

**DE 1545**

**NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM**

**\*RULING REQUESTS MUST BE POSTMARKED BY**

YOUR ACCOUNT NO. BR. NO.

PREDECESSOR ACCOUNT NO.

CLAIM DATE

**\*IF INFORMATION ABOUT WAGES IS CORRECT AND YOU DO NOT WISH TO REQUEST A RULING, NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.**

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME      NAME WAGES REPORTED UNDER      SOCIAL SECURITY NUMBER      OTHER SOCIAL SECURITY NUMBER

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM (BASED ON \_\_\_\_\_ )  
FOR INFORMATION REGARDING BASE PERIOD, SEE ENCLOSED INSTRUCTIONS


<b>TOTAL WAGES REPORTED BY YOU</b>

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM \_\_\_\_\_

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR RESERVE ACCOUNT IS \_\_\_\_\_

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \_\_\_\_\_ TO A MAXIMUM BENEFIT AMOUNT OF \_\_\_\_\_

**RULINGS:** To request a ruling, supply the information below and mail to the address in the upper left corner.

1. Give date(s) of separation(s) and rehire(s) (if any) during quarters used to establish this claim.

Separation(s) Dates(s) \_\_\_\_\_ Rehire(s) Date(s) \_\_\_\_\_

2. Did the claimant notify you that he/she quit?     Yes     No

3. Give complete details about separation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE/TITLE \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

DATE \_\_\_\_\_

SSN \_\_\_\_\_

DOCUMENTS MADE PART OF RECORD \_\_\_\_\_

CLAIMANT NAME \_\_\_\_\_

ER PROTESTED DATE \_\_\_\_\_

TIMELY

UNTIMELY

DE 3977

DE 4463

DE 4464

DE 4465

Employer Statement

Claimant Statement

Reason for Favorable Ruling

BDG Reason for Decision \_\_\_\_\_

Accepts other Employment \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Part-Time

Employers Name \_\_\_\_\_

Favorable

Address \_\_\_\_\_

Unfavorable

\_\_\_\_\_  
Department Representative (Print Name)

**FOR DEPARTMENT USE ONLY**