



Date Mailed: [DATE MAILED]

**EMPLOYER DETAILS**

Employer Name: [EMPLOYER NAME]

Mailing Address: [ADDRESS]  
[City/Town, ME Zip Code]

EAN:

**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](mailto:UCBenefitsDOL@Maine.gov)

**Questions: 1-800-593-7660**  
Monday-Friday 8:00 AM to 3:00 PM  
TTY Users Call Maine Relay 711