

# Supervisor Lesson 5: Reviewing and Closing Cases

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## Learning Objectives

Upon completing this lesson, you will be able to:

- Describe a BAM Supervisor's responsibility in reviewing cases
- Describe the steps for reviewing cases
- Describe the steps for closing cases
- Describe the steps for Fast Supervisory Sign Off
- Demonstrate how to review a complex case

## Topic 01: Reviewing Cases

### *Screen title: Introduction to Reviewing Cases*

After a BAM Investigator has completed a case and written the summary, you as the BAM Supervisor, are responsible for ensuring:

1. all documentation is included in the Case File;
2. all issues have been identified, pursued, and resolved;
3. all areas of eligibility have been examined; and
4. codes entered into the Update Cases screens are accurate and supported by documentation.

You should complete your review of each case prior to Supervisory Sign Off. When signing off, you are indicating that the case is complete, accurate, and ready to be closed.

It is good practice to refrain from reading the Case Summary before reviewing the case so your attention is drawn only to the issues the Investigator identifies. You should review everything in the case so that when you get to the Case Summary, you can verify the conclusions of the BAM Investigator are correct.

### *Screen title: Review Process for a Case*

When reviewing a case, verify that all areas of eligibility have been explored. Ensure that all issues have been identified, pursued to a supportable conclusion, and resolved (as allowed by state law).

When reviewing a case, you should confirm that all:

- BAM methodology and procedures have been followed;
- issues and discrepancies have been identified, pursued, and properly resolved;
- findings and required information have been properly documented and accurately recorded;
- findings are consistent with laws, official rules, and written policies of the SWA
- findings have been resolved and formalized by official action, if errors are found, except where prohibited by SWA provisions;
- work search efforts have been verified, until your SWA's work search requirements have been met;
- warnings reported in the **Case Review Report**, accessed from the *Investigator Case Management* menu, have been addressed.
- cases have a complete summary; and
- critical issues are addressed in the case summary.

### *Screen title: Review Documentation for a Case*

When reviewing case documentation, you must ensure:

- the case file is organized into "before information" and "after information;"
- all necessary "before information" and "after information" documents are included;
- necessary information was gathered from the claimant;
- necessary information was gathered from all employers (including base period employers, benefit year employers, and employers contacted as part of a work search effort);
- necessary information was gathered from any third parties;
- there is a record of fact finding questions and the respondent's answers;
- documentation of exhaustive attempts to contact interested parties/persons, in the event they failed to participate in the investigation; and
- every coded data element is supported by documentation.



### ***Screen title: Review Before Information Documents***

As a BAM Supervisor, review each case to ensure all “before information” documents are present within the case file, to establish the actions of the SWA at the time the case was selected for the BAM investigation.

Depending upon the case whether it’s a paid or denied claim, these “before information” documents would include:

- Key Week certification and/or other weekly certifications, as needed
- Initial Claim Application
- Monetary determination
- State Identification Inquiry (SIDI) and Interstate Benefit Inquiry (IBIQ)
- Additional claim history
- Previous claim search and history
- Employer information
- Wage detail report
- Payment history
- Overpayment history
- Fact-finding on separation and/or non-separation issues obtained by the SWA
- Nonmonetary activity summary
- Work search efforts (and work search log if required by SWA)
- Verification that the claimant was registered and active with Employment Services (ES) during the Key Week
- Appeal information, if one was filed

**Note:** The exact names of before information documents may vary from state to state.

### ***Screen title: Review After Information Documents***

BAM Supervisors should ensure all After Information documents are present in the Case File.

Depending upon the case whether it’s a paid or denied claim, these “after information” documents would include:

- All correspondence provided to claimants, employers, and interested parties/persons, including cover letters
- Claimant questionnaire
- State Identification Inquiry (SIDI) and Interstate Benefit Inquiry (IBIQ)
- Employer verification form(s)
- Case log showing exhaustive attempts to obtain information, whenever there is a failure to respond
- National Directory of New Hires (NDNH)
- Fact-finding on all separation or non-separation issues obtained by BAM
- Work search verifications
- Union verification
- Employer information supporting the North American Industry Classification System (NAICS) code and tax rate
- Workforce Center registration and staff assistance activity
- Occupational code including job duties summary
- Resolution of all monetary and nonmonetary issues detected by BAM
- Determinations written as a result of the investigation
- 
- Case Review Report

- Case summary
- Completed Data Collection Instrument (DCI)

**Screen title: Failure to Participate [SEAN – JUMP OVER THIS SCREEN FOR NOW.]**

BAM Investigators should have documented exhaustive attempts to obtain information from all interested persons. Exhaustive attempts have been defined in BAM Peer Reviews. If the claimant failed to respond to exhaustive efforts to obtain necessary information the case file documentation should show that a stop payment had been placed on future payments, in accordance with state law.

If the claimant or employer failed to participate after exhaustive efforts, the BAM Investigator should have coded the case using the best information available. You should ensure the BAM Investigator has documented their sources of information used in coding the case.

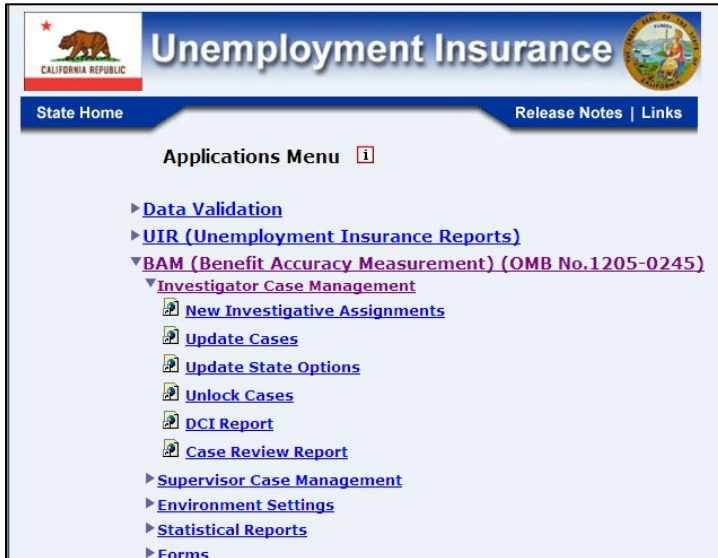
**Screen title: Review Codes for a Case**

After confirming BAM methodology has been followed and all necessary information has been collected and documented by the BAM Investigator, the next step in the review process is to verify all the codes are correct and supported by documentation. The process for reviewing codes can be performed using the **Update Cases** option on the **Investigator Case Management** menu, or you can review the completed Data Collection Instrument (DCI) form.

**Screen title: Steps for Reviewing Codes in a Case**

To access the Update Cases option, follow these steps:

1. From the **Investigator Case Management** menu, select **Update Cases**.
  - a. You may be asked to enter your Login credentials.



2. The **Update Cases** screen appears. Select query parameters and click the **Submit** button.

**BENEFIT ACCURACY MEASUREMENT**

**UPDATE CASES 1**

[QUERY USING BATCH #, SEQ #](#)

[QUERY USING SSN, KEY WEEK](#)

[QUERY USING CRITERIA](#)

---

[PCA](#)    [DCA](#)

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3. The **Update Cases - PCA/DCA** screen will appear for the query selected.)

**UPDATE CASES - PCA**

<a href="#">BATCH#</a>	<a href="#">SEQUENCE#</a>	<a href="#">SAMPLE TYPE</a>
201837	3	1
		1
		1
		1
		1

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**UPDATE CASES - DCA**

<a href="#">BATCH#</a>	<a href="#">SEQUENCE#</a>	<a href="#">SAMPLE TYPE</a>
201840	1	2 - Monetary ▼
		2 - Monetary ▼
		2 - Monetary ▼
		2 - Monetary ▼
		2 - Monetary ▼

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- a. Enter appropriate data for the selected query.
- b. Up to five cases may be entered.
- c. Click **Submit Query** button.

The *Update Cases – PCA or DCA* for query selected will appear. Part I is ghosted when the case is proper.

**UPDATE CASES - PCA**

B
C
D
E
F
G
H
I
S
Save
Report
Next
UC Menu

(1 / 1)

**Batch:** 201837   **Sequence:** 3   **Sample Type:**1   **SSN:** 227-42-3520   **KW:** 09/08/2018

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**UPDATE CASES - PCA**

B
C
D
E
F
G
H
I
S
Save
Report
Next
UC Menu

(1 / 1)

**Batch:** 201840   **Sequence:** 1   **Sample Type:**1   **SSN:** 230-37-9780   **KW:** 09/29/2018

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- d. Click on each section of codes, until you have reviewed every screen of codes. You can use the “H5H6 Calculator” to help you verify H codes, especially if there are multiple errors. The Excel worksheet is available in the “Resources” tab.

4. The **Update Cases – PCA/DCA** will display the screen of codes you selected.

**UPDATE CASES - PCA**

<a href="#">Validate</a>	<a href="#">Accept</a>	<a href="#">Cancel</a>	<a href="#">Previous Screen</a>	<a href="#">Next Screen</a>
<b>Batch:</b> 201840 <b>Sequence:</b> 1 <b>Sample Type:</b> 1 <b>SSN:</b> 230-37-9780 <b>KW:</b> 09/29/2018				
<b>B: Claimant Information</b>				
<a href="#">b1</a>	Method Information Obtained	NULL	▼	
<a href="#">b2</a>	Citizenship	1	▼	
<a href="#">b3</a>	Education	NULL	▼	
<a href="#">b4</a>	Vocational or Technical School	NULL	▼	
<a href="#">b5</a>	Training Status	NULL	▼	
<a href="#">b6</a>	Occupation Code - Last	372		
<a href="#">b7</a>	Occupation Code - Usual	372		
<a href="#">b8</a>	Normal Hourly Wage	\$ 22.00		
<a href="#">b9</a>	Occupational Code - Seeking	372		
<a href="#">b10</a>	Lowest Acceptable Hourly Wage	\$ 17.00		
<a href="#">b11</a>	Date of Birth	07/24/1946		
<a href="#">b12</a>	Sex	2	▼	
<a href="#">b13</a>	Ethnic Code	91	▼	

