Figure SC850.F4. Quality Control Verification of Base Year Employment

STATE OF TENNESSEE
DEPARTMENT OF EMPLOYMENT SECURITY
QUALITY CONTROL UNIT
416 East Lafayette
Jackson, Tennessee 38301

DATE: October 16, 1995

Dept of Army Finance + Accts Ctr
c/o Def Civil Pers Mgmt
2461 Eisenhower Ave Rm 164
Alexandria, VA. 22331

RE: Doe, John
SS# 111-11-1111

ATTN: Human Resource Dept.

Dear Employer:

The Unemployment Insurance (UI) claim filed by the above individual has been randomly selected for audit by the department's UI Quality Control Unit. Federal quidelines require that wages used to establish monetary eligibility for a claimant be verified for reporting accuracy by the employer and recording accuracy by the agency.

Please furnish a photo copy, or computer printout, of payroll document(s) which shows gross amount paid to John Doe during each pay period beginning 04-01-94 through 03-31-95 or the individual's last date worked. Please indicate pay period ending dates paid (or check dates) for each pay period. Gross wages must include all wages before deductions of any kind are made (including 401K, flexible benefit or cafeteria plans, deferred compensation, insurance, etc.).

Please furnish employment information requested (highlighted) on the upper half of page 1 of the enclosed agency form. If this individual was separated for any reason other than a lack of work, please furnish us with the reason separated and all supporting documentation. (It is not necessary to submit documents previously furnished to the agency.) Also, please indicate if and when you plan to recall this individual.

If payroll records are self explanatory, completion of quarterly wage sections on page 2 is not necessary. However, a company representative's signature and title is required at the bottom of page 2, as well as on the copy of the payroll record.

Please reply by 10-31-95. You may FAX documents to (901) 423-5864. If FAX is not available, please mail copies to the address at the top of this page.

Employer Request for Verification
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In accordance with Employment Security law, the information furnished to the department is confidential and will only be used for purposes of verifying claimant eligibility for UI benefits.

If you prefer an in-person audit of the required records, please leave a message for me at (901) 423-5757 so an appointment can be scheduled.

To expedite this audit, please review the following check list before returning documentation.

✓ All highlighted sections of employment information completed on page 1.

_____ Claim series wages provided accoring to calendar week (Sunday through Saturday) on page 1.

✓ Payroll record shows all pay periods, and pay period ending dates and pay dates (or check dates) are indicated.

✓ Signature and title of company representative at bottom of page 2.

✓ Signature and title of company representative on copy of payroll record. If possible to copy records

Thank you for your cooperation in this matter.

Sincerely,

Barbara A. Williams

Barbara A. Williams
UI Quality Control Investigator

TENNESSEE DEPARTMENT OF EMPLOYMENT SECURITY

QUALITY CONTROL VERIFICATION OF BASE YEAR EMPLOYMENT

BATCH NUMBER: 954

John Doe (CLAIMANT'S NAME) 111-11-1111 (SOCIAL SECURITY NUMBER) 10-7-95 (KEY WEEK)

Dept of Army Finance + Acct. CTR (EMPLOYER'S NAME) 0900.422 (EMPLOYER NUMBER) (EMPLOYER'S PHONE)

2461 Eisenhower Ave Rm 144 Alexandria Va. 22331 (EMPLOYER'S ADDRESS) (NUMBER, STREET, CITY, STATE, ZIP)

Roman Rissmer Dept. (EMPLOYER CONTACT) (TITLE)

DATE HIRED: _____ LAST DAY WORKED: _____ DATE SEPARATED: _____

REASON FOR SEPARATION: _____

PRIOR PERIODS OF EMPLOYMENT WITH THIS EMPLOYER: _____

POSITION TITLE: _____ SALARIED [ ] HOURLY [ ] AMOUNT: _____

AS OF THE DATE OF SEPARATION, DID YOU EXPECT TO RECALL THIS CLAIMANT? NO [ ] YES [ ]-WHEN? _____

AS OF 10/7/95 (KEY WEEK) DID YOU EXPECT TO RECALL THIS PERSON? YES [ ] NO [ ] IF YES, WHEN? _____ (DATE)

AS OF 10/7/95 (KEY WEEK) HAS RE-EMPLOYMENT BEEN OFFERED? YES [ ] NO [ ] IF YES, WHEN? _____ (DATE)

WAGES PAID PAST SEPARATION DATE WERE: VACATION [ ]—SICK [ ]—SEVERENCE [ ]—WAGES IN LIEU OF NOTICE [ ]—OTHER [ ]—

IF OTHER, EXPLAIN: _____

WAGES FOR KEY WEEK: _____ PENSION? YES [ ] NO [ ]

NOTE!!

