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| **EMPLOYER DETAILS** |

Employer Name: EAN:

Address:

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| **CLAIMANT DETAILS** |

Claimant Name: Last 4 of SSN:

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| **INFORMATION** |

Rule 2.7(F) states “Whenever an employing unit offers employment to an individual and such offer is refused, or when an employer is unable to contact a former employee at last known or given address for purpose of recall to suitable employment, the employing unit shall immediately notify the administrative office of the bureau as to the details of the offer and refusal or attempted recall.”

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| **QUESTIONNAIRE** |

**Check one block and enter specific information below**

**[ ]**  **This firm offered the individual named above employment, but the offer was refused.**

**[ ]**  **The individual named above was contacted for an interview and refused.**

**[ ]**  **This individual named above was scheduled for an interview and was a no-show.**

**[ ] We have been unable to contact the above-named former employee at the last known or given address for recall to employment.**

1. Date offer or attempted recall was made:
2. Job title of employment:
3. The date the individual was to start work/job:
4. Location of the job:
5. Expected duration of work:
6. Rate of pay for work:
7. Was the offer for work full- or part-time? [ ] Full-time [ ] Part-time
8. Reason for refusal was:
9. Method of offer, such as letter, phone, email, etc.:
10. Comments:

|  |  |
| --- | --- |
| Completed by: | Phone No: |
| Title: | Date: |

***Mail, email, or fax this form to the Unemployment Claim Center***

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| **UNEMPLOYMENT CLAIM CENTER INFORMATION** | | | |
| **Mail Documents to:**  MAINE DEPARTMENT OF LABOR  Bureau of Unemployment Compensation  97 State House Station  Augusta, ME 04333-0097 | OR | **Fax or Email Documents to:**  Fax: (207) 287-5905  Email: UCBenefitsDOL@Maine.gov |