

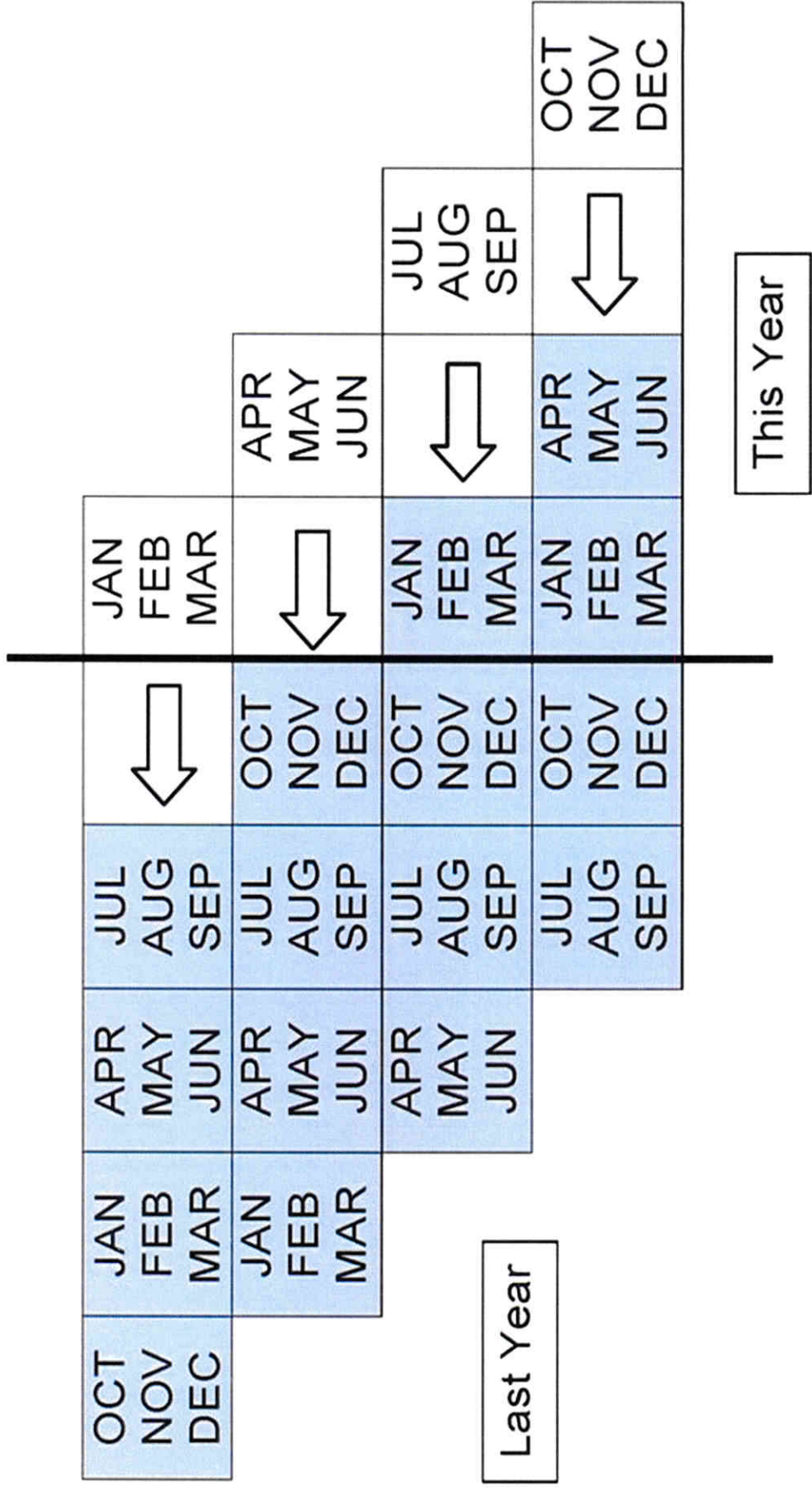
TWC Claim and Appeal Forms

Office of the Commissioner
Representing Employers

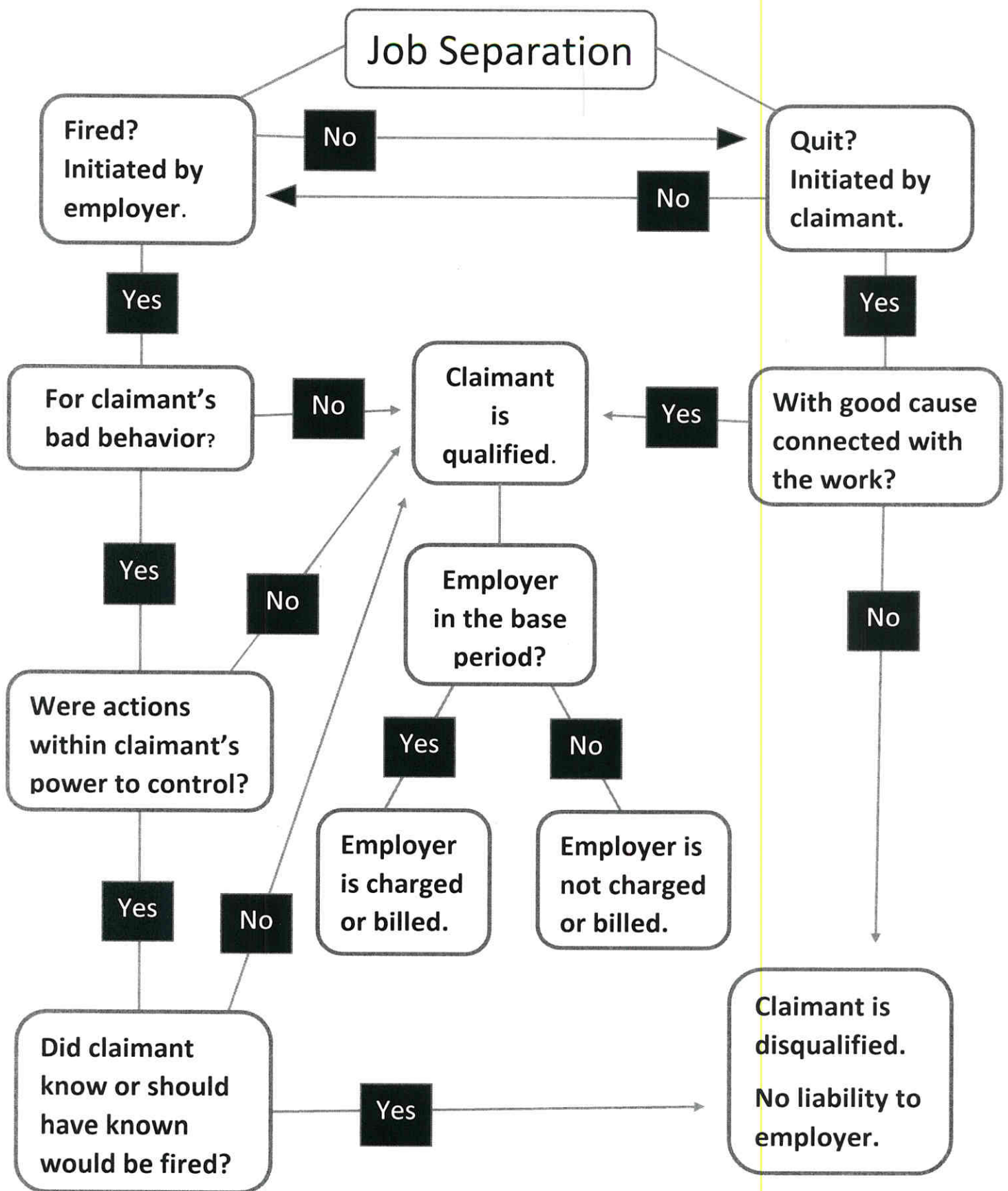
1-800-832-9394

512-463-2826

employerinfo@twc.texas.gov



The Base Period Across a Full Year



Notice of Application for Unemployment Benefits:

Note the deadline to respond and the four (4) different methods. No response or a late response results in the employer waiving all rights in connection with the claim. In other words, the employer loses appeal rights.

320402710011290101

Date Mailed January 27, 2021

Access Key: 227415

BD610F: 02/06/2015

4

Notice of Maximum Potential Chargeback and Charge Liability Decision:

The Notice of Maximum Potential Chargeback (NMPC) is sent to employers in the base period of a claim who are not usually the last employer named in an initial claim. The deadline to respond is 30 days. No response or a late response results in the employer being charged for benefits paid to the claimant.

Once an employer responds to the NMPC, a Charge Liability Decision is issued (See page 9). Note that under the Liability Status bar, the employer is being CHARGED. The appeal deadline is close to the top of the page, on the first line under the parties' information.

4839 4146-2 E59154
BENEFITS - CHARGEBACKS
TEXAS WORKFORCE COMMISSION
PO BOX 149137
AUSTIN TX 78714-9137

32041110048390202

NOTICE OF MAXIMUM POTENTIAL CHARGEBACK

Date Mailed: April 21, 2020

DR

TX 77076-4211



All dates are shown in month-day-year order.

