

Submit the completed form, along with any additional documentation, within seven (7) days of the refusal of a job offer or referral.

Claimant Name: _____ M.I.: ____ Social Security No.: XXX-XX- _____
 Employer Name: _____ UC Acct No.: _____
 Contact Person: _____ Title: _____
 Employer Address: _____
 Telephone No.: _____ Fax Number: _____ Email: _____
 Temporary Staffing Agency? Yes No

Answer the following questions to assist the department in determining eligibility:

1. Did the claimant refuse to accept a referral to employment? Yes No

If yes:

- (a) In what manner was the referral made? _____
- (b) Who made the referral? _____
- (c) Please explain the type of employment to which the claimant was referred.

2. Did you offer the claimant a specific job that the claimant refused? Yes No

If yes:

- (a) Has the claimant ever worked for you? _____
- (b) On what date was the job offer made? _____
- (c) How was the job offer made? _____
- (d) Who made the job offer? _____

3. What reason did the claimant give for refusing the job offer or referral to employment?

4. What were the duties of the job that was offered/referred?

- (a) What was the job's rate of pay? \$ _____ per _____ Permanent Temporary
- (b) What were the scheduled working hours? _____ Full time Part time
- (c) Where was the job located? _____
- (d) Please describe any unusual requirements or conditions of work _____
- (e) When was the job scheduled to start? _____
- (f) If the job was temporary, when was it scheduled to end? _____

I certify that the information I have provided is true and correct.

Signature

Title

Date

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*