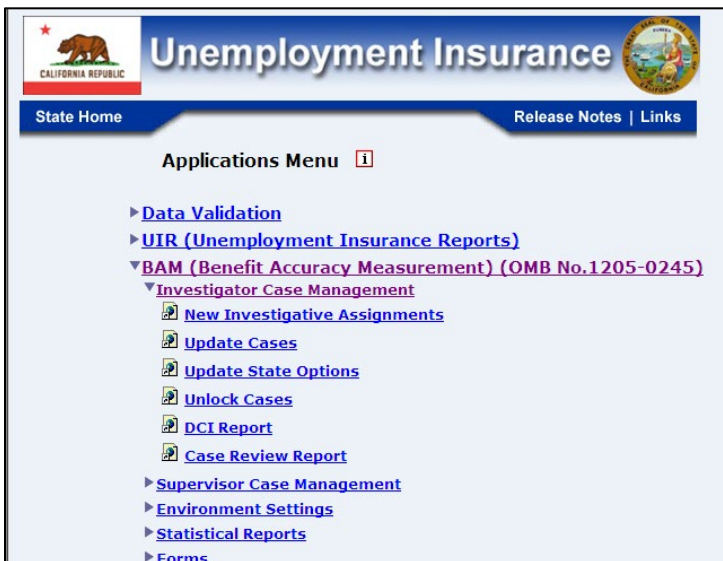
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**UPDATE CASES - DCA**

<a href="#">Validate</a>	<a href="#">Accept</a>	<a href="#">Cancel</a>	<a href="#">Previous Screen</a>	<a href="#">Next Screen</a>
<b>Batch:</b> 201840 <b>Sequence:</b> 1 <b>Sample Type:</b> 2 <b>SSN:</b> 288-25-9865 <b>Claim Date:</b> 09/16/2018 1				
<b>1-CI: Claimant Information</b>				
<a href="#">10</a>	Method Info Obt	NULL	▼	
<a href="#">11</a>	Citizen	1	▼	
<a href="#">12</a>	Birth Date	10/28/1999		
<a href="#">13</a>	Gender	2	▼	
<a href="#">14</a>	Ethnic/Race	91	▼	
<a href="#">15</a>	Education	NULL	▼	
<a href="#">16</a>	Voc/Tech School	NULL	▼	
<a href="#">17</a>	Training Status	NULL	▼	
<a href="#">18</a>	Usual Occ Code	355		
<a href="#">19</a>	Seeking Occ Code	355		
<a href="#">20</a>	Normal Hr. Wage	\$ 13.75		
<a href="#">21</a>	Lowest Hr. Wage	\$ 12.00		

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5. Another way to review codes for a case completed by a BAM Investigator is to use the DCI report. You may view or print it by accessing the **DCI Report** option from **Investigator Case Management** menu. The DCI report should be included in the case file.



The image shows a screenshot of the California Unemployment Insurance website. At the top, there is a header with the California Republic logo and the text "Unemployment Insurance". Below the header, there are navigation links for "State Home" and "Release Notes | Links". The main content area is titled "Applications Menu" and contains a list of menu items:

- ▶ [Data Validation](#)
- ▶ [UIR \(Unemployment Insurance Reports\)](#)
- ▼ [BAM \(Benefit Accuracy Measurement\) \(OMB No.1205-0245\)](#)
  - ▼ [Investigator Case Management](#)
    - ▶ [New Investigative Assignments](#)
    - ▶ [Update Cases](#)
    - ▶ [Update State Options](#)
    - ▶ [Unlock Cases](#)
    - ▶ [DCI Report](#)
    - ▶ [Case Review Report](#)
  - ▶ [Supervisor Case Management](#)
  - ▶ [Environment Settings](#)
  - ▶ [Statistical Reports](#)
  - ▶ [Forms](#)



**Screen title: Case Review Report**

The Case Review Report highlights inconsistencies in the codes entered for the case. You should ensure all reported inconsistencies have been addressed. A copy of this report should be included as part of the case file.

The Case Review Report ideally will show no inconsistencies.

BENEFIT ACCURACY MEASUREMENT PAID CLAIMS ACCURACY CASE REVIEW REPORT					
<b>State:</b>	QT	<b>SSN:</b>	247-55-7844	<b>Key Week Date:</b>	08/04/2018
<b>Batch #:</b>	201832	<b>Sequence #:</b>	2	<b>Sample Type:</b>	1
No inconsistencies or Edit Controls not set.					

*Example 1: Case Review Report with no inconsistencies*

However, if the report shows inconsistencies, you must either (1) correct the identified code(s) or (2) ensure documentation is present in the case file that address the issue(s).

BENEFIT ACCURACY MEASUREMENT PAID CLAIMS ACCURACY CASE REVIEW REPORT					
<b>State:</b>	QT	<b>SSN:</b>	222-40-6694	<b>Key Week Date:</b>	08/04/2018
<b>Batch #:</b>	201832	<b>Sequence #:</b>	6	<b>Sample Type:</b>	1
WARNING - Normal Hourly Wage (b8) is less than Lowest Acceptable Hourly Wage (b10). If this is correct, have you addressed this?					

*Example 2: Case Review Report with one inconsistency for Normal Hourly Wage (“b8”)*

**Screen title: Case Review Control**

You, the BAM Supervisor, will determine which Case Review Controls are active in the Case Review Report. You can access the Case Review Control option from the Environment Settings menu.



BENEFIT ACCURACY MEASUREMENT							
CASE REVIEW EDITS CONTROL - PCA <span style="border: 1px solid red; padding: 0 2px;">I</span>							
Save		Cancel					
<a href="#">Edit 1</a>	Yes ▾	<a href="#">Edit 11</a>	Yes ▾	<a href="#">Edit 21</a>	Yes ▾	<a href="#">Edit 31</a>	Yes ▾
<a href="#">Edit 2</a>	Yes ▾	<a href="#">Edit 12</a>	Yes ▾	<a href="#">Edit 22</a>	Yes ▾	<a href="#">Edit 32</a>	Yes ▾
<a href="#">Edit 3</a>	Yes ▾	<a href="#">Edit 13</a>	Yes ▾	<a href="#">Edit 23</a>	Yes ▾	<a href="#">Edit 33</a>	Yes ▾
<a href="#">Edit 4</a>	Yes ▾	<a href="#">Edit 14</a>	Yes ▾	<a href="#">Edit 24</a>	Yes ▾	<a href="#">Edit 34</a>	Yes ▾
<a href="#">Edit 5</a>	Yes ▾	<a href="#">Edit 15</a>	Yes ▾	<a href="#">Edit 25</a>	Yes ▾	<a href="#">Edit 35</a>	Yes ▾
<a href="#">Edit 6</a>	Yes ▾	<a href="#">Edit 16</a>	Yes ▾	<a href="#">Edit 26</a>	Yes ▾	<a href="#">Edit 36</a>	Yes ▾
<a href="#">Edit 7</a>	Yes ▾	<a href="#">Edit 17</a>	Yes ▾	<a href="#">Edit 27</a>	Yes ▾	<a href="#">Edit 37</a>	Yes ▾
<a href="#">Edit 8</a>	Yes ▾	<a href="#">Edit 18</a>	Yes ▾	<a href="#">Edit 28</a>	Yes ▾	<a href="#">Edit 38</a>	Yes ▾
<a href="#">Edit 9</a>	Yes ▾	<a href="#">Edit 19</a>	Yes ▾	<a href="#">Edit 29</a>	Yes ▾	<a href="#">Edit 39</a>	Yes ▾
<a href="#">Edit 10</a>	Yes ▾	<a href="#">Edit 20</a>	Yes ▾	<a href="#">Edit 30</a>	Yes ▾	<a href="#">Edit 40</a>	Yes ▾
Save		Cancel					

The Case Review Edits Control lists 40 possible Edits, or conditions to be evaluated. All Edits are set to either “Yes” or “No,” with “No” indicating the Edit will not be evaluated, therefore it would never show up as an inconsistency in the Case Review Report. Typically, all Edits are set to “Yes.” However, in some instances, you may choose not to include certain Edit controls for codes.

You can view the description for each Edit by clicking on its underlined title. For example, if you click “Edit 1”, a help screen window will appear. You can review the descriptions for all of the Case Review edits by selecting the “Case Review Edits” document in the Resources tab.

### Screen title: Stamp Feature

To help with coding cases, the Stamp feature pre-fills specific codes on the DCI that have consistent state-specific values. For example, states that don’t have a Dependent’s Allowance in their state law, the values for “e13,” “e14,” “e15,” and “e16” can be automatically pre-filled to “-2 – Not applicable,” using the Stamp feature. The value “-2” will then appear by default in Update Cases and on the DCI.

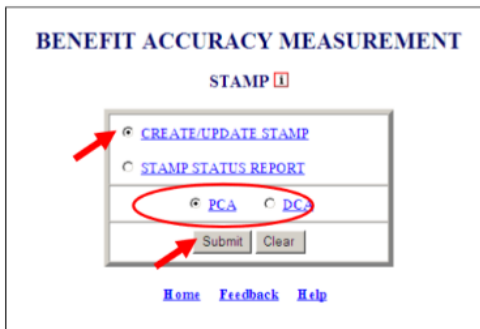
Data elements you choose to be pre-filled, should be for information that is rarely updated, unless there is a change in the law or there are other major system changes in your SWA.

## Screen title: Steps for Using the Stamp Feature

The **Stamp** feature is an option on the **Supervisor Case Management** menu. When you access Stamp, the Stamp screen appears.



Choose Create Stamp/Update to create or edit a stamp(s). Indicate PCA or DCA. Click Submit.



Stamp Menu

Notice the -2 value has been entered for data elements that are not applicable in this SWA. The value of “Null” indicates a code is not pre-filled and the BAM Investigator must enter the value.

**STAMP - PCA**

<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Report"/> <input type="button" value="Stamp Menu"/>					
<a href="#">c4</a>	Initial Claim Filing Method:	NULL ▾	<a href="#">f11</a>	KW Filing Method:	NULL ▾
<a href="#">c5</a>	Benefit Rights Given:	NULL ▾	<a href="#">f12</a>	KW Certification Procedure:	NULL ▾
<a href="#">e7</a>	# of Weeks Worked Before:	-2 ▾	<a href="#">g1</a>	WS Requirements:	NULL ▾
<a href="#">e8</a>	# of Weeks Worked After:	-2 ▾	<a href="#">g2</a>	LE Reg. Req:	NULL ▾
<a href="#">e13</a>	# of Dependents Before:	-2 ▾	<a href="#">g3</a>	LE Reg/Services:	NULL ▾
<a href="#">e14</a>	# of Dependents After:	-2 ▾	<a href="#">g4</a>	LE Defer:	NULL ▾
<a href="#">e15</a>	Dependent's Allowance Before:	-2 ▾	<a href="#">g10</a>	KW Contacts:	NULL ▾
<a href="#">e16</a>	Dependent's Allowance After:	-2 ▾	<a href="#">g11</a>	Prior KW Contacts:	-2 ▾
			<a href="#">g12</a>	Contacts Inv:	NULL ▾

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### Stamp - PCA Menu

You may view a report that displays current stamp settings for your SWA.