Account Number: [REDACTED]
Predecessor: [REDACTED]
Name: [REDACTED]
Claim Date: 03-29-20
Social Security Number: [REDACTED]

IMPORTANT

Protect Your Interests! Your reply must be postmarked or received on or before 05-21-20

To submit this information electronically log on to www.texasworkforce.org/EBS. You can also submit this form via mail to the address shown above or fax the back of this form to (512)-305-9687.

The person named above filed an application for unemployment benefits. TWC established the claim based on wages you reported for this individual on your quarterly report(s) or another employer, from whom you acquired compensation experience, reported for this individual. Please check the amounts against your records and indicate any changes in Item II on the reverse. We will decide whether to charge your account based on two factors: (1) the reason the individual no longer works for you and (2) the timeliness of your response based on the postmark or fax date. If you fail to respond or if your response is late, we will charge your account and use the charges to calculate your tax rate.

QUARTER(S) USED	WAGES ON RECORD	SOURCE (If other than Quarterly Report)	PAGE	UNIT
JAN FEB MAR 2019	1,892.55	EXAMINATION OF HARDCOPY C-4		1

Maximum Potential Chargeable Amount: \$ 511.32 *

Please Note: The Maximum Potential Chargeable Amount is based on the total amount of benefits available to this person. If the person does not draw all available benefits, the actual chargeable amount could be less. TWC calculates your tax rate using only charges for benefits actually paid based on wages the claimant earned in the base period from your business and from any related predecessor business.

* If, during periods of high unemployment, Texas activates extended benefits, the Maximum Potential Chargeable Amount may increase by 25 percent, depending on the amount of extended benefits the person actually receives.

REMEMBER TO COMPLETE AND RETURN THE BACK OF THIS FORM.



UI Support - Chargebacks
Texas Workforce Commission
P.O. Box 149137
Austin, Texas 78714-9137

NOTICE OF MAXIMUM POTENTIAL CHARGEBACK

Fill in the circle of the applicable work separation reason below. If the separation reason is not listed, darken circle 10, and provide a brief explanation. To submit this form electronically log on to www.texasworkforce.org/EBS. You can also submit this form via mail to the address shown above or fax the form to (512)-305-9687.

- ☐ 1. Lack of Work or Reduction in Force. ☐ 6. Quit for personal reasons.
- ☐ 2. Temporary Layoff or Individual works as needed. ☐ 7. Fired for work-related misconduct.
- ☐ 3. Failed to report for further assignment after completing temporary work, as specified in the hiring. ☐ 8. Separation from work caused by explosion, fire, flood, or other natural disaster.
- ☐ 4. Quit due to personal medically verifiable illness or medically verifiable illness of minor child. ☐ 9. Fired for inability to perform work due to a disability.
- ☐ 5. Still working, no change in hiring agreement. ☒ 10. Other (Explain Below)

10 Other separation information:

she is working in

I. What was the individual's last day of work for you prior to the initial claim date as shown below?

Preparer's Name (print):

Title: Office Admin

Signature:

Telephone Number:

II. If wages listed are incorrect, darken this circle: ☐

Quarters in Error:

For office use only	

Account Number:

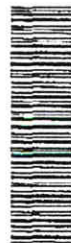
Predecessor:

Claim Date:

03-29-20

Social Security Number:





CHARGE LIABILITY DECISION

Date Mailed: July 2, 2020

[REDACTED] DR
TX 77076-4211



All dates are shown in month-day-year order.

Account Number: [REDACTED]

Predecessor: [REDACTED]

Predecessor: [REDACTED]

Name: [REDACTED]

Social Security Nbr: [REDACTED]

→ Protect Your Interests! Submit your appeal online, by fax, or by mailing on or before 07-16-20.

This Is Not A Bill - TWC computes your tax rate using unemployment benefits charged to your account.

LIABILITY STATUS

The Texas Workforce Commission has investigated whether your account should be liable for any benefits paid to the person named above. We based the decision on one of two factors. (1) The reason the person no longer works for you or, (2) the postmark date of your response to the Notice of Maximum Potential Chargeback. We have determined that your account is: **CHARGED**

CHARGING INFORMATION

Maximum Chargeable Amount: \$511.32

TWC calculates your tax rate using only charges for the benefits actually paid. Only the benefits actually paid will be charged to your tax account. If, during periods of high unemployment, Texas activates extended benefits, the Maximum Chargeable Amount may increase up to 25 percent depending on the amount of extended benefits the person actually receives.

