent \*  
John Doe

District Clerk \*  
Jane Doe

Director \*  
n/a

Board Chair \*  
Joe Schmo

Board Chair Address \*  
1 School Lane

Board Chair City / State / Zip \*  
School MT 59000

Edit Next

MTSUIP  
MONTANA TEACHERS' SUPERINTENDENTS' UNION

Home Quarterly Reports Lisa Gowen

Q2/2021 REPORT

Federal ID Number \* 12-3456789

Total Wages Paid \* \$ 10,000.00

1st Month # Employees \* 2

Contribution Rate \* 1.16 %

2nd Month # Employees \* 13

Penalties and Interest Due \* \$ 0.00

3rd Month # Employees \* 1

Adjustments \* \$ 0.00

Comments

Total MTSUIP Premium Due: \$ 116.00

Payment for Amended report will be included to the next period.

SSN	FIRST NAME	MIDDLE NAME	LAST NAME	WAGE	ACTIONS
123-45-6789	bugsy		malone	\$ 0.00	[-]
234-56-7890	bugs		bunny	\$ 0.00	[-]
				\$	

Page 1 of 1

NAME DATE ACTIONS

No data available in table

Drop files here to upload

Previous Next

**Please Note:** you will only hand enter wages that are not included in an electronic wage file. Otherwise, just drop the wage file in the box to upload

If you are a new clerk or need detailed instructions, please contact Lisa Gowen at 406-437-4054 or lgowen@mtsba.org



# *Who can apply for unemployment*

Most often districts will receive UI claims from:

- Substitutes
- Coaches
- Bus Drivers

However - ANY school district employee can apply

# *Claims Process*

## **Filing a Claim**

Triggering event (i.e., school break, discharged, layoff)

- Call DOLI or file online
- Initial Claim (8 business days to respond)
- DOLI review/request information

## **Eligibility**

- DOLI Determination (8 business days to respond)
- Redetermination (8 business days to respond)

## **Appeal**

- Appeal (10 business days to respond)
- Unemployment Insurance Appeals Board (30 business days to respond)
- District Court

# ***Your 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 \$510
- Minimum Weekly Benefit: \$163 up from \$151
- Maximum Liability Per Employee = 28 weeks paid benefits (\$15,456)
- A claim will remain open for one year with a maximum of 28 weeks of benefits
- Any claim benefits paid are covered by your MTSUIP premium

# *Available Benefits*

Benefits on approximate annual salaries:

- \$50,000 = \$552/week - \$15,456 maximum
- \$32,000 = \$320/week - \$8,960 maximum
- \$22,000 = \$220/week - \$6,160 maximum