**PAID CLAIMS ACCURACY  
STAMP STATUS REPORT**

State: State Machine

Field	Name	Current Stamp
c4	Initial Claim Filing Method:	1
c5	Benefit Rights Given:	NULL
e7	# of Weeks Worked Before:	-2
e8	# of Weeks Worked After:	-2
e13	# of Dependents Before:	-2
e14	# of Dependents After:	-2
e15	Dependent's Allowance Before:	-2
e16	Dependent's Allowance After:	-2
f11	KW Filing Method:	NULL
f12	KW Certification Procedure:	NULL
g1	WS Requirements:	NULL
g2	LE Reg. Req:	NULL
g3	LE Reg/Services:	NULL
g4	LE Defer:	NULL
g10	KW Contacts:	NULL
g11	Prior KW Contacts:	-2
g12	Contacts Inv:	NULL

\* Any field that has "NULL" is currently empty.

### Stamp Status Report

### Screen title: Address Findings of Your Review

You may encounter the following situations when reviewing a case that will need to be addressed:

- Missing documentation. Send the case back to the BAM Investigator to obtain it.
- Code(s) that appears to be incorrect. Talk with the BAM Investigator to understand his or her logic, and then determine which code(s) are correct.

- Issue(s) that were not identified. Send the case back to the BAM Investigator for a thorough investigation of the issue(s).
- Issue(s) that were not pursued to a supportable conclusion. Send the case back to the BAM Investigator for additional fact finding.
- Issue(s) that were not resolved. Send the case back to either the BAM Investigator or the appropriate unit for resolution. For example, there may be an overpayment/underpayment or determination that must be addressed by the appropriate unit or another department.
- Conflicting information that was not resolved. Send the case back to the BAM Investigator to resolve it.

## Topic 02: Closing Cases

### *Screen title: Supervisory Sign Off*

After you, the BAM Supervisor, have reviewed a case and it is complete to your satisfaction, then you will sign it off. Your sign off confirms that the following requirements have been fulfilled:

- all issues have been identified
- all issues have been pursued to a supportable conclusion
- all issues identified have been properly resolved
- all required BAM methodology and procedures have been followed
- all the findings and required information have been properly and accurately recorded
- all the findings are consistent with laws, official rules, and written policies of the SWA and have been formalized in official agency action if errors are found, except where prohibited by SWA provisions.

### *Screen title: Sign Off a Case*

When you are finished with your review of a case, you will designate your acceptance of the case by entering a completion code.

There are two methods to supply the appropriate code for “h9: Supervisory Review Completed”:

1. the **Update Cases** option
2. the **Fast Supervisory Sign Off** option

Values for Data Elements in “h10: Supervisory Completion Date” and “h11: Supervisor Identification” will automatically update after you complete and submit your sign-off code.

## Screen Title: Steps for Completing Supervisory Sign Off Using Update Cases

To sign off a Paid Case using the update cases method, select the case you have reviewed and choose the “H” section from the **Update Cases -PCA** screen. To sign off a Denied Case, you would choose the “CA – Case Action” section from the **Update Cases – DCA** screen.

UPDATE CASES - PCA													
B	C	D	E	F	G	H	I	S	Save	Report	Next	UC Menu	(1 / 1)
Batch: 200829 Sequence: 5 Sample Type:1 SSN: 999-00-9990 KW: 07/05/2008													
<a href="#">Home</a> <a href="#">Feedback</a> <a href="#">Help</a>													

UPDATE CASES - PCA													
B	C	D	E	F	G	H	I	S	Save	Report	Next	UC Menu	(1 / 1)
Batch: 200829 Sequence: 5 Sample Type:1 SSN: 999-00-9990 KW: 07/05/2008													
<a href="#">Home</a> <a href="#">Feedback</a> <a href="#">Help</a>													

Screen note

1. Display the dropdown menu next to “h9 Supervisory Review Complete” field, which displays the options “0” and “1.” Here, choose “1” to indicate you have reviewed the case and it is complete.

All Cases are expected to be reviewed, therefore the use of menu option “0,” which indicates you are closing a case without a review, would be rarely used. Supervisor must review an adequate number of cases to ensure the program requirements have been fulfilled, the integrity of investigation is maintained, state law is properly applied, and the outcomes have been accurately recorded. If a case is selected for peer review, as a Supervisor, you should be aware that results are a reflection upon yourself as well as the Investigator. Peer review results are sent to UI management.

UPDATE CASES - PCA				
<input type="button" value="Validate"/> <input type="button" value="Accept"/> <input type="button" value="Cancel"/> <input type="button" value="Previous Screen"/> <input type="button" value="Next Screen"/>				
Batch: 201832 Sequence: 6 Sample Type:1 SSN: 222-40-6694 KW: 08/04/2018				
H: Error Classification				
<a href="#">h1</a>	KW Action Code Flag		1	▼
<a href="#">h2</a>	Amount That Claimant Should Have Been Paid	\$	378	
<a href="#">h3</a>	Total Dollar Amount of Overpayments	\$	0	
<a href="#">h4</a>	Total Dollar Amount of Underpayments	\$	0	
<a href="#">h5</a>	Total Overpayment Amount for the KW	\$	0	
<a href="#">h6</a>	Total Underpayment Amount for the KW	\$	0	
<a href="#">h7</a>	Investigation Completed		1	▼
<a href="#">h8</a>	Investigation Completion Date		10/08/2018	
<a href="#">h9</a>	Supervisory Review Completed		NULL	▼
<a href="#">h10</a>	Supervisor Completion Date			
<a href="#">h11</a>	Supervisor Identification			
<a href="#">Home</a> <a href="#">Feedback</a> <a href="#">Help</a>				

Screen note

2. Click **Validate** to ensure all fields are correct.
  - a. Values for “h10” and “h11” will display upon clicking **Validate**.

- b. Click **Accept** to return to the **Update Cases – PCA** screen.

UPDATE CASES - PCA		
<input type="button" value="Validate"/> <input type="button" value="Accept"/> <input type="button" value="Cancel"/> <input type="button" value="Previous Screen"/> <input type="button" value="Next Screen"/>		
<b>Batch:</b> 201832 <b>Sequence:</b> 6 <b>Sample Type:</b> 1 <b>SSN:</b> 222-40-6694 <b>KW:</b> 08/04/2018		
H: Error Classification		
<a href="#">h1</a>	KW Action Code Flag	1 ▾
<a href="#">h2</a>	Amount That Claimant Should Have Been Paid	\$ 378
<a href="#">h3</a>	Total Dollar Amount of Overpayments	\$ 0
<a href="#">h4</a>	Total Dollar Amount of Underpayments	\$ 0
<a href="#">h5</a>	Total Overpayment Amount for the KW	\$ 0
<a href="#">h6</a>	Total Underpayment Amount for the KW	\$ 0
<a href="#">h7</a>	Investigation Completed	1 ▾
<a href="#">h8</a>	Investigation Completion Date	10/08/2018
<a href="#">h9</a>	Supervisory Review Completed	1 ▾
<a href="#">h10</a>	Supervisor Completion Date	10/19/2018
<a href="#">h11</a>	Supervisor Identification	wanda
<b>All the fields on this screen have been validated.</b>		

3. After clicking the **Save** button, you are notified that your sign off has been successfully saved.

UPDATE CASES - PCA												
<input type="button" value="B"/>	<input type="button" value="C"/>	<input type="button" value="D"/>	<input type="button" value="E"/>	<input type="button" value="F"/>	<input type="button" value="G"/>	<input type="button" value="H"/>	<input type="button" value="I"/>	<input type="button" value="S"/>	<input type="button" value="Save"/>	<input type="button" value="Report"/>	<input type="button" value="Next"/>	<input type="button" value="UC Menu"/>
<b>(1 / 1)</b>												
<b>Batch:</b> 201832 <b>Sequence:</b> 6 <b>Sample Type:</b> 1 <b>SSN:</b> 222-40-6694 <b>KW:</b> 08/04/2018												
<b>It is saved successfully. (Case 1 of 1)</b>												
<a href="#">Home</a> <a href="#">Feedback</a> <a href="#">Help</a>												

**Note:** Timeliness is based on the Supervisory Sign Off Date.

### **Screen title: Steps for Fast Supervisory Sign Off**

The **Fast Supervisory Sign Off** option does not require you to step through the codes section by section from the **Update Case** screen. You may have reviewed the codes using the DCI report, so it wouldn't be necessary for you to step through each code section. However, you are expected to review the codes regardless of the sign-off method you choose.

1. Select the **Fast Supervisory Sign Off** option from the **Supervisor Case Management** menu.
  - a. *You may be asked to enter your Login credentials*



State Menu. Supervisor Case Management options displayed.

2. The **Fast Supervisory Sign Off** screen will appear:

- Select a method to query (**Query Using Batch # Seq #** or **Query Using SSN, Key Week**).
- Select **PCA** or **DCA**.
- Click **Submit**.

3. The **Fast Supervisory Sign Off** screen will appear:

<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Report"/> <input type="button" value="FSS Menu"/> <input type="button" value="Select Case"/>	
BATCH NUMBER	201832
SEQUENCE NUMBER	6
SSN	222-40-6694
KEY WEEK DATE	08/04/2018
SAMPLE TYPE	1
<u>SIGN OFF CODE</u>	<input type="text" value="v"/>



- a. Display the dropdown menu for the **Sign Off Code** field. The options are 0-Without Review or 1-With Review. Choose “1 – With Review” to indicate your review has taken place. Rarely would you sign off a case without reviewing it.
- b. Click **Save** and the following message will appear: “Case was saved successfully.”

## Topic 03: Practice Reviewing a Complex Paid Case

### *Screen title: Practice Reviewing a Complex Paid Case*

Narrator: Now practice reviewing a complex Paid Claim.

For this Paid Case, you will need to:

1. Review the Before and After Information documents for a case that has been completed by a BAM Investigator.
2. During your review, consider whether the BAM Investigator obtained (or made exhaustive efforts to obtain) all the necessary information, and arrived at the correct conclusions.
3. Answer the Knowledge Checks about the case, which follow.

**Note:** A Denial has different data elements and screens, but the review process is similar to reviewing a Paid Case.

### *Screen title: Details of the Case*

- Michael Lee, an Insurance Adjustor, separated from his employer Greco Insurance on 01/08/2016.
- Mr. Lee stated in his Claimant Statement the reason for separation was “Discharge” and that he was informed he was dismissed by James Cook because “I asked for a raise and they wouldn’t give me one.”
- On 01/20/2016, James Cook, at Greco Insurance, verified in the Notice to Employer the reason for separation was a “Discharge”.
- The nonmonetary determination issued by the agency states benefits were allowed because “The employer did not provide evidence that the claimant’s behavior raised to the level of misconduct.”
- The claimant, Michael Lee, began receiving benefits on 01/27/2016.
- During the Key Week, the claimant did not report any earnings and stated he was able and available for work.