INSTRUCTIONS

If you disagree with this decision, you may appeal. Submit your appeal online, by fax, or by mailing on or before 07-16-20. TWC will use the postmark date or the date we receive the fax or online form to determine whether your appeal is timely. If you appeal by fax, you should keep your fax confirmation as proof of transmission. Please include a copy of this notice with appeals correspondence. You must appeal each determination separately. Mail the appeal to:

Appeal Tribunal
Texas Workforce Commission
TWC Building
101 E. 15th St.
Austin TX 78778
FAX (512) 475-1135

You may appeal by submitting TWC's online appeal form. Go to www.texasworkforce.org

Claim ID: 03-08-20

HEARING IMPAIRED CLIENTS
CALL 711 for RELAY TEXAS

9

Wage Verification Notice:

This notice is sent to employers in the base period of a claim who are not usually the last employer named in an initial claim.

Please note the section under the bar heading: How to Appeal a Reimbursement. This section tells employers that if the claimant is no longer working for the employer because s/he was fired for misconduct or quit without good cause connected with the work, the employer may be exempt from paying reimbursements for benefits paid to the claimant.

The appeal deadline is 14 days from the date mailed. Note the circled appeal date.

AGENCY COPY

49-A
BENEFITS - CHARGEBACKS
TEXAS WORKFORCE COMMISSION
PO BOX 149137
AUSTIN TX 78714-9137

WAGE VERIFICATION NOTICE
Reimbursing Employer - Base Period Wages Only

Date Mailed: April 27, 2020
(All dates in month-day-year order.)

[REDACTED]
HUMAN RESOURCES-ADMIN. SPECIALIST

[REDACTED] AVE

[REDACTED] TX 75081-4181

|||||

Account Number: [REDACTED]

Name: [REDACTED]

Social Security Number: [REDACTED]

Check Our Records. Protect Your Interests!

THIS IS NOT A BILL. TWVC will bill you at the end of each calendar quarter (three month period) for the amount of benefits paid during that quarter.

The person named above filed for unemployment benefits effective 04-05-20 but did not list your company as their last employer. However, because your company paid wages during the base period, we used those wages to calculate the benefit amounts. Please check the wages listed below against your records. If our wage information is not accurate, please correct the wages using the instructions below. Inaccurate wage information may result in improper payment of benefits and/or extra charges to you.

Maximum Potential Reimbursable Amount: \$ 3,496.00

Wage Information

QUARTER(S) USED	WAGES ON RECORD	SOURCE (If Other Than Quarterly Report)	PAGE	UNIT
JAN FEB MAR 2019	5,164.47	EXAMINATION OF HARDCOPY C-4	1	
APR MAY JUN 2019	4,339.31	EXAMINATION OF HARDCOPY C-4	1	
JUL AUG SEP 2019	3,442.98	EXAMINATION OF HARDCOPY C-4	1	

How to Correct Reported Wages

If the quarterly wages are incorrect, go to Unemployment Tax Services at www.twc.state.tx.us/ui/tax/emtaxinfo.html to make your corrections online. Or, go to www.twc.state.tx.us/ui/tax/taxinstruct.html to download paper adjustment forms.

If you have any questions about this claim, please call (512) 463-2999

How to Appeal a Reimbursement

If the individual is no longer working for your company because he or she was fired for misconduct or quit without good cause connected with the work, you may be exempted from paying reimbursements for benefits paid. To appeal the reimbursement, submit your appeal online, by fax, or by mail on or before 05-11-20

Appealing the reimbursement is separate from correcting the claimant's quarterly wages.

Online Appeal: Go to
<http://www.twc.state.tx.us/businesses/introduction-unemployment-benefits-appeals-employers>, and select the Unemployment Benefits Appeal Form.

Fax Appeal to: 512-475-1135

Mail Appeal to:
Appeal Tribunal
Texas Workforce Commission
101 E. 15th Street
Austin, TX 78778-0002

See reverse for appeal instructions.

Claim Date: 04-05-20
Hearing Impaired Clients dial 711 for Relay Texas



11

When Benefits May Not Be Billed to Your Account

You received this notice because you reported wages during the 12-month base period of the claim. TWC must bill you for the benefits paid to the claimant. However, Texas law allows us to protect your account **ONLY IF** the individual is no longer working for your company because he or she was fired for misconduct or quit without good cause connected with the work.

TWC will send you a bill for the total amount of your share of benefits paid. The law requires reimbursing employers to be charged for ALL benefits, attributable to their wages, paid to their former employees except under specific circumstances. TWC can protect a reimbursable employer's account **ONLY** under *Texas Unemployment Compensation Act, Section 205.0125 - Exclusion from Duty to Pay Reimbursement*. (<http://www.twc.state.tx.us/laws/tuca/ch205.pdf>)

How to Appeal the Maximum Potential Reimbursable Amount

Submit your appeal online, by fax, or by mailing a signed letter to the TWC Appeals Department at the address or fax number on the front of this form, or to any Texas Workforce Solutions office within 14 calendar days of the date we mailed you this letter. The deadline date is on the front of this form. You may use the fax machine at any Texas Workforce Solutions office or a public employment office in other states.

