

STATE OF OREGON EMPLOYMENT DEPARTMENT
NOTICE OF WAGES REPORTED AND POSSIBLE CHARGES

THIS IS NOT A BILL

000001

[REDACTED]

Mailed: MARCH 01, 2017
E-Response PIN: [REDACTED]
Response Due By: MARCH 31, 2017
Control #: [REDACTED]

The Employment Department provides all base period employers and the successors of base period employers with a notice of wages reported and possible charges when an individual files an unemployment insurance claim. The benefit amount of the claim is based on all wages paid during the base year. This notice provides information about the wages your firm reported paying to this employee during the base year and the amount your account could be charged.

This Notice may be completed online at <http://uisides.org>, the E-Response website. To complete it online you need your Federal Employer Identification Number (FEIN), State Business Identification Number (BIN), and the E-Response PIN located above. Enter your FEIN without dashes (example: nnnnnnnnn). Enter your BIN as 7 digits, a dash, and the final digit (example: nnnnnnn-n). For additional information:

1. Go to www.Employment.Oregon.gov
2. Under "Businesses" click on "Payroll Taxes"
3. Under "Employer Responsibilities" click on "Respond to Benefit Claims"

If you have questions about using SIDES please email Oregon.sideshelp@oregon.gov.

Please review the employer and claimant identification information and enter any corrections.

EMPLOYER INFORMATION Information on Record

Employer Name: [REDACTED]

Employer Account Number: [REDACTED]

Predecessor Account Number:

Corrections

CLAIMANT INFORMATION Information on Record

SSN: [REDACTED]

Name: [REDACTED]

Claim Effective Date: 02/05/17

Benefit Year End: 05/18

Any other name or SSN worked under?

- Check here if claimant did NOT work for this employer
- Check here if TPA (Third Party Administrator) receiving this form does not represent this employer

BASE PERIOD

The Base Period is the time period established by state law during which claimants must meet certain requirements for wages earned or time worked in order to establish eligibility for Unemployment Insurance benefits.

Base Period Start: 10/01/15

Base Period End: 09/30/16

WAGES FROM THIS EMPLOYER

Please review wages from this employer and enter any corrections.

	Employer Reported Wages	Corrections
Wages from this employer in the Base Period	\$743.71	\$ _____

BENEFITS

Total Number of Weeks of Unemployment Benefits Claimant May Be Eligible For:	05
Percentage of Payment Being Charged to This Employer:	34%
Total Dollar Amount of Benefits That May Potentially Be Charged to This Employer:	\$247.89

SEPARATION INFORMATION

Reason for Separation (Please circle one):

- LW – Laid off due to a lack of work
- SW – Still Working
- VQ – Voluntarily Quit
- DS – Discharged or quit in lieu of termination
- Other

Additional separation information:

Note: ORS 657.176(3) provides that if an employee was discharged due to the commission of a theft or a felony in connection with work all benefit rights based on wages paid prior to the date of the discharge will be canceled if you notify the Employment Department in writing within 30 calendar days after the mailing date of this notice **and** the Department obtains an admission of the act or information that the act resulted in a court conviction.

What was the last date worked? _____



PROTEST

Do you want to protest the wages used for this claim?
If yes you must complete the wage corrections section above.

Yes

No

Do you want to protest the charges for this claim?

Yes

No

You may be eligible for relief of charges if this individual was discharged for misconduct, voluntarily quit for reasons not attributable to you the employer, or continues to work for you part time in the same capacity as hired and has become unemployed from another employer.

Explain below why you want to protest charges for this claim? Please note: per ORS 657.471, your account cannot be relieved of charges if the claimant is no longer working for you due to a lack of work, leave of absence, end of assignment, or layoff.

Please attach supporting documents.

PREPARER INFORMATION

Who is preparing this response? Employer Third Party Administrator

If preparer is a TPA, what is the name of the TPA company? _____

Name of the person preparing this response: _____

Title of the person preparing this response: _____

Preparer's phone/fax number: Phone _____ Fax _____

Signature _____ Date _____

If you have questions please call (503) 947-1348.

Please fax or mail this form and any supporting documentation to:

Oregon Employment Department
875 Union St NE
Salem OR 97311-0100
Fax: 503-947-1349