### *Screen title: Review Before and After Case Information*

Before moving to the next screen, take the time to perform your review of the case. To complete your full review, you will need to view/download all the Before and After Information documents available via the “Case File” link in the top-right corner.

Check off each review task, as you complete it.

#### Reviewing Documentation

Were all applicable before documents included in the case?

Was the complete questionnaire obtained?

If not, were exhaustive attempts fully documented?

Were wage verification forms obtained from all applicable employers?

If not, were exhaustive attempts fully documented?

Was complete fact finding conducted on any separation or nonseparation issues?

If not, were exhaustive attempts fully documented?

Were all discrepancies resolved?

## Reviewing the Coding

Were all data elements supported by documentation?

Were all data elements coded correctly?

Did you find the payment to be improper?

If so, what was the reason(s)?

If it was improper, was the error(s) coding correct?

*Bottom screen instructions:* Once you have completed your review of the Case File documents, click “Next” to continue.

## **Screen title: Knowledge Check 01: Separation Error**

**Question:** Is there a separation error? [T/F]

**Answer:** Yes, the claimant was discharged for misconduct.

### **Feedback/explanation:**

BAM Investigation revealed that the claimant asked for a raise on 01/03/2016 and was denied due to his Performance Review not being until April. The claimant then slammed the door and created a disturbance in the HR office. For this incident, he received a verbal warning that was documented by the employer and provided to BAM.

On 01/08/2016, the claimant again asked for a raise and was denied, at which point he took an HR Rep’s “ceramic dish and threw (it) on the ground smashing it to pieces as he stormed out of her office.” The claimant was then dismissed for “aggressive behavior.” The claimant stated the dish fell off her desk... I didn’t throw it.”

Based on the evidence provided by the employer and that the claimant statement that he was “too upset to remember” the incident from 01/03/2016, the BAM Investigator concluded the claimant should have been denied benefits for “aggressive behavior”. The result would be a key week error for the entire WBA of \$294.

However, was the separation issue “final”? When did the BAM investigator have the information to show it was actually misconduct?

**Resolution:** You would send the case back to the BAM Investigator to, determine if the separation issue was final, correct if possible and code the Separation error. Remember the error must be coded even if the original determination is final.

**Note:** If you are in a state that only looks at the last employer, the Training Center state provisions and disqualification would not apply since we now know Greco was not the actual last employer.

## **Screen title: Knowledge Check 02: Benefit Year Earnings error**

**Question:** Is there a Benefit Year Earnings error?

**Answer:** The claimant worked part time during the Key Week.

**Feedback/Explanation:** The claimant was also working at Ronnie’s part-time and continued to work after separation from Greco. The claimant failed to report the key week earnings when he certified the week. When interviewed, the claimant stated, “I didn’t report my income from Ronnie’s because I had told you I was still working there.”

**Resolution:** You would need to send the case back to the BAM Investigator to code that benefits during the Key Week should have been reduced due to the unreported key week earnings.

### ***Screen title: Knowledge Check 03: Able and Available Error***

**Question:** Was there an Able and Available error?

**Answer:** Maybe. No fact finding was conducted to investigate why the claimant only earned \$117 during the Key Week but earned \$144 during each of the preceding three weeks.

**Feedback/Explanation:**

The claimant only earned \$117 during the Key Week, but \$144 the previous three weeks. As the claimant states, he had four shifts scheduled for the Key Week that totaled 16 hours. However, according to a pay rate of \$9 per hour, it appears the claimant was only paid for 13 hours of work, which was verified by his employer.

The claimant would need to be asked why this occurred. There are a few possibilities, but the actual answer would not be known without fact finding. For example, a few scenarios could be true:

The claimant may not have worked one of his shifts. This would mean he was unable or unavailable for work for one day. According to Training Center state provisions the claimant would then be denied 1/5 of his WBA ( $\$294/5=\$59$ ).

Some states however, would ignore one day of unavailability because the claimant was available most days during the key week.

It is also possible the claimant worked all his scheduled shifts but was sent home earlier from multiple shifts.

**Resolution:** You would need to send the case back to the BAM Investigator to obtain the missing information, and then include documentation that explains the reason for the discrepancy in weekly earnings in the Case File. Depending on the reason for the lower earnings during the key week, there may be another error to code.

### ***Screen title: Knowledge Check 04: Part D codes***

**Question: True/False:** All For this case, Greco should be used for both Data Elements d1 and d2.

**Answer:** False

**Feedback/Explanation:**

Greco would be used to code Data Element d1, but Ronnie's should be used to code Data Element d2, since Ronnie's was the claimant's most recent employer.

**Resolution:** When reviewing the DCI, codes for Data Elements d1, d3, d5, and d7 should be coded for Greco, the employment loss that caused the claimant to file his initial claim for benefits. However, the codes for d2, d4, d6, and d8 should be for Ronnie's, the most recent employer.

### ***Screen title: Knowledge Check 05: Work Search Contacts***

**Question:** How many work search contacts would be counted?

1. Two (Possibly)
2. Three (Possibly)
3. Four (Possibly)
4. Depends on State Law and Policy (Correct)

**Feedback/Explanation:**

1. Possibly. This answer would be correct if your State's policy only allows USBB and eSure to be counted as one contact each, and your State policy does not count State Barn, if your State policy requires verifiable contacts. Your State policy may count the USBB outreach as one contact, since it was in pursuit of the same job.
2. Possibly. If your State policy counts USBB as two contacts, even though it was in pursuit of the same job, since he applied and later interviewed with the employer during the Key Week. The third contact would be eSure. Here State Barn, was not considered a contact, since it is unverifiable. However, another way that three may be the right answer for your state, is USBB as one contact, eSure as the second contact, and State Policy allowing an unverifiable contact, making State Barn the third outreach.
3. Possibly. This answer would be correct if your State policy counts USBB as two contacts, even though it was in pursuit of the same job, since he applied and later interviewed with the employer during the Key Week. The third contact would be eSure and the fourth would be State Barn, if your State policy allows an unverifiable contact.
4. Correct. Some states would count the USBB as only one contact, since both outreaches in the Key Week were in pursuit of the same job, other States would count both USBB contacts. Some States would not allow an unverifiable contact like Mr. Lee's efforts with the State Barn website, other States would. All states are likely to count the eSure online application.

**[Programmer note – the selection of any disclaimer will allow learner to proceed. Learner, however, must be given the opportunity to go back and choose other options, if he or she desires.]**

**Resolution:** Verify the number of contacts match your state's Work Search policy when reviewing the DCI.

**Screen title: Review Complete**

You have now completed your *initial* review of the Paid Claim for Michael Lee. Since you identified unresolved errors and issues with the case, you would send it back to the BAM Investigator to be completed.

Once the BAM Investigator had resolved the errors and issues, included the missing documentation, and corrected all the codes, you would complete another review of the case. If all issues and errors were resolved, then you would review the DCI and the Case Summary. If the codes and Case Summary are correct and complete, you would indicate your Supervisory Sign Off with a review.

## Topic 04: Conclusion

In this lesson, you learned about:

- a BAM Supervisor's responsibility in reviewing cases
- the steps for reviewing cases
- the steps for closing cases
- performing a Fast Supervisory Sign Off
- reviewing a complex case

## Weekly Claim Certification

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Claimant: Michael Lee      SSN: XXX-XX-5874      Benefit Year: 01/10/2016 to 01/07/2017

---

Certification for week ending: **02/06/2016**

Please answer the following questions for the week listed above:

1. Did you look for work? **YES**
2. Were you physically able to perform work? **YES**
3. Were you available to work? **YES**
4. Did you work? **NO**
5. Did you receive holiday or vacation pay? **NO**
6. Did you attend school? **NO**

I certify the above answers are true to the best of my knowledge. **YES**

Date: 02/12/2016

# Unemployment Application

Social Security Number: **XXX-XX-5874**

---

Name: **Michael Lee**  
Mailing Address: **2589 Capital Street  
Hortonville, YS 58756**  
Phone: **215-874-9658**  
Date of Birth: **05/15/1962**  
Education: **16**  
Gender: **Male**  
Race: **Not Hispanic or Latino**  
Ethnicity: **Asian**  
Do you have a disability? **NO**  
Are you a veteran? **NO**  
Are you a citizen of the United States? **YES**

---

What is your occupation? **Insurance Adjuster**

Are you able to work and available to work full time without restrictions? **YES**

Can you work all hours, days and shifts for the type of work you are seeking? **YES**

Are you attending school or training during your normal work hours? **NO**

Are you a member in good standing of a union and get work through a hiring hall? **NO**

Are you self-employed? **NO**

Do you want income tax withheld from your benefits? **NO**

---

List your employers for the past 18 months, starting with the most recent employer:

Employer Name: **Greco Insurance**

Employer Address: **5968 Charity Way, Freedom, YS 58412**

Employer Phone: **689-561-5247**

Your first day of work: **07/2/2011**

Your last day of work: **01/08/2016**

Rate of Pay: **\$13.30 per hour**

Will you be recalled? **Maybe**

Why aren't you currently working for this employer? **Discharge**

Employer Name: **Ronnie's**

Employer Address: **6952 Mall Road, Emerald, YS 58987**

Employer Phone: **364-558-4188**

Your first day of work: **09/24/2015**

Your last day of work: **01/10/2016**

Rate of Pay: **\$9.00 per hour**

Why aren't you currently working for this employer? **Still Working**

---

Are you currently receiving, or will you receive monthly pension/retirement pay from any employer you have worked for in the past 18 months? **NO**

Lump sum pension? **NO**

Profit sharing? **NO**

Bonus or special pay? **NO**

Severance Pay? **NO**

I have read and understand my rights and responsibilities while collecting unemployment benefits: **I AGREE**

Date Submitted: **01/13/2016**

## Account Search

Claimant: Michael Lee

SSN: XXX-XX-5874

Start Date: 10/01/2014

End Date: 1/9/2016

---

<b>BYB</b>	<b>BYE</b>	<b>Status</b>
No claims on file for the requested period		



# Monetary Determination

Claimant: Michael Lee

SSN: XXX-XX-5874

Date: 1/18/2016

---

**This is a determination regarding your monetary eligibility only. Please review your information booklet for other eligibility requirements.**

Benefit Year: **01/10/2016 to 01/07/2017**

Weekly Benefit Amount: **294**

Maximum Benefit Amount: **7644**

This determination is based on the following wages reported by your employers during the base period of **10/01/2014 to 9/30/2015**.