- If you **fax or submit your appeal online**, TWC must receive the appeal on or before the deadline date. Print and keep the confirmation page as proof of transmission.
- If you **mail your appeal**, it must be postmarked on or before the deadline.

Make sure your appeal information includes:

- * Employer's name and TWC tax account number
- * Employer's address, if you want the notice mailed to a different address
- * Claimant's name and Social Security number (SSN)
- * Date TWC mailed you the notice you want to appeal
- * Requests for translators, if needed, and what language, including special services such as an interpreter for the hearing-impaired.

IMPORTANT: If you miss the deadline shown on this form, explain in detail on the appeal why you appealed late. If TWC decides not to hear the case because you appealed late, we will mail you a decision that you may appeal.

Prepare for your hearing by viewing TWC's appeal tutorial at www.twc.state.tx.us/ui/appl/employers_intro.html.

What Happens Before and at the Appeal Hearing

We mail you a **hearing notice packet** with the **date and time** of your hearing and **instructions** on submitting additional documents for the hearing. You must mail or fax copies of those documents to TWC as soon as possible after receiving the hearing packet.

The first appeal is the Appeal Tribunal (AT), a telephone hearing where you give testimony under oath. The hearing officer will **consider** whether TWC should bill you for benefits paid to the claimant **based entirely on the evidence provided at the AT hearing**. Most hearing participants appear without legal representation. However, you may have someone represent you. TWC does not provide representation. **You may call witnesses**. If you or your witnesses do not speak English, write on the appeal request that you need an interpreter and for what language(s). If you or your witnesses need special services, such as services for hearing-impaired participants, request those as well.

What Happens After the Appeal Hearing

We will **mail you the AT decision**. If you disagree with the decision, you may submit a **Commission Appeal (CA)**. The CA will rule after reviewing the AT decision and listening to the recorded hearing. If you disagree with the CA decision, you may submit a **Motion for Rehearing (MR)** **within 14 calendar days** of the mailing date of the decision. TWC will grant the MR if you can show:

- * Important **new information** about your case;
- * **Why** the information could **change the decision**; *and*
- * A compelling reason why you did not present the information earlier.

You may also appeal the CA decision to a **civil court** between 15 and 28 days after the date we mailed you the decision. You must complete an AT hearing and CA appeal before appealing to a civil court.

Understanding the Maximum Potential Reimbursable Amount

The Maximum Potential Reimbursable Amount is based on the total amount of benefits available on the claim. The claim is in effect for one year. If the claimant does not collect all benefits, the reimbursable amount could be less. TWC calculates your reimbursable amount using only the benefits paid. **If this person files a subsequent claim that uses wages paid by your company we will calculate a new Maximum Potential Reimbursable Amount and send a separate notice to protest at that time.**

If, during periods of high unemployment, Texas activates extended benefits and the person receives extended benefits, 100 percent of the first week of extended benefits plus 50 percent of any subsequent weeks paid will be charged to your account. The Federal Government will pay the remaining 50 percent.

Initial Determination favorable to the Employer and instructions for appealing:

Note the information under the gray bar,
“Determination of Potential Chargeback
for the Employer” on front page.

AGENCY COPY

DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS

Date Mailed: June 24, 2021

[REDACTED]
DR
TX 78247-3722

|||||

Social Security Number: [REDACTED]

Employer: [REDACTED]

As: [REDACTED]

Employer Account No: [REDACTED]

All dates are shown in
month-day-year order.

Decision

Issue: Separation from work-quit to retire

Decision: We cannot pay you benefits.

Reason for Decision: Our investigation found you quit your last work to retire when you could have continued working. Your reason for quitting is not considered good cause connected with the work.

Beginning Date of No Payment Period (Disqualification): 03-28-21

What you can do: You can request that we end this disqualification if you return to employment as defined in the Texas Unemployment Compensation Act after the beginning date above and:

ea) Work at least 30 hours a week for six weeks, or earn wages equal to six times your weekly benefit amount; AND

(b) provide TWC with proof of your work or earnings and request that we end the disqualification.

You can fulfill the work or earnings requirements while you continue to work part time.

However, if you are no longer working, you must have a qualifying separation from your last job.

Law Reference: Section 207.045 and Subchapter D, Section 201 of the Texas Unemployment Compensation Act.