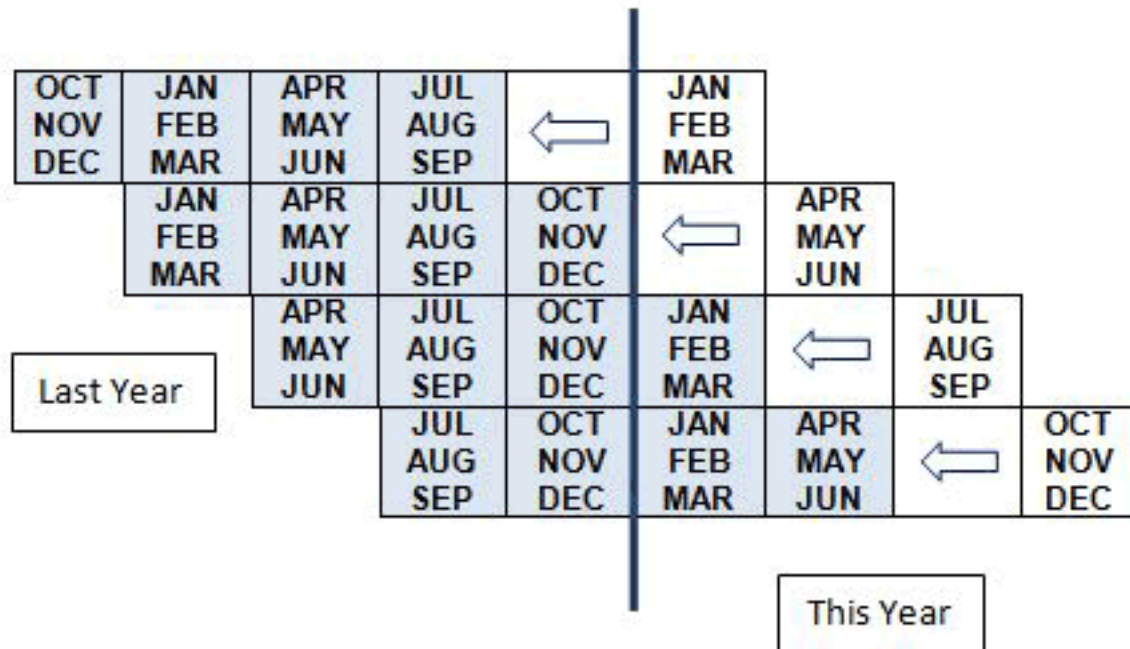
## Montana State's Benefits Estimator

The Unemployment Benefits Estimator is intended to be a quick reference for determining your approximate potential benefit amounts if you were to file your claim this week. Keep in mind that these results are an approximation presented for illustration purposes only. This estimate is not a guarantee of benefits. (take the annual salary and divide it by four to get your quarter wages to enter)

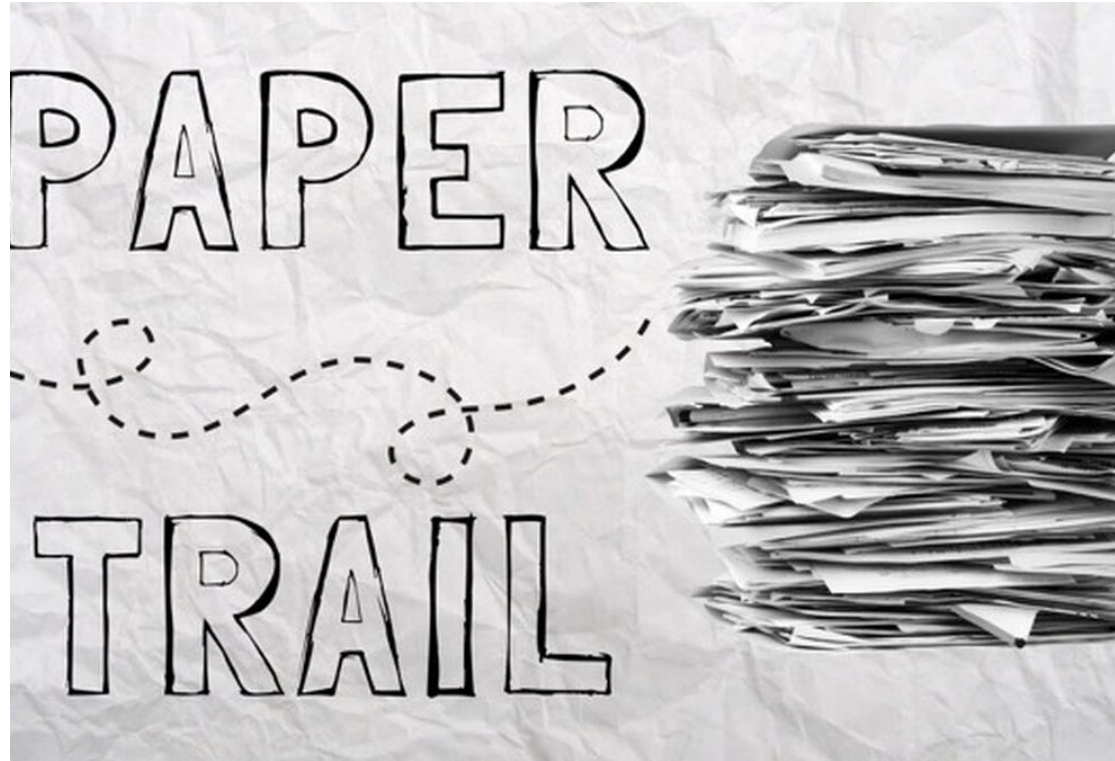
<https://uid.dli.mt.gov/claimants/benefits-estimator>

# What is a Base Period

Find the month you filed your claim in the **white** boxes. The calendar quarters in the **blue** boxes on the same line make up your base period.