Emp Name/ Acct #	4 <sup>th</sup> Qtr 2014	1 <sup>st</sup> Qtr 2015	2 <sup>nd</sup> Qtr 2015	3 <sup>rd</sup> Qtr 2015	Total Wages
<b>Greco Insurance / 5987415</b>	<b>5928.00</b>	<b>6916.00</b>	<b>5928.00</b>	<b>6916.00</b>	<b>25688.00</b>
<b>Totals:</b>	<b>5928.00</b>	<b>6916.00</b>	<b>5928.00</b>	<b>6916.00</b>	<b>25688.00</b>

High Quarter Wages: **6916.00**

Total Base Period Wages: **25688.00**

Please review the wages reported above with your check stubs or w-2's. Contact the call center (1-800-222-1234) if there are missing employers or the wages do not appear to be correct.

## Claimant Statement

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

---

Employer Name:    **Greco Insurance**

Employer Address:    **5968 Charity Way  
Freedom, YS 58412**

My last period of work for this employer was from: **07/02/2011 to 01/08/2016**

My final rate of pay was: **13.30 /per HOUR**

The type of work I did for this employer was: **Insurance Adjuster**

My immediate supervisor was: **James Cook**

My normal working hours were: **8:00am to 4:30pm**

I am no longer working for this employer because: **Discharge**

Please answer the following questions regarding this job separation:

Who told you that you were dismissed? **James Cook**

What reason were you given? **I got mad they wouldn't give me a raise**

Did you have prior warnings: **No**

Please explain what caused your dismissal: **I asked for a raise and they wouldn't give me one.**

*I have made this statement for the purpose of obtaining unemployment insurance benefits and certify that the information given is true and correct to the best of my knowledge. I understand the law provides penalties for making false statements or withholding facts in order to obtain benefits not otherwise due. I understand my former employer will receive a copy of this statement.*

YES

Date: **01/13/2016**

**Department of Unemployment Insurance  
2587 Main Street  
Capital, YS 55874**

**NOTICE TO EMPLOYER**

Greco Insurance  
5968 Charity Way  
Freedom, YS 58412

Date: 01/13/2016

The individual shown below has filed a claim for unemployment benefits and has named you as the last employer. Please complete the information requested and provide any facts which may affect the claimant's eligibility for benefits. A response to this notice allows you an opportunity to provide the information you have concerning this individual's separation from work. In addition, the agency MAY call you for clarification or more information. Please have someone with direct knowledge of the situation fill out this form. If you need additional space please use the back of this form.

**FAILURE TO RESPOND WITHIN 7 DAYS MAY RESULT IN CHARGES TO YOUR TAX ACCOUNT.**

Claimant: <b>Michael Lee</b>	SSN: <b>XXX-XX-5874</b>
Reason for Separation: <b>Discharge</b>	

Please complete the following regarding the individual indicated above:

Dates of Employment: 07/02/2011 to 01/08/2016

Job Title Insurance Adjuster Final Rate of Pay: 13.30 per hour

Do you expect to recall this individual to work?

No  Yes, Date: \_\_\_\_\_

At the time of separation, did the individual receive any of the following?  No  Yes

Holiday Pay  Vacation Pay/PTO  Severance Pay

Amount \$ \_\_\_\_\_ Time period covered: \_\_\_\_\_ to \_\_\_\_\_

Reason for Separation:  Lack of work  Quit  Discharge  Other

Please provide details on the reason for separation, if other than lack of work:

*(Please submit supporting documentation such as warnings, company policy, written resignation...)*

Michael asked for a raise and became upset when it was denied.

***I certify that the information given above is true and correct to the best of my knowledge and belief. I understand the law provides penalties for false statements.***

James Cook

Signature

01/20/2016

Date

Manager

Title

652-693-5524

Phone

**Department of Unemployment Insurance**

**2587 Main Street**

**Capital, YS 55874**

Michael Lee

SSN: XXX-XX-5874

2589 Capital Street

Benefit Year: 01/10/2016 to 01/07/2017

Hortonville, YS 58756

Issue ID: 2698

Determination Begin: 01/10/2016

Laws/Rules: STS 598.26

**Findings of Fact:**

The claimant was employed with Greco Insurance from 07/02/2011 until 01/08/2016. The claimant was discharged when he requested a raise.

**Reasoning and Conclusion:**

The claimant was discharged from this employment when asked for a raise. He became upset when the request was denied. The employer did not provide evidence that the claimant's behavior raised to the level of misconduct.

Therefore, BENEFITS ARE ALLOWED.

This determination will become final on 3/2/2016 unless an appeal is filed before that date. Please visit our web site to learn more or file an appeal. ([www.ysunemployment.gov](http://www.ysunemployment.gov))

Date of Decision: 1/27/2016

Authorized Representative: BCM

**Employer:**

Greco Insurance

5968 Charity Way

Freedom, YS 58412

## Payment History

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

---

Week Ending	Date Claimed	Prog	Earnings Reported	Earnings Deducted	Other Income	Other Deduct	OP Offset	Amt Authorized	Mail Date
1/16/2016	1/20/2016	UI	0		0			WW	1/20/2016
1/23/2016	1/27/2016	UI	0		0			294	1/27/2016
1/30/2016	2/3/2016	UI	0		0			294	2/3/2016
2/6/2016	2/10/2016	UI	0		0			294	2/10/2016

## Non-Monetary Activity

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

---

Issue Number	Issue Code	Result	Start Date	End Date	Decision Date	ADJ	Amount	Count	Mail Date
2698	DIS	ELIG			1/30/2016	BCM		Y	1/30/2016

## Overpayment Activity

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

---

No Overpayment activity.

## **Additional / Reopen Claim Activity**

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

---

None found.

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## **Employer Information**

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EAN: **5987415**  
Employer Name: **Greco Insurance**  
Employer UI Claims Mailing Address: **5968 Charity Way**  
**Freedom, YS 58412**  
Employer Phone Number: **689-561-5247**

NAICS: **624230**

Tax Rate: **3.3%**

## **Employer Information**

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EAN: **54875158**  
Employer Name: **Ronnie's**  
Employer UI Claims Mailing Address: **6952 Mall Road**  
**Emerald, YS 58987**  
Employer Phone Number: **800-598-5974**

NAICS: **452111**

Tax Rate: **3.8%**

## Wage Detail Search by SSN

---

SSN: XXX-XX-5874

EAN	Employer Name	Employee Name	QTR / Year	Wages	Hours Worked	Officer	Date Received
5987415	Greco Insurance	Michael Lee	4/2014	5928.00	445	N	1/31/2015
			1/2015	6916.00	520	N	4/30/2015
			2/2015	5928.00	445	N	7/31/2015
			3/2015	6916.00	520	N	10/31/2015
			4/2015	5928.00	445	N	1/31/2016
54875158	Ronnie's	Michael Lee	4/2015	1134.00	126	N	1/31/2016

## Wage Detail Search by Name

---

Name: Michael Lee

SSN	Employer Name	EAN	QTR / Year	Wages	Hours Worked	Officer	Date Received
XXX-XX-5874	Greco Insurance	5987415	4/2014	5928.00	445	N	1/31/2015
			1/2015	6916.00	520	N	4/30/2015
			2/2015	5928.00	445	N	7/31/2015
			3/2015	6916.00	520	N	10/31/2015
			4/2015	5928.00	445	N	1/31/2016
XXX-XX-5874	Ronnie's	54875158	4/2015	1134.00	126	N	1/31/2016

---

*Officer column for Wage Detail Search indicates whether the wages were earned as a Corporate officer of the company. Some states have special eligibility provisions dealing with Corporate officers. Know your state law.*

## Monetary History

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Claimant: Michael Lee    SSN: XXX-XX-5874    Benefit Year: 01/10/2016 to 01/07/2017

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Date	Status	Determinations	WBA	MBA	Base Period
01/18/2016	Eligible	Original	292	7644	Regular

[Date Printed: 02/10/2016]

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## **SIDI Inquiry**

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STATE IDENTIFICATION RESULTS  
FOR SSN XXX-XX-5874  
LASTEST QTR ON FILE 20154

THE SSN YOU ENTERED HAS WAGES IN THE FOLLOWING STATES:

ST: YS

RUN DATE: 2/20/2015

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

Batch # 201611 Seq 5

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if your unemployment insurance benefits were properly paid. This information will be verified. The last page of this questionnaire is for recording your work history. Benefit Accuracy Measurement (BAM) audits randomly selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

- 1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
- 2) permitting access to the information by only authorized persons;
- 3) ensuring that the physical and electronic storage of the information is secure; and
- 4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

<p>1. Name (First, Middle, Last) Michael Lee</p> <p>In the past three years, if you were known or earned income by another name, enter it here: no other name</p>	<p>10. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White</p> <p><input checked="" type="checkbox"/> Black or African-American</p> <p><input checked="" type="checkbox"/> Asian</p> <p><input checked="" type="checkbox"/> American Indian or Alaska Native</p> <p><input checked="" type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input checked="" type="checkbox"/> Unknown</p>
<p>2. Social Security Number XXX-XX-5874</p> <p>In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here: none</p>	<p>11. Ethnic Group - Indicate by selecting one of the following:</p> <p><input checked="" type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input checked="" type="checkbox"/> Unknown</p>
<p>3. Street Address 2589 Capital Street Apt Number</p>	<p>12. US Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>4. City, State, ZIP Hortonville, YS 58756</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8</p> <p>High School - 9 10 11 12</p> <p><input type="checkbox"/> Some College      <input type="checkbox"/> Associate Degree</p> <p><input checked="" type="checkbox"/> BA/BS                  <input type="checkbox"/> Graduate School</p> <p>Major Field of Study: <u>Psychology</u></p>
<p>5. Mailing Address (if different) n/a</p>	
<p>6. If you have moved since you first filed for unemployment benefits on <u>01/10/2016</u> enter your address when you first filed:</p>	<p>14. Have you had vocational or technical school training?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>7. Telephone Number (include area code) 215-874-9658</p>	<p>15. Circle the days of the week you usually work.</p> <p>SUN <b>MON TUES WED THURS FRI SAT</b></p> <p>Do you usually work part time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>8. Date of Birth (MM/DD/YYYY) 05/15/1962</p>	<p>16. Circle the days of the week you are willing and able to work.</p> <p>SUN <b>MON TUES WED THURS FRI SAT</b></p> <p>Are you only seeking part time work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Gender: <input checked="" type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p>17. What hours or shifts do you usually work?</p> <p><input checked="" type="checkbox"/> 1<sup>st</sup> shift – Day <input type="checkbox"/> 2<sup>nd</sup> shift – Swing</p>

