Date Mailed: [DATE MAILED]

|  |
| --- |
| **EMPLOYER DETAILS** |

Employer Name: [EMPLOYER NAME]

Mailing Address: [ADDRESS] EAN:

[City/Town, ME Zip Code]

|  |
| --- |
| **CLAIMANT DETAILS** |

Claimant Name: [CLAIMANT NAME] SSN: [xxx-xx-####]

|  |
| --- |
| **INFORMATION** |

Check one block and enter specific information below:

**[ ]**  **The individual named above was offered 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.**

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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-time or part-time? [ ] Full-time [ ] Part-time
8. Reason for refusal was:
9. Method of offer, such as a 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:**  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 |

**Questions:** 1-800-593-7660

Monday-Friday 8:00 AM to 3:00 PM

TTY Users Call Maine Relay 711