



MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
NOTICE OF ATTEMPTED RECALL OR JOB REFUSAL



EMPLOYER DETAILS

Employer Name: _____ EAN: _____

Address: _____

CLAIMANT DETAILS

Claimant Name: _____ Last 4 of SSN: _____

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."

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

UNEMPLOYMENT CLAIM CENTER INFORMATION

Mail Documents to:

OR

Fax or Email Documents to:

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
97 State House Station
Augusta, ME 04333-0097

Fax: (207) 287-5905
Email: UCBenefitsDOL@Maine.gov