	<input checked="" type="checkbox"/> 3 <sup>rd</sup> shift – Night <input type="checkbox"/> Other shift – including rotation
--	---

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

<p>18. What hours are you willing and able to work on a job? FROM <u>  4:00  </u> am TO <u>  5:00  </u> pm OR FROM _____ am TO _____ pm</p>	<p>23. Do you expect to be called back to work by any past employer? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If "Yes", please answer the following: Do you have or have you received a recall notice? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>When were you told you would be recalled?                                   ____/____/____                                   Month    Day    Year</p> <p>Who notified you? _____</p> <p>When will you report back to work? _____</p> <p>Name, Address and Phone Number of employer: _____ _____ _____</p>
<p>19. Which shifts are you willing and able to work on a job? <input checked="" type="checkbox"/> 1<sup>st</sup> shift – Day            <input type="checkbox"/> 2<sup>nd</sup> shift – Swing <input type="checkbox"/> 3<sup>rd</sup> shift – Night            <input type="checkbox"/> Other shift – including rotation</p>	
<p>20. In the last 18 months, what has been your normal wage for the work you usually do? \$ <u>  13.30  </u> per <u>  </u> hour <u>  </u></p>	
<p>21. What is the lowest rate of pay you will accept for a job? \$ <u>  10.00  </u> per <u>  </u> hour <u>  </u></p>	
<p>22. In the last 18 months, what has been your usual occupation?                                   <u>                  Insurance Adjuster                  </u> What are your main job duties at your usual work?                                   <u>                  Review damages and determine settlements                  </u></p>	

**WORK SEARCH**

The next group of questions asks about your efforts to find work. Some of these questions will refer to a specific week, called "THE WEEK". "THE WEEK" is the week that began on   01/31/2016   and ends on   02/06/2016  . Please keep these dates in mind when answering the questions about "THE WEEK".

<p>24. How many miles are you willing to travel one-way daily to a job? 30</p>	<p>31. During "THE WEEK", did the State Employment Service refer you to any jobs? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>25. How many minutes or hours are you willing to travel one way daily to a job? 30</p>	<p>32. What were the results of these referrals? <u>          N/A          </u> Have you received any referrals from the State Employment Services since you opened your current claim? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If "Yes", to how many jobs were you referred? _____</p>
<p>26. Do you have a valid driver's license? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>27. By what means do you normally travel to look for work? (Check all that apply) <input checked="" type="checkbox"/> Personally owned vehicle    <input type="checkbox"/> Borrow a vehicle <input type="checkbox"/> Ride with friends            <input type="checkbox"/> Public transportation                                   or relatives                    <input type="checkbox"/> Other (specify) Do you have transportation to get to and from a job? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>33. Have you registered with a private employment agency since you first filed for unemployment benefits on <u>  01/10/2016  </u>? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If "Yes", when did you register with the agency? _____</p> <p>Name, Address, Phone Number of Agency: _____ _____</p> <p>During "THE WEEK", did the Agency refer you to any jobs? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", to how many jobs were you referred? _____</p>
<p>28. Would a job have to last a certain period of time before you would accept it?                                    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No If "Yes", explain:</p>	
<p>29. What is the type of work you are looking for? a. <u>  Insurance Adjuster  </u> b. _____ What is the length and type of experience you have in these occupations? a. <u>  5 years  </u> b. _____</p>	

<p>30. Have you registered with the State Employment Service to find work since you first filed for unemployment benefits on 01/10/2016 _____? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What were the results of these referrals? _____ _____</p>
<p><b>"THE WEEK"</b> is the week that began on _____ 01/31/2016 _____ and ended on _____ 02/06/2016 _____.</p>	
<p>34. During <b>THE WEEK</b>, were you an active member of a union? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes" complete the following:</p> <p>Union Name: _____</p> <p>Local Number: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Does your union have a local hiring hall? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are your dues considered current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Whom do you contact at the local? _____</p> <p>Do you get work ONLY through the union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you accept a non-union job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>During <b>THE WEEK</b>, were you eligible to be referred to jobs by the union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", explain: _____</p> <p>_____</p> <p>During <b>THE WEEK</b>, were you on the out-of-work list? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", when was the last time you signed the list? _____</p> <p>If "No", explain: _____</p> <p>During <b>THE WEEK</b>, how many jobs were you referred to by the union? _____</p> <p>What were the results of these referrals? _____</p>	<p>36. During <b>THE WEEK</b>, did you have or a member of your immediate family any health problem, handicap or disability that limited your ability to do your usual work or to look for work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", explain: _____</p> <hr/> <p>37. During <b>THE WEEK</b>, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "No" go to Question 38.</p> <p>If "Yes" was there some other person or place available to provide care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" provide the name, address and phone number of the care provider: _____ _____</p> <hr/> <p>38. During <b>THE WEEK</b>, was there any day(s) that you were <b>NOT</b> available for work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes" list the day(s) and reason(s) you were <b>NOT</b> available: _____</p> <hr/> <p>39. During <b>THE WEEK</b>, was there any reason that you could <b>NOT</b> accept full-time work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes" explain: _____</p> <hr/> <p>40. During <b>THE WEEK</b>, were you an officer of a corporation, union, or other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes" give name of organization and office held: _____ _____</p>

35. During **THE WEEK**, were you attending school or enrolled in a training program?  Yes  No  
 If "Yes", complete the following: Name, Address, Phone Number of school or training program:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is the schooling or training related either to the type of work you usually do or the type of work you are seeking?  Yes  No  
 Do you have or can you obtain evidence that you are making satisfactory progress?  Yes  No

41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking?  Yes  No  
 If "Yes", did you have the license or certificate needed?  
 Yes  No  
 What kind of license or certificate is it?  
 \_\_\_\_\_  
 When does it expire? \_\_\_\_\_

**42. WORK SEARCH CONTACTS**

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than four job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Employment Service.

**THE WEEK** is the week that began on 01/31/2016 and ended on 02/06/2016.

1. Employer Name  <b>See attached log</b>	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____
Address: .	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No Job ID: 10886 Confirmation number: JDI782F
4. Employer Name	Contact Date:	Method of Contact: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____



Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any other job-development activities you engaged in during <b>THE WEEK</b> (such as networking, resume writing, visiting web sites or employment agencies, job clubs, etc.)		

# Work Search Log

## Department of Unemployment Insurance

2587 Main Street

Capital, YS 55874

SSN: xxx-xx-5874	Name: Michael Lee	Week Ending: 2/6/2016
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This form must be used to record your work search actions each week. Complete instructions are on the following page. More copies of this form are available at [www.ys.gov/worksearchform](http://www.ys.gov/worksearchform).

**Businesses/Employers Contacted:** List jobs you have applied for, interviews you have attended, and business/employers you have contacted during the week listed above. All columns should be filled in to the best of your ability. Use additional sheets if needed.

Date of Contact	Position applied for	Business / Employer Name	Name and title of person contacted	Method of contact (e.g. in person, phone, fax, mail, website)	Contact information for method of contact listed (e.g. address, phone, e-mail website/url)	Result of contact (e.g. interview, waiting for response, not hired)
2/4/16	Insurance Adjuster	USBB Insurance	Ken Thomas / Auto Insurance	In person	334 Main Street W	Application taken
2/6/16	Insurance Adjuster	USBB Insurance	Ken Thomas / Auto Insurance	In person	334 Main Street W	Interview, waiting for results
2/5/16	Liability Adjuster	esure		Internet	<a href="https://www.esure.com/company/careers">https://www.esure.com/company/careers</a>	Submitted Application

**Work Search Activities:** If your work search actions were not business/employer contacts, record those actions you did to find a job below. See instructions on the following page for suggested actions.

Date of Activity	Activity Performed
2/5/16	Searched State Barn website but I was not qualified for any job openings they had in the state of YS.

"THE WEEK" is the week that began on 01/31/2016 and ended on 02/06/2016.

43. During **THE WEEK**, did you get any job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks?

Yes  No

If "Yes", did you accept any jobs offered to you?  Yes  No

If "No", why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "Yes", complete the following:

Date you accepted the offer: \_\_\_\_\_

Date you began or will begin work: \_\_\_\_\_

Name, address and phone number of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45a. Check all of the following sources of income you had during **THE WEEK**, excluding unemployment compensation, and list the amount you received from each source for **THE WEEK**, even if you were paid at some other time.

None If "None", go to Question 45b

Wages \$ 117.00

Earnings from self-employment \$ \_\_\_\_\_  
or contract labor

Commission Payments \$ \_\_\_\_\_

Reserve or National Guard Pay \$ \_\_\_\_\_

Separation or Severance Pay \$ \_\_\_\_\_

Holiday Pay \$ \_\_\_\_\_

Wages in Lieu of Notice \$ \_\_\_\_\_

Vacation Pay \$ \_\_\_\_\_

Tips or Gratuities \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Disability Payments \$ \_\_\_\_\_

(Do NOT include Social Security or Veteran's Benefits)

Other (specify): \$ \_\_\_\_\_

44. During **THE WEEK**, did you do work of any kind?

Yes  No

If "Yes", what type of work did you do?

\_\_\_\_\_ Customer Rep \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and times worked:

\_\_\_ Mon, Wed. and Fri 5:00PM – 9:00PM \_\_\_

\_\_\_ Sat 9:00AM – 1:00PM \_\_\_

Name, address and phone number of employer:

\_\_\_\_\_ Ronnie's \_\_\_\_\_  
\_\_\_\_\_ 6952 Mall Road \_\_\_\_\_  
\_\_\_\_\_ Emerald, YS 58987 \_\_\_\_\_

Are you still working for this employer?  Yes  No

If "no" provide the reason you are no longer employed:

\_\_\_\_\_ Still Working Part Time \_\_\_\_\_

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

Yes  No

If "No", go to Question 46

If "Yes", give the amount you received:

Social Security \$ \_\_\_\_\_

Veterans Benefits \$ \_\_\_\_\_

Railroad Retirement \$ \_\_\_\_\_

Federal Civil Service Retirement \$ \_\_\_\_\_

U.S. Military Retirement \$ \_\_\_\_\_

State/Local Government Retirement \$ \_\_\_\_\_

Private Employer or Union Pension \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**BENEFITS ACCURACY MEASUREMENT**

**CLAIMANT QUESTIONNAIRE - PAID CLAIM**

46. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?

Yes  No

If "Yes", how was this information given to you?

(Check ALL that apply)

- In-person (individual) interview
- Group interview
- Booklet or Pamphlet
- Internet/telephone/other multimedia
- Other (specify) \_\_\_\_\_

47. Have you had any problems with your unemployment insurance claim?

Yes  No

If "Yes", explain:

48. Do you have any questions to ask about your unemployment insurance claim or about your responsibilities and rights as an unemployment insurance claimant?