Benefits paid (by the MTSUIP Program with premiums) are based on the employee's base period of wages earned



## ***Please Respond***

- The State of Montana DOLI 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 from the “Mailed date” to complete




***Look at the due date on the Claim Form  
– your eight days may already be up***

# The Paperwork

Typically, the “Request for Information” is the first form you will receive.

This form is computer generated and is always blank

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

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

7859165208

**FAX 442-2194**

Mailed: 2/10/2023  
MISTY EYES  
XXX-XX-6329  
Claim Effective Date: 06/12/2022  
Reopen Effective Date:  
02/05/2023  
Acct #: XXXXXX

SAMPLE SCHOOL DISTRICT  
LAREN CARPARELLI  
863 GREAT NORTHERN BLVD STE 301  
HELENA MT 59601-3398

DLIUIBPF010100

**REQUEST FOR INFORMATION: CLAIM FILING NOTICE**

The above individual has filed or reactivated a claim for unemployment insurance benefits.

We need the following information to determine the claimant's eligibility. Your response must be received on or before 02/21/2023 or a decision will be made based on the information on file. Fax or mail your response to the fax number or address listed below.

**IMPORTANT NOTICE:** If you fail to provide a timely and complete response to this request, your rights concerning this employment issue may be lost, and overpayments linked to this issue will not be credited to your account. For additional information, see Montana Code Annotated Section 39-51-605 and Administrative Rules of Montana 24.11.208.

**Reason for claimant's separation from your employment:**

<input type="checkbox"/> Quit	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Discharged	<input type="checkbox"/> Suspension
<input type="checkbox"/> Currently physically working	<input type="checkbox"/> Other (explain below)
<input type="checkbox"/> Laid off (due to lack of work, weather End of season/assignment)	

**Explanation or comments: (attach documentation or additional information)**

Job title: \_\_\_\_\_ Number of hours normally worked per week: \_\_\_\_\_

Date hired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last day physically worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Separation pay/accrued vacation/sick pay: Gross Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will this individual be returning to their normal work hours?  Yes  No

Date normal hours will resume: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's Name (please print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**GO PAPERLESS...Sign up for SIDES!** For more details log on to [uieservices.mt.gov](http://uieservices.mt.gov) or call 406-444-3834 and select option 2.

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV  
2/10/2023 208-NoticeofClaimFiling-UI241 Page 1 of 1

Options that may better fit a school


Seasonal  
Sub – still working  
Scheduled School Break  
Reduction in Force

If you have questions, give us a call!

# Paperwork

**Requests from the Department of Labor should always be addressed to the MTSUIP address.**

If it is not addressed to MTSUIP at 863 Great Northern Blvd in Helena please contact our office immediately

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

7856958292

SCHOOL DIST #1  
LAREN CARPARELLI  
863 GREAT NORTHERN BLVD STE 301  
HELENA MT 59601-3398

Mailed: 2/9/2023  
PAN, PETER  
517-00-0101  
Claim Effective Date: 12/18/2022

0010Y0L4NN1DIT7  
0101010101010101

**INFORMATIONAL PURPOSES ONLY: POTENTIAL CHARGE NOTICE**

The above individual has filed a claim for unemployment insurance benefits.

Your unemployment insurance account is potentially chargeable for up to \$3,850.95 on this claim. You reported wages of \$16,922.38 paid to the claimant in quarter(s) 3/2021, 4/2021. That equals 63.526% of the claimant's wages for the base period of 07/01/2021 through 06/30/2022.

**No response is required.**

GO PAPERLESS...Sign up for SIDES! For more details log on to [uieservices.mt.gov](http://uieservices.mt.gov) or call 406-444-3834 and select option 2.