Determination of Potential Chargeback for the Employer

There will be no charge to your former employer's account.

If You Disagree with this Decision

If you disagree with this decision, you may appeal. Submit your appeal by mail, fax, online, or in person at any Texas Workforce Solutions office, on or before 07-08-21.

TWC will use the postmark date, or the date we receive the fax or online form, to determine whether you submitted your appeal on time. If you appeal by fax, you should keep your fax confirmation as proof you sent it. Please include a copy of this determination notice with your appeals correspondence.

If you receive multiple determination notices, you must appeal each determination separately.

Mail the appeal to:

Appeal Tribunal

Texas Workforce Commission

101 E. 15th Street

Austin, TX 78778-0002

Or fax to (512) 475-1135

You may appeal by submitting
TWC's online appeal form. Go to
www.texasworkforce.org/uiappeal

Case No.: 4
Claim ID.: 03-28-21
Claim Date: 03-28-21

HEARING IMPAIRED CLIENTS
CALL 711 for RELAY TEXAS

Please See Reverse For How To File An Appeal.

How to Request an Appeal

Submit your appeal by mail, fax, in person at any Texas Workforce Solutions office, or online at www.texasworkforce.org/uiappeal. Mail or fax your signed letter to the TWC Appeals Department at the address or fax number on the front of this form. You must submit your appeal within **14 calendar days** of the date we mailed you this letter. The deadline is on the front of this form.

You MUST request payment every two weeks, unless you return to full-time work. If the appeal is in your favor, we can pay you only for the weeks you requested payment and met all other eligibility requirements.

- If you mail your appeal, it must be **postmarked** on or before the deadline.
- If you submit your appeal online or by fax, TWC must **receive** it on or before the deadline. Print and keep the confirmation page as proof you sent it.

Include in your appeal letter:

- Your name, address, Social Security number (SSN).
- The date TWC mailed you the decision you want to appeal.
- Your request for translators, if needed, and the language you require.
- Your request for special services, if needed, such as an interpreter for the hearing-impaired.

IMPORTANT: If you miss the appeal deadline, your appeal letter **must** explain in detail why you submitted it late. If TWC decides **not** to hear the case because you appealed late, we will mail you a decision that you may appeal.

Appeal Tribunal Hearing

The first appeal level is a telephone hearing with the Appeal Tribunal (AT). The AT hearing consists of oral statements given under oath. **Legal representation is optional** - someone can represent you, but TWC does not provide representation. You may call witnesses. Your employer may also appeal and participate in your hearing.

Keep your mailing address current. We will mail you the AT decision. It is important that you **participate in the AT hearing** because the hearing officer makes the decision solely on the testimony given at the hearing. If you cannot participate at the scheduled time, call the hearing officer at the number listed on the hearing notice.

To prepare for your hearing, see **How to Appeal a Decision** at www.texasworkforce.org/uiappeal.

Date and Time. We will mail you and the employer a hearing notice packet with the date and time of your hearing. It will include instructions on submitting additional documents you want to present at the hearing. You must mail or fax copies of the additional documents to the employer and TWC **immediately** after receiving the hearing packet.

Additional Appeals

If you disagree with the AT decision, you may submit a **Commission Appeal (CA)**. The Commission will rule on your case after reviewing the AT decision and listening to the recorded hearing. If you disagree with the CA decision, you may request a **Motion for Rehearing (MR)** **within 14 calendar days** of the mailing date of the CA decision. TWC will grant the MR if you can show **all** of these:

- important new information about your case;
- why the information could change the decision; and
- a compelling reason why you did not present the information earlier.

You may also appeal the CA decision to a **civil court** between 15 and 28 days after the date we mailed you the CA decision. You must complete an AT hearing and CA appeal before appealing to a civil court.

For More Information

Go to ui.texasworkforce.org and select **Appeal Status** to view your appeal status, actions taken, appeal history, and more. Read more about **How to appeal a decision** at www.texasworkforce.org/unemploymentbenefits. Access the Internet for free at public libraries and Texas Workforce Solutions offices.

Initial Determination favorable to the Claimant and instructions for appealing:

Note the appeal date under the gray bar that states, “If You Disagree with this Decision” on front page.

20-A
 UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 2211
 MC ALLEN TX 78502-2211

AGENCY COPY

EMPLOYER DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS Date Mailed: June 4, 2020

320415510004190101



[REDACTED] INC

[REDACTED] TX 76179-0026



Individual: [REDACTED]
 Social Security Number: [REDACTED]
 Employer: [REDACTED]
 Employer Account No.: [REDACTED]
 All dates are shown in
 month-day-year order.

Decision

We sent this decision on entitlement to Unemployment Benefits to the individual on this date.