Yes  No

If "Yes", explain:

Please complete your work history on the following page.

49. Between the day you filed for unemployment benefits and day that you completed this questionnaire, have you worked for any employers?

Yes  No

Are you still working for this employer?  Yes  No If "No", Why are you no longer working for this employer?

Part time at Ronnie's

I have understood the questions on this questionnaire and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were paid properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

\_\_\_\_\_ Obtained by phone \_\_\_\_\_ 02/10/2016 \_\_\_\_\_

Claimant's Signature

Date Signed

Joe Representative

02/10/2016

Interviewer's Signature

Date Signed

AGENCY USE ONLY → Information obtained by:  Mail  Fax  Phone  In-person  E-mail

**Please complete your work history on the following page(s).**

**BENEFITS ACCURACY MEASUREMENT  
CLAIMANT QUESTIONNAIRE - PAID CLAIM  
EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** 10-1-2014  
MONTH / DAY / YEAR

<b>CURRENT OR MOST RECENT</b>	<b>2<sup>ND</sup> MOST RECENT</b>	<b>3<sup>RD</sup> MOST RECENT</b>	<b>4<sup>TH</sup> MOST RECENT</b>
Employer Name Greco Insurance	Employer Name Ronnie's	Employer Name	Employer Name
Address 5968 Charity Way Freedom, YS 58412	Address 6952 Mall Road Emerald, YS 58987	Address	Address
Location of Job Site Freedom	Location of Job Site Emerald	Location of Job Site	Location of Job Site
Telephone Number 689-561-5247	Telephone Number 364-558-4188	Telephone Number	Telephone Number
Type of work Check all that apply <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military
Length of Employment First day <u>7/2/2011</u> Last day <u>01/08/2016</u>	Length of Employment First day <u>9/24/2015</u> Last day <u>still wkg</u>	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title Insurance Adjuster	Your Job Title Customer Rep	Your Job Title	Your Job Title
Your Wages on this Job \$ <u>13.30</u> Per <u>hr</u>	Your Wages on this Job \$ <u>9.00</u> Per <u>hr</u>	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____
What were your main job duties? Assess damage and repair costs	What were your main job duties? Retail Sales	What were your main job duties?	What were your main job duties?
Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input checked="" type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input checked="" type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons

Benefit Accuracy Measurement Employer Verification			Batch 201611	Seq	5	Account Type UI
Applicant Name: <b>Michael Lee</b>				Applicant SSN: <b>XXX-XX-5874</b>		
Employer: <b>Greco Insurance</b>		Employer Acct #: 5987415		Contact Person: Nancy McDonough		
Employer Address: 5968 Charity Way Freedom, YS 58412		Phone: <b>689-561-5247</b>		Fax or e-mail:		
Applicant Hired on: 7/2/2011	Separated on: 01/08/2016	Last Day Worked: 01/08/2016	States worked in:  YS	Other SSN or Name used: while employed in last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide it:		
Applicant provided I-9 Employment Eligibility Verification Information		<input checked="" type="checkbox"/> - US Citizen <input type="checkbox"/> -Alien Authorized to Work <input type="checkbox"/> Lawful Permanent Resident		Alien #		
Payroll is: BI-WEEKLY		Pay Period begins on what day of the week? Wednesday And ends on what day? Tuesday		Pay Day is on what day? Second Friday after per period		
Recall: <input type="checkbox"/> YES Date?	<input checked="" type="checkbox"/> NO Recall none expected	<input type="checkbox"/> Applicant actively employed	Rate of pay when employed \$ <u>13.30</u> Per: Hour	For requalification: NA total earnings since = \$		
Type of work (Check all that apply) <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract worker <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Seasonally						
Applicant Job title: Insurance Adjuster		Applicant Job Responsibilities Review auto insurance claims.				
Circle Separation type: Quit / <b>Fired or Discharged for Misconduct</b> / Permanent layoff –Reduction In Force / Temporary layoff / Still working / Retirement / Discharge -no misconduct (unable to perform)/Other compelling reasons (i.e. move with spouse, family illness)						
Explain separations except lack of work/layoff. <b>Michael was dismissed when he became upset that his raise request was denied. He exhibited aggressive behavior.</b>						

If wages were for any time period after last day worked, please complete the following:

TYPE OF PAY	\$ AMOUNT	# OF WEEKS	DATES COVERED
Accrued Vacation			
Holiday \ Sick			
Last Pay Period			
Commission \ Bonus			
Wages in Lieu of Notice			
Severance \ Separation Pay			
Pension - Employer contribution plan? Yes or No			

<b>IMPORTANT:</b> <i>Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!</i>	Year/Quarter: 2015/2nd			Year/Quarter: 2015/3rd		
	PAY PERIOD END DATES	PAYDAY	GROSS PAY	PAY PERIOD END DATES	PAYDAY	GROSS PAY
	3/31/2015	4/10/2015	988.00	6/23/2015	7/3/2015	988.00
	4/14/2015	4/24/2015	988.00	7/7/2015	7/17/2015	988.00
	4/28/2015	5/8/2015	988.00	7/21/2015	7/31/2015	988.00
	5/12/2015	5/22/2015	988.00	8/4/2015	8/14/2015	988.00
	5/26/2015	6/5/2015	988.00	8/18/2015	8/28/2015	988.00
	6/9/2015	6/19/2015	988.00	9/1/2015	9/11/2015	988.00
				9/15/2015	9/25/2015	988.00
	TOTAL AUDITED			\$5928.00		

**BASE PERIOD YEAR – FROM ( 10/01/2014 ) TO ( 09/30/2015 )**

<b>IMPORTANT:</b> <i>Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!</i>	Year/Quarter: 2015/2nd			Year/Quarter: 2015/3rd		
	PAY PERIOD END DATES	PAYDAY	GROSS PAY	PAY PERIOD END DATES	PAYDAY	GROSS PAY
	3/31/2015	4/10/2015	988.00	6/23/2015	7/3/2015	988.00
	4/14/2015	4/24/2015	988.00	7/7/2015	7/17/2015	988.00
	4/28/2015	5/8/2015	988.00	7/21/2015	7/31/2015	988.00
	5/12/2015	5/22/2015	988.00	8/4/2015	8/14/2015	988.00
	5/26/2015	6/5/2015	988.00	8/18/2015	8/28/2015	988.00
	6/9/2015	6/19/2015	988.00	9/1/2015	9/11/2015	988.00
				9/15/2015	9/25/2015	988.00
	TOTAL AUDITED			\$5928.00		

**CLAIM BENEFIT YEAR EARNINGS – FROM ( 01/10/2016)TO ( 02/06/2016 )**

If you hired this person after the “from” date above, was this new hire reported to the New Hire Registry?  Yes  No\_

If yes, when \_\_\_ and to which state was the new hire reported \_\_\_\_\_.

If you did not report this person as a new hire was the person a rehire?  Yes  No\_

If you rehired this person did they work for you within the past 60 days prior reemployment  Yes  No\_

<b>IMPORTANT:</b> <i>Please enter wages on a calendar week basis (Sunday to Saturday) with gross pay for each week in the claim period shown above.</i>	WEEK END DATES	PAYDAY	GROSS PAY	WEEK END DATES	PAYDAY	GROSS PAY	

TOTAL AUDITED			
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**I certify that the above information is correct to the best of my knowledge and belief.**

Employer’s signature: <i>Nancy McDonough</i>	Title: HR Rep	Date: 2/22/2016
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**Official Use Only**

Auditor’s signature: <i>Joe Representative</i>	Phone: (651) 255 - 6969 Fax: (651) 296-7192	Date Received: 2/23/2016
Form completed: BY FAX	Employer is: BASE PERIOD ONLY	Batch    Seq#    Type
Employer is represented by a third party: N/A		<b>201611    5    UI</b>



Benefit Accuracy Measurement Employer Verification			Batch 201611	Seq 5	Account Type UI
Claimant Name: <b>Michael Lee</b>			Claimant SSN: <b>XXX-XX-5874</b>		
Employer: <b>Ronnie's</b>		Employer Acct #: 54875158	Contact Person: Karen Wilson		
Employer Address: <b>6952 Mall Road Emerald, YS 58987</b>		Phone: <b>364-558-4188</b>	Fax or e-mail:		
Claimant Hired on: 9/24/2015	Separated on: Still Working	Last Day Worked: Still working	States worked in: YS	Other SSN or Name used: while employed in last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide it:	
Claimant provided I-9 Employment Eligibility Verification Information		<input checked="" type="checkbox"/> - US Citizen <input type="checkbox"/> -Alien Authorized to Work <input type="checkbox"/> Lawful Permanent Resident		Alien #	
Payroll is: weekly		Pay Period begins on what day of the week? Sunday And ends on what day? Saturday		Pay Day is on what day? Friday after pay period	
Recall: <input checked="" type="checkbox"/> YES Date?	<input type="checkbox"/> NO Recall	<input checked="" type="checkbox"/> Claimant actively employed	Rate of pay when employed \$ <u>9.00</u> Per: Hour	For requalification: NA total earnings since = \$	
Type of work (Check all that apply) <input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Contract worker <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Seasonally					
Claimant Job title: Customer Rep		Claimant Job Responsibilities Help customers find desired items. Manage register.			
Circle Separation type: Quit / Fired or Discharged for Misconduct / Permanent layoff –Reduction In Force / Temporary layoff / <b>Still working</b> / Retirement / Discharge no misconduct (unable to perform) /Other compelling reasons (i.e. move with spouse, family illness)					
Explain separations except lack of work/layoff.					
Still Working Part time.					

If wages were for any time period after last day worked, please complete the following:

TYPE OF PAY	\$ AMOUNT	# OF WEEKS	DATES COVERED
Accrued Vacation			
Holiday \ Sick			
Last Pay Period			
Commission \ Bonus			
Wages in Lieu of Notice			
Severance \ Separation Pay			
Pension - Employer contribution plan? Yes or No			

**BASE PERIOD YEAR – FROM ( 10/01/2014 ) TO ( 09/30/2015 )**

<b>IMPORTANT:</b> <i>Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!</i>	Year/Quarter: 2014/4			Year/Quarter: 2015/1			
	PAY PERIOD END DATES	PAYDAY	GROSS PAY	PAY PERIOD END DATES	PAYDAY	GROSS PAY	
TOTAL AUDITED							

**BASE PERIOD YEAR – FROM ( 10/01/2014 ) TO ( 09/30/2015 )**

<b>IMPORTANT:</b> <i>Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!</i>	Year/Quarter: 2015/2			Year/Quarter: 2015/3			
	PAY PERIOD END DATES	PAYDAY	GROSS PAY	PAY PERIOD END DATES	PAYDAY	GROSS PAY	
TOTAL AUDITED							

**CLAIM BENEFIT YEAR EARNINGS – FROM ( 01/10/2016) TO ( 02/06/2016 )**

If you hired this person after the “from” date above, was this new hire reported to the New Hire Registry?  Yes  No\_

If yes, when \_\_\_ and to which state was the new hire reported \_\_\_\_\_.