**RECEIVED**  
By Lisa at 3:53 pm, Feb 13, 2023


P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV  
2/9/2023 292-Chrg Notice-UI242R Page 1 of 1

**This form is  
INFORMATIONAL only**

**If you have any questions  
regarding this form,  
please give us a call**



# Paperwork


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

7857165T51  
**FAX 442-2194**

**Mailed: 2/10/2023**  
 MISTY EYES  
 XXX-XX-6329  
**Claim Effective Date: 06/12/2023**  
 SAMPLE SCHOOL DISTRICT  
 Acct #: XXXXXX

SAMPLE SCHOOL DISTRICT  
 LAREN CARPARELLI  
 863 GREAT NORTHERN BLVD STE 301  
 HELENA MT 59601-3398

**REQUEST FOR INFORMATION: VERIFICATION OF SCHOOL EMPLOYMENT**

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

**UI Representative:**  
 DLIMICA  
 email:

If we do not receive your response on or before 02/21/2023, we will make a decision using the information available.

---

**SECTION 1: INFORMATION PROVIDED BY CLAIMANT**  
 OFFICE USE ONLY: Base period ER? No  
 Last/42 day employer? Yes

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) Sister School District

Address of School:  
 10 Colorado Ave  
 Happiness, MT 59044  
*Substitute Aide*

Your Job Title: Special Education Aide

School's Phone Number: (406) 343 - 3450

Supervisors Name: Charlie Hansen

Type of Employment: Professional

Dates of employment:  
 From: 11/07/2022  
 To: 02/08/2023 — 411023


My wages were: 14.39 per: Hour

For: 7 hours per day 5 days per week

Usual Schedule/Hours worked: 8 am to: 4 pm

Current Schedule/Hours (if reduced or changed): From: 8 am to: 4 pm

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV 2/10/2023 T51-SchEmplymntFFIC-ICUI212 Page 1 of 2


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

7857165T51

**Reason for Separation:** Still Working Part-time *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:**  
*Moved out of State. No longer on Sub list.*

Contact Person: <i>Lisa Jones</i>	Phone Number: <i>406.431.2424</i>
Employer's Signature: <i>[Signature]</i>	Date: <i>5/5/23</i>

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

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


P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV 2/10/2023 T51-SchEmplymntFFIC-ICUI212 Page 2 of 2

This is the most common form sent by MTDOLI

The purpose of this form is to verify the information the claimant has provided to the State

Correct any information you need to and if you have questions give us a call!

# Paperwork


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

7845368P82

Mailed: 2/6/2023  
 Claim Effective Date:  
 06/12/2022 Acct #: 00XXXXX

**FAX 442-2194**

REQUEST FOR INFORMATION: SEPARATION

---

**Due Date: 02/14/2023**

**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 02/14/2023. 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.**

1. What were the individual's dates of employment? Include the first and last date the individual physically worked.
2. What was the individual's last rate of pay?
3. What was the individual's job title and description?
4. Was the claimant scheduled an average of 40 hours-per-week?  Yes  No  
 if no, what was their average scheduled hours-per-week?

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV  
 2/4/2023 PB2-RequestERSepInfo-UIERSEP Page 1 of 3


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

7845368P82

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.
  - 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?  Yes  No  
 if yes, please explain:
7. 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.  
 FEB 03 2023

P.O. Box 8020 Helena, MT 59604-8020 (406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV  
 2/4/2023 PB2-RequestERSepInfo-UIERSEP Page 3 of 3

## NOTICE: Waive Rights as an Interested Party

If an attorney was involved with termination, it is good to have them involved when answering these questions as you do not want to open a door that has already been closed


Again, give us a call should you have any questions

# Paperwork

## “8 Week Form”

This form helps the State determine if your account will be charged if UI benefits are paid

They are looking at the four weeks before and the four weeks after the effective date of the claim



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

7853300E82

Mailed: 2/8/2023  
KELLY SMARTER  
XXX-XX-7651  
Claim Effective Date: 01/01/2023  
Acct #: 0xxxxxx

SAMPLE SCHOOL DISTRICT #4  
LAREN CARPARELLI  
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 **02/16/2023**, 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.

