

UI LOCAL OFFICE #05
P.O. BOX 9001
MENOMONEE FALLS, WI 53052

Date Sent: 09/26/18 Date Due: 10/03/18
UCB-16R SEPARATION NOTICE

8

414-438-7705 FAX: 608-260-3060

WD00001

Please reply via one method only: online, fax, or mail.

Reply by the due date only if correcting or adding information. See reverse side for explanations/instructions.

TO REPLY ONLINE: <https://dwd.wi.gov/ui/sides>

MARY A. CLAIMANT
1 DIVISION ST
HOMETOWN WI 54444-4444

UI Account Number: 123456 1
SSN: 987-65-4321 VNC: 38/18 N

JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

This form will be machine read and processed automatically. Information outside the boxed areas will not be read.

1. If the claimant **NEVER** worked for you, put an X in this box and immediately return this form.

2. If the Employer Name and/or Account Number is incorrect, and you know the correct information, please provide the correct information in the box below:

2. We show the claimant last worked for you during the week ending Saturday, 09/15/18.

If that is incorrect, enter the correct last day of work:

3. The claimant also reported that he/she expects to return to work for you by 11/17/18 . If this is correct, he/she will not be required to look for work. If you do not expect to recall the claimant, put an X in the box and return this form.

3. The employee indicated he/she is no longer working for you because he/she was laid off due to lack of work.

4. If the claimant is no longer working for you and was not laid off due to a lack of work, indicate the correct reason for separation below, provide detailed information and return this report by the due date shown above.

There are penalties for failing to provide correct and complete information requested by the Department during a fact-finding investigation. See reverse for details.

The department is required to investigate all eligibility issues. **If other eligibility issues apply, provide detailed information about those issues in the box.** See back of form for details about information that should be provided.

4. Did you or will you pay the claimant Vacation, Dismissal or Holiday Pay for any period after the last day of work? If yes, check the type of pay, enter the week ending Saturday date, gross pay, and hours & minutes for each type of pay paid beyond the last day worked.

Type of Pay	<input type="checkbox"/> Vacation <input type="checkbox"/> Dismissal/Severance <input type="checkbox"/> Holiday	<input type="checkbox"/> Vacation <input type="checkbox"/> Dismissal/Severance <input type="checkbox"/> Holiday	<input type="checkbox"/> Vacation <input type="checkbox"/> Dismissal/Severance <input type="checkbox"/> Holiday	<input type="checkbox"/> Vacation <input type="checkbox"/> Dismissal/Severance <input type="checkbox"/> Holiday
Week Ending Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gross Pay	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Hours/Minutes	HR: <input type="text"/> MIN: <input type="text"/>	HR: <input type="text"/> MIN: <input type="text"/>	HR: <input type="text"/> MIN: <input type="text"/>	HR: <input type="text"/> MIN: <input type="text"/>

If the claimant already reported an eligibility issue, we may contact you for additional information before the due date.

7

Completed for the employer by:	Working Title and Phone Number:	Date Completed:
If further information is needed, whom should we call? Please print the name and phone number below:		

You must reply to this required report only when:

- The claimant never worked for you or your account number is missing or incorrect (#1);
- The claimant reported last day of work is in the wrong week or the claimant will not be recalled by date indicated on form (#2);
- The reason for separation is other than layoff due to lack of work (#3); or
- The claimant is receiving vacation, dismissal or holiday pay for any period after his/her last day of work (#4).

If your reply to this report is incomplete, with incorrect information, or after the due date:

Your account will be charged for all benefits that are paid to the claimant in error because we did not have your information. Benefits paid in error include benefits paid from another employer's account and/or your own account - even if the claimant never worked for you.

INSTRUCTIONS FOR COMPLETION:

To reply online, use the web site on the front of this form. You must have a Wisconsin UI Account to reply online. Report hours and minutes of vacation, dismissal/severance, and holiday pay online in an electronic attachment or under Separation Comments.

More information about replying online is available at <https://dwd.wisconsin.gov/ui/sides>.

If you reply by fax or mail, this form will be scanned for automated data capture. Please follow these instructions to ensure your information is processed quickly and accurately.

- Use blue or black ink;
- Print numbers clearly ([1] [2] [3] [4] [5] [6] [7] [8] [9] [0]);
- Mark all check boxes with an "X" ([X]);
- Keep all information within the boxes. Information outside the boxes cannot be read by the scanner.

ITEM #1: The claimant did not work for you or your account number is missing or incorrect.

- If you know the correct employer's name and/or account number, please fill in #1 on the front of the form and return the form by the due date.
- If your account number is missing or incorrect, enter your correct account number and employer name in #1 on the front of the form and return the form by the due date.

ITEM #2: The last day of work reported by the claimant is incorrect.

- If the last day of work falls in a different week, correct the date and return the form by the due date. When the last day of work is different but in the same week, no correction is required.
- Use the UI calendar week (Sunday through Saturday) to determine if the last day of work falls in the same week.

ITEM #3: The reason for separation is incorrect and/or there are other eligibility issues that apply to this claim.

- If the reason for separation reported by the claimant is incorrect, write the correct reason in the box, provide detailed information and return this form by the due date. Common reasons for separation include quit, discharge, disciplinary suspension, inability or unavailability for work and labor dispute.
- If there are additional eligibility issues that apply to the claim, provide detailed information about the issue(s) and return this form by the due date. Other common eligibility issues include job refusals, school year employment, inability or unavailability for work on the general labor market, excluded employment, family controlled employment or pension payments (any retirement payment to which the employer has contributed, including an annuity, a 401(k), etc.). For more information about eligibility issues, refer to the online Handbook for Employers (Publication UCB-201-P), at www.dwd.wisconsin.gov/ui201, or call the Employer Assistance Line at 414-438-7705.
- If you are contacted for additional information about an eligibility issue, respond by the deadline you are given. Your account will be charged for all benefits that are paid to the claimant in error because you fail to provide correct and complete information during a fact-finding investigation. Benefits paid in error include benefits paid from another employer's account and/or your own account - even if the claimant never worked for you.
- A written determination will be issued when relevant. This determination may be appealed by you or the claimant. Appeal procedures are provided on the decision.

ITEM #4: The claimant received or will receive holiday, vacation or dismissal pay assigned to a period after the last day of work.

- If the claimant has received or will receive non-work pay assigned to specific week(s) after the last day of work, provide the type of pay, the week ending Saturday date, the number of hours and minutes for which the claimant has received or will receive the pay, and the gross amount of pay for each week, and return the form by the due date.
- This information will be used to determine the amount of benefits (if any) payable for these weeks.

Employer Name / Address Change

If you change your name and/or address on the front of this form, we will immediately pass the new information to the Bureau of Tax and Accounting. Before making the change, they will verify that the person requesting the change is authorized to do so. Your address will be changed on future mailings as soon as that authorization is complete.