If you did not report this person as a new hire was the person a rehire?  Yes  No\_

If you rehired this person did they work for you within the past 60 days prior reemployment  Yes  No\_

IMPORTANT: <i>Please enter wages on a calendar week basis (Sunday to Saturday) with gross pay for each week in the claim period shown above.</i>	WEEK END DATES	PAYDAY	GROSS PAY	WEEK END DATES	PAYDAY	GROSS PAY
	1/16/2016	1/22/2016	144.00			
	1/23/2016	1/29/2016	144.00			
	1/30/2016	2/5/2016	144.00			
	2/6/2016	2/12/2016	117.00			

TOTAL AUDITED	<b>549.00</b>		
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**I certify that the above information is correct to the best of my knowledge and belief.**

Employer’s signature: <i>Karen Wilson</i>	Title: <i>Payroll Specialist</i>	Date: <i>2/23/2016</i>
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**Official Use Only**

Auditor’s signature: <i>Joe Representative</i>	Phone: <b>(651) 265-6969</b> Fax: <b>(651) 296-7192</b>	Date Received: 2/24/2016
Form completed: BY FAX	Employer is: BY	Batch    Seq#    Type
Employer is represented by a third party: N/A		<b>201611    5    UI</b>

# STATE EMPLOYMENT DEPARTMENT

Quality Control Investigation Unit  
PO Box 909  
Portland, YS 47870

<b>FACT FINDING FORM</b>		
DATE	TIME	STATEMENT
2.10.16	9:00am	<p>Phone Call with employer, James Cook, Manager:</p> <p>When did Mr. Lee work for you? He was employed with us from 7/2/2011 until 1/8/2016 when he was terminated.</p> <p>What led up to his termination? Michael came into the HR office and spoke with Nancy (HR Rep) on Jan 3, 2016. He spoke in a very demanding way, requesting a raise. Nancy informed him his review was not until April and would not be eligible for a raise prior to that. He was upset because he learned a co-worker was hired at a higher rate than he was being paid. When he left Nancy's office, he kicked the door shut with a huge a slam. I heard the noise half way across the office. I immediately went to see what the noise was. I warned Michael that aggressive behavior will not be tolerated, and future incidents would be cause for termination. Yes, I will fax a copy of the warning. (copy faxed and in the BAM case file)</p> <p>What happened on 1/8/2016? On the 8<sup>th</sup>, he again went into Nancy's office demanding a raise. She told him it would not be considered until his performance review in April. He took Nancy's ceramic dish and threw on the ground smashing it to pieces as he stormed out of her office, again slamming the door, disrupting the entire call center. Nancy was visibly shaken by the incident. I brought him in my office and discharged him for his aggressive behavior.</p> <p>Is there a disciplinary process for aggressive behavior?</p> <p>Due to the serious nature of the offence, there is no progressive disciplinary policy involving intimidation and aggressive behavior. It can be grounds for immediate dismissal.</p> <p>Did anyone witness this incident? Yes, Nancy, the HR Rep, witnessed the incident. I will fax a copy of her written statement.</p>
2.10.16	10:45am	<p>Phone Call with claimant:</p> <p>Please explain what happened on 1/8/2016? My co-worker was earning \$1.00 more per hour than me. I worked there longer and did more work than he did. It wasn't fair at all.</p> <p>Did you have a verbal warning on Jan 3<sup>rd</sup> regarding aggressive behavior? I did leave Nancy's office mad and slammed the door that day. James said something to me but I was too upset to remember what it was.</p> <p>Did you throw Nancy's dish on the floor on the 8<sup>th</sup>? The dish fell off her desk... I didn't throw it. I was denied a raise again. He fired me because I kept asking for a raise.</p>

# Documentation of Verbal Warning

GRECO INSURANCE COMPANY  
5968 Charity Way  
Freedom, YS 58412

## VERBAL WARNING FORM

Employee's name: Michael Lee

Date of verbal warning: 1/3/2016

Specific offense or rule violation: Aggressive Behavior

Specific related details: Mr. Lee exhibited aggressive behavior when he was denied a raise. He raised his voice to Nancy in HR and slammed the door when exiting her office. He was verbally warned that aggressive behavior would not be tolerated.

Any explanation given by the employee or other significant information:

He was upset that a someone else in the company was earning more than him. He was advised he was not eligible for a raise until his anniversary in April.

Supervisor: James Cook

Date: 1/3/2016

# GRECO

Greco Insurance Company  
5968 Charity Way  
Freedom, YS 58412

To: Human Resources Records

From: Nancy Shilling

On January 8, 2016 Michael Lee came into my office uninvited asking for a raise. I had just advised him on Jan 3, 2016 that it would not be possible at this time. He became very upset, raising his voice posturing over my desk. I asked him to leave and he stormed out slamming the door. He was given a verbal warning by James Cook that aggressive behavior is not tolerated.

On January 8<sup>th</sup>, he came back in my office, again demanding a raise. I reminded him it wouldn't be considered until his performance review in April. He positioned himself over my desk again and began raising his voice. James Cook came into my office to see what the noise about. He confirmed that a raise would not be considered until April. He took my candy jar and threw it on the ground, breaking it. He stormed out of my office and slammed the door.


I certify this information is true and correct.

Signed: *Nancy Shilling*

Date: *January 10, 2016*

<b>National Directory of New Hires</b>			First Name: Michael    Last Name: Lee SSN:   XXX-XX-5874 Time Period: 01/10/2016 – 03/16/2016	
Er Act #	Employer Name:	DOB	State of Hire	Date of Hire
Run Date: 3/18/2016				

# Work Search Contact Report

Claimant: Michael Lee	SSN: XXX-XX-5874	Benefit Year: 01/10/2016 to 01/07/2017
DATE		
2/24/2016	Spoke with LeRoy Jones in HR at USBB Insurance. He states there is an application on file for Michael dated 2/4/2016. He interviewed 2/6/2016. He is still being considered for the position.	
2/24/2016	I was unable to verify the job search at State Barn Insurance. The website followed the description Michael provided but I could not verify he made the search during the key week. There was nothing substantial to verify since he didn't actually apply for anything.	
2/24/2016	<p>The claimant submitted e-mail evidence of the esure application:</p> <div data-bbox="321 726 1474 1423" style="border: 1px solid black; padding: 10px;"> <p><b>From:</b> noreply@hr.esure.com  <b>Sent:</b> 2/6/2016  <b>To:</b> Michael.Lee@e-mail.com  <b>Subject:</b> JOB ID 10886</p>  <p>Thank you for your interest in working for esure.</p> <p>We have received your application as described below:</p> <p>Position: Liability Adjuster  Location: Bloomington, YS  Job ID: 10886  Confirmation Number: JD1782F  Submitted: 2/6/2016</p> </div>	



# Claimant Statement

Claimant: Michael Lee	SSN: XXX-XX-5874	Benefit Year: 01/10/2016 to 01/07/2017
DATE		
2/24/2016	T/C with Michael: I didn't report my income from Ronnie's because I had told you I was still working there. I thought you knew about my income from Ronnie's.	

# Workforce Center System Activity

Client: Michael Lee

ID Number: 2015874

Status: Active

Date	Start Time	End Time	Category	Service	Location
1/15/2016	2:14PM	2:15PM	Admin	Registration	Metro North

Michael Lee SSN: XXX-XX-5874

## Summary Report for:

### 13-1031.02 - Insurance Adjusters, Examiners, and Investigators

Investigate, analyze, and determine the extent of insurance company's liability concerning personal, casualty, or property loss or damages, and attempt to effect settlement with claimants. Correspond with or interview medical specialists, agents, witnesses, or claimants to compile information. Calculate benefit payments and approve payment of claims within a certain monetary limit.

**Sample of reported job titles:** Claim Representative, Claims Adjuster, Claims Analyst, Claims Examiner, Claims Representative, Claims Specialist, Field Liability Generalist, General Adjuster, Independent Insurance Adjuster, Litigation Claim Representative

View report: [Summary](#) [Details](#) [Custom](#)

[Tasks](#) | [Technology Skills](#) | [Tools Used](#) | [Knowledge](#) | [Skills](#) | [Abilities](#) | [Work Activities](#) | [Detailed Work Activities](#) | [Work Context](#) | [Job Zone](#) | [Education](#) | [Credentials](#) | [Interests](#) | [Work Styles](#) | [Work Values](#) | [Related Occupations](#) | [Wages & Employment](#) | [Job Openings](#) | [Additional Information](#)

#### Tasks

+ - 5 of 13 displayed

- Examine claims forms and other records to determine insurance coverage. +
- Investigate and assess damage to property and create or review property damage estimates. +
- Interview or correspond with claimants, witnesses, police, physicians, or other relevant parties to determine claim settlement, denial, or review. +
- Review police reports, medical treatment records, medical bills, or physical property damage to determine the extent of liability. +
- Negotiate claim settlements and recommend litigation when settlement cannot be negotiated.

## Summary Report for:

### 41-2031.00 - Retail Salespersons

Sell merchandise, such as furniture, motor vehicles, appliances, or apparel to consumers.

**Sample of reported job titles:** Car Salesman, Clerk, Customer Assistant, Retail Salesperson, Sales Associate, Sales Clerk, Sales Consultant, Sales Person, Sales Representative, Salesman

View report: [Summary](#) [Details](#) [Custom](#)

[Tasks](#) | [Technology Skills](#) | [Tools Used](#) | [Knowledge](#) | [Skills](#) | [Abilities](#) | [Work Activities](#) | [Detailed Work Activities](#) | [Work Context](#) | [Job Zone](#) | [Education](#) | [Credentials](#) | [Interests](#) | [Work Styles](#) | [Work Values](#) | [Related Occupations](#) | [Wages & Employment](#) | [Job Openings](#) | [Additional Information](#)

#### Tasks

+ - 5 of 24 displayed

- Greet customers and ascertain what each customer wants or needs. +
- Recommend, select, and help locate or obtain merchandise based on customer needs and desires. +
- Compute sales prices, total purchases, and receive and process cash or credit payment. +
- Prepare merchandise for purchase or rental. +
- Answer questions regarding the store and its merchandise.