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)
				8 hrs	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
Ex. 01/08/2023	01/14/2023	10	20			2 hrs/Sick	8 hrs/Weather
12/04/2022	12/10/2022				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
12/11/2022	12/17/2022				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
12/18/2022	12/24/2022				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
12/25/2022	12/31/2022				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
01/01/2023	01/07/2023				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
01/08/2023	01/14/2023				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
01/15/2023	01/21/2023				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
01/22/2023	01/28/2023				<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		

Please list the hourly wage of the claimant. \$ \_\_\_\_\_ (Or salary: \$ \_\_\_\_\_ per \_\_\_\_\_.)

If the claimant's salary was reduced, indicate the amount and date of the reduction.

Employer/Representative Signature:

Telephone #:

Respectfully,

(406) 444-2545 Fax: (406) 444-2699 Montana Relay (TDD) 711 UID.DLI.MT.GOV  
2/7/2023 E82-8 Week Info Req-8WK Page 1 of 1

## When Responding:

## Provide the State with details and documentation

- Attach the contract
- Attach payroll records
- Attach the resignation letter

**Always Respond in a timely manner and remain an “Interested Party” to all claims**

# Exclusive Resources

MTSUIP provides all member districts with an exclusive annual subscription service only available to MTSUIP members . . . the

## MELR

Montana Education Law Reporter

24/7 online member resource

Access the MELR by going to

[www.mtsba.org](http://www.mtsba.org)

All forms can be found in the "Community" group library

[lford@mtsba.org](mailto:lford@mtsba.org)

Lindsay Ford, Office Administrator

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Montana School Boards Association

Developing the full potential of each child in every public school through school board leadership

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MELR

## Montana Education Law Reporter

The Montana Education Law Reporter is a copyrighted, members-only publication made exclusively available to members of the Montana Schools Unemployment Insurance Program (MTSUIP). Below are links to a series of articles, forms, and model job descriptions. If you cannot see these resources, contact MTSUIP for information about the benefits of MTSUIP membership.

### MELR Articles

- [1000 Board Meetings](#)
- [1100 Trustee Essentials](#)
- [1200 School Elections](#)
- [2000 Special Education](#)
- [3000 Student Discipline](#)
- [3300 Activities and Athletics](#)
- [3500 FERPA](#)
- [3500 FERPA - Appendix A](#)
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- [5000 FSLA](#)

### MELR Forms

(downloadable Word documents)

#### FORMS INDEX

- [1001 - Notice Regarding Public Comment](#)
- [1002 - Notice Individual Rights of Privacy](#)
- [1003 - Regular Meeting Agenda](#)
- [1004 - Special Meeting Agenda](#)
- [1005 - Nepotism Notice](#)
- [1006 - Nepotism Hiring Resolution](#)
- [1007 - Substitute List Resolution](#)
- [1008 - Rules of Order During the Meeting](#)
- [1009 - Model Multidistrict Agreement](#)
- [1010 - Executive Session Litigation Strategy Statement](#)
- [1011 - Public Comment in Montana Summary](#)
- [1012 - Open Meetings - Compliance Guide](#)
- [1013 - Executive Session Summary Sample](#)
- [1013 - A Sample Letter of Expulsion](#)
- [1101 - Sample Resolution and Motion Regarding Actions of Individual Board Member](#)

### MELR Model Job Descriptions

(downloadable Word documents)

#### ADMINISTRATIVE

- [Adult-Community Education Director](#)
- [Elementary Principal](#)
- [High School Assistant Principal](#)
- [High School Principal](#)
- [Middle School Assistant Principal](#)
- [Middle School Principal](#)
- [School Superintendent](#)
- [Special Education Director](#)

#### CERTIFIED

- [Elementary School Teacher](#)
- [Guidance Counselor](#)
- [High School Teacher](#)
- [Instructional Mentor](#)
- [Kindergarten Teacher](#)
- [Librarian](#)

***Thank you!***

**Please reach out, we are here to help**

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