Issue: Separation from Work

Decision: We can pay you benefits, if you meet all other weekly requirements, such as being able and available to work, and be actively searching for work.

Reason for Decision: Our investigation found that your employer fired you for a reason that was not misconduct connected with the work.

Law Reference: Section 207.044 of the Texas Unemployment Compensation Act.

Understanding your Decision

TWC monitors eligibility for benefits when a claimant first files a claim for unemployment insurance and every time weekly payments are requested. TWC has made a decision about this claimant's job separation or ongoing eligibility for UI benefits.

- If you disagree with this decision, file an appeal. Appeal each decision separately by the appeal deadline. If you fax your appeal, retain a copy of the confirmation sheet.
- A claimant can dispute or appeal a "we cannot pay you benefits" decision. TWC will notify you of the appeal hearing. Failure to participate may result in an adverse decision.
- Be aware that you may receive additional or revised decisions for the same claim.
- If you have questions, call the TWC Tele-Center handling your claim.

Determination of Employer's Potential Chargeback

We will charge your former employer's account if we pay you benefits.

If You Disagree with this Decision

If you disagree with this decision, you may appeal. Submit your appeal by fax, mail or online on or before 06-18-20. TWC will use the postmark date or the date we receive the fax or online form to determine whether your appeal is timely. If you appeal by fax, you should keep your fax confirmation as proof of transmission. Please include a copy of this notice with appeals correspondence. You must appeal each determination separately.

Mail the appeal to:

Appeal Tribunal
 Texas Workforce Commission
 101 E. 15th Street
 Austin, TX 78778-0002
 Or fax to: 512 475-1135

You may appeal by
 submitting TWC's online
 appeal form. Go to
www.texasworkforce.org

See Reverse For How To File An Appeal.

Case No.: 1
 Claim ID.: 05-10-20
 Claim Date: 05-10-20

HEARING IMPAIRED CLIENTS
 CALL 7-1-1 Relay Texas

How to Request an Appeal

21 **Submit your appeal online, by fax or by mailing a signed letter to the TWC Appeals Department at the address or fax number on the front of this form, or to any Texas Workforce Solutions office within 14 calendar days of the date we mailed you this letter. The deadline is on the front of this form. You may use the fax machine at any Texas Workforce Solutions office or a public employment office in other states.**

- If you mail your appeal, it must be postmarked on or before the deadline.
 - If you submit online or fax your appeal, TWC must receive it on or before the deadline date.
- Print and keep the confirmation page as proof of transmission.

IMPORTANT: If you miss the deadline, explain in detail in your letter why you appealed late. If TWC decides not to hear the case because you appealed late, we will mail you a decision that you may appeal.

Include in your appeal letter:

- employer's name and address, if you want the notice mailed to a different address;
- claimant's name and Social Security number (SSN);
- date TWC mailed you the decision you want to appeal; and
- requests for translators for you or your witnesses, if needed, and what language, including special services such as an interpreter for the hearing-impaired.

Appeal Tribunal Hearing

The first appeal level is a telephone hearing with the Appeal Tribunal (AT). The AT hearing consists of oral statements given under oath. If TWC notifies you that we will not charge your account and the claimant files an appeal, it is important that you participate in the hearing. You may call witnesses. Most parties participate without legal representation. You may have someone represent you, but TWC does not provide representation. The hearing officer will reconsider whether TWC will pay the claimant and charge your account based entirely on the evidence provided at the AT hearing. We will mail you the AT decision.

To prepare for your hearing, view TWC's appeal tutorial at www.twc.state.tx.us/ui/appl/employers_intro.html.

Date and Time. We will mail you and the claimant a hearing notice packet with the date and time of your hearing with instructions on submitting additional documents you may want to present at the hearing. You must mail or fax copies of the additional documents to the claimant and TWC immediately after receiving the hearing packet.

Additional Appeals

If you disagree with the AT decision, you may submit a Commission Appeal (CA). The Commission will rule on your case after reviewing the AT decision and listening to the recorded hearing. If you disagree with the CA decision, you may request a Motion for Rehearing (MR) within 14 calendar days of the mailing date of the CA decision. TWC will grant the MR if you can show all of these:

- important new information about your case;
- why the information could change the decision; and
- a compelling reason why you did not present the information earlier.

You may also appeal the CA decision to a civil court between 15 and 28 days after the date we mailed you the CA decision.

You must complete the AT and CA levels before appealing to a civil court.

Understanding Charges for the Employer

If the section on the front of this form titled "Determination of Potential Chargeback for the Employer" indicates a charge, then you reported wages during the 12-month base period of this claim. TWC must charge you for the benefits paid to the claimant. However, Texas law permits us to protect your account if the claimant separated under certain circumstances.

