



UNEMPLOYMENT INSURANCE PROTEST (EMPLOYER)

State Form 54244 (R/8-11), DWD 640P
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

*This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Claimant Name _____ Social Security Number _____ Benefit Year End _____

Claimant Street Address, City, State and ZIP Code _____

Employer _____ Indiana SUTA (Employer Account Number) _____

Employer Address, City, State and ZIP Code _____

Employee worked from: ____/____/____ to last day worked: ____/____/____
mm/dd/yyyy mm/dd/yyyy

Reason for Protest (Check all that apply)

- Quit - (Code 10)**
(this could include job abandonment, stopped showing up, retired, employee personal reasons, no contact to check on further assignments, etc.)
- School Worker - (Code 20)**
(Check this box if the employer is a school and has offered the claimant reasonable assurance to return to work after the most recent customary recess).
- Discharge for Cause - (Code 20)**
(this could include terminations for absenteeism or attendance, sleeping on the job, documented poor performance, policy violations, etc).
- Employment Status - (Code 70)**
(this would include situations where the claimant never worked for the employer, is still employed in the same job under generally the same terms, or otherwise not unemployed by the employer or a planned plant shut down).
- Gross Misconduct - (Code 30)**
(this is defined by Ind. Code 22-4-15-6.1 and would include an employee committing a crime that would be considered a Felony or Class A Misdemeanor, being intoxicated, committing battery, fraud, or other situations involving theft or embezzlement).
- Work Refusal, Failed Drug Test - (Code 70)**
(Check this box if the individual refused an offer of work, or if the individual refused to take or failed a pre-employment drug test).

Did the claimant receive income upon separation or thereafter?

Vacation Severance Sick Personal Pension/401k Other _____

Please note: You will receive additional requests from the UI Adjudication Center seeking specific details concerning the employee's separation. Please respond to these requests as quickly as possible. Failure to respond to requests from the department can result in a penalty, even if the employee is later determined ineligible.

Brief Statement of Facts regarding separation: _____

Employer Contact Name _____ Date ____/____/____
mm/dd/yyyy

Employer Signature _____ Phone (____) _____
area code

Check here if you are attaching additional supporting documents to this fax, total number of additional pages: _____