BASE PERIOD WAGE AUDIT FORM IS ON THE BACK. MISCELLANEOUS BASE PERIOD WAGES MAY BE EXPLAINED UNDER "MISCELLANEOUS WAGES" BELOW. DISCREPANCIES IN BASE PERIOD WAGES MUST BE EXPLAINED. THE EMPLOYER REPRESENTATIVE MUST SIGN THE CERTIFICATION ON THE BACK OF THIS FORM. FAILURE TO OBTAIN A SIGNATURE MUST BE EXPLAINED.

CLAIM SERIES WAGES

PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID

OTHER WAGE INFORMATION

MISCELLANEOUS PAY

TYPE	DATE PAID	GROSS AMOUNT PAID

COMMENTS: _____

BASE PERIOD

QUARTER 2nd YEAR 94 AMT. REPORTED 6,283.20

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	4/16/94	4/23/94	$483.31
2	4/16/94	4/23/94	$483.31
3	4/30/94	5/6/94	$483.31
4	4/30/94	5/6/94	$483.31
5	5/14/94	5/20/94	$483.31
6	5/14/94	5/20/94	$483.31
7	5/28/94	6/3/94	$483.31
8	5/28/94	6/3/94	$483.31
9	6/11/94	6/17/94	$483.31
10	6/11/94	6/17/94	$483.31
11	6/25/94	7/1/94	$483.31
12	6/25/94	7/1/94	$483.31
13	7/9/94	7/15/94	$483.48
14			
TOTAL			$6,283.20

QUARTER 3rd YEAR 94 AMT. REPORTED 7,330.40

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	7/9/94	7/15/94	$563.87
2	7/23/94	7/29/94	$563.87
3	7/23/94	7/29/94	$563.87
4	8/6/94	8/12/94	$563.87
5	8/6/94	8/12/94	$563.87
6	8/20/94	8/26/94	$563.87
7	8/20/94	8/26/94	$563.87
8	9/3/94	9/9/94	$563.87
9	9/3/94	9/9/94	$563.87
10	9/17/94	9/23/94	$563.87
11	9/17/94	9/23/94	$563.87
12	10/1/94	10/7/94	$563.87
13	10/1/94	10/7/94	$563.96
14			
TOTAL			$7,330.40

BASE PERIOD

QUARTER 4th YEAR 94 AMT. REPORTED 6,283.20

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	10/15/94	10/21/94	$483.31
2	10/15/94	10/21/94	$483.31
3	10/29/94	11/4/94	$483.31
4	10/29/94	11/4/94	$483.31
5	11/12/94	11/18/94	$483.31
6	11/12/94	11/18/94	$483.31
7	11/26/94	12/2/94	$483.31
8	11/26/94	12/2/94	$483.31
9	12/10/94	12/16/94	$483.31
10	12/10/94	12/16/94	$483.31
11	12/24/94	12/30/94	$483.31
12	12/24/94	12/30/94	$483.31
13	1/7/95	1/13/95	$483.48
14			
TOTAL			$6,283.20

QUARTER 1st YEAR 95 AMT. REPORTED 7,410.40

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	1/7/95	1/13/95	$570.03
2	1/21/95	1/27/95	$570.03
3	1/21/95	1/27/95	$570.03
4	2/4/95	2/10/95	$570.03
5	2/4/95	2/10/95	$570.03
6	2/18/95	2/24/95	$570.03
7	2/18/95	2/24/95	$570.03
8	3/4/95	3/10/95	$570.03
9	3/4/95	3/10/95	$570.03
10	3/18/95	3/24/95	$570.03
11	3/18/95	3/24/95	$570.03
12	4/1/95	4/7/95	$570.03
13	4/1/95	4/7/95	$570.04
14			
TOTAL			$7,410.40

TOTAL BASE PERIOD WAGES

$27,307.20

THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Employer's Representative-Signature and Title	Date:
U.C. Investigator's Signature Barbara A. Williams	Date: 10-16-95