If you are a taxed employer, we will not bill you for the amount of benefits paid. Being "charged" means that we will use the benefits paid in a mathematical formula to calculate your tax rate. All charges tend to increase tax rates, but it is not possible to predict the exact effect of any single claim because charges are only one of several factors that determine rates. However, if you are a reimbursing employer, such as a state agency, political subdivision, or nonprofit organization, TWC will send you a bill for the total amount of your share of benefits paid. The law requires reimbursing employers to be charged for ALL benefits, attributable to their wages, paid to their former employees.

If Your Account Is Charged...

You may appeal a job separation decision you believe is incorrect. Notify TWC if you have information about the claimant's potential eligibility for unemployment benefits. TWC will investigate all information received about a possible ineligibility. If TWC issues a determination of ineligibility as a result of this information, charges to your account could be reduced.

Protection from Chargebacks. Taxes paid by employers finance the Texas unemployment benefits system. Charges from claims by former employees are the basis of individual firms' tax rates. Benefits charged to the employer do not mean that the job separation is the employer's "fault." TWC can protect the employer's account from charge for the job separation reasons listed in the Texas Unemployment Compensation Act, Section 204.022 -Exclusions from Chargeback

<http://www.twc.state.tx.us/laws/tuca/ch204.pdf>

For More Information

For more information on unemployment benefits and appeals, go to the Businesses and Employers section on TWC's web site, www.texasworkforce.org, and select the Unemployment Claim Management page to find additional information, including:

- **How to appeal a decision - Employer** — detailed information about appealing a decision;
- **Employer Appeal Status** — log on to check the status of an appeal; confirm receipt; get the date/time of a hearing; and
- **Non-labile Employer Status** — if you are not a liable employer, log on to check the status of an appeal.

Hearing Notice:

Includes names of the parties, appeal number, date and time of the hearing, instructions for the parties to register for the hearing, name and contact information of the hearing officer, instructions for submitting documents

Texas Workforce Commission Notice of Telephone Hearing

Case/Appeal No: [REDACTED] Proceeding: 1 Hearing: 1 Date Mailed: APRIL 30, 2021

Claimant: [REDACTED] [REDACTED] TX [REDACTED]	SSN: [REDACTED]	Employer: PI Account: [REDACTED] [REDACTED] % [REDACTED]
Hearing Date: MONDAY, MAY 10, 2021		Hearing Start Time: 1:30 PM Central Daylight Time
Register at texasworkforce.org/hearing or by calling 1-800-252-3749 between 1:00 PM and 1:30 PM for your hearing.		Hearing Officer: K. [REDACTED]
Note: If you live in or near El Paso, the hearing time will be one hour earlier than shown above.		

What You Must Do:

- **Send documents before the hearing.** If any documents you feel are important to your case are not included in this hearing packet, immediately fax or mail copies of the documents to the **hearing officer and the other party**. Documents should be received at least two working days prior to the scheduled hearing. Provide the Appeal number, the claimant's name, and the last four numbers of the claimant's Social Security number.
- **Register for your hearing.** This hearing will be held by telephone conference call. On the hearing date, **register online at texasworkforce.org/hearing or call (800) 252-3749 within the 30 minutes before the hearing start time.** Give the operator the phone number where you can be reached for the hearing. If you call from a pay phone, be sure it can receive incoming calls.

Please review the hearing packet and have it available at the hearing.

The hearing may be your only chance to tell what happened, present your documents, and ask questions of the witnesses. If you do not register online at texasworkforce.org/hearing or call (800) 252-3749 within the 30 minutes before the hearing start time, you may not be allowed to participate in the hearing. You will **not** have another opportunity to offer testimony unless you can establish good cause for why you did not call in as instructed. Employers who are not parties of interest (indicated above as NPI) do not have the right to request a new hearing, nor to appeal.

Visit texasworkforce.org/appeals or texasworkforce.org/appealsemployers for more information on the appeal and hearing process.

Appeal filed by: Claimant
 Appeal Date: 12/21/2020
 Initial Claim Date: 07/05/2020
 Determination Date(s): 12/10/2020

K. [REDACTED] Hearing Officer
 Texas Workforce Commission
 101 E.15th St.Rm.410
 Austin,Tx 78778
 Hearing Officer (281) 983-2643
 Fax No. (972) 522-7698

Issues in the Hearing:

These will include the job separation (whether the claimant was discharged for misconduct or quit without good cause connected with the work), chargeability or reimbursement liability of the employer's account, and may include additional issues such as good cause for missing a hearing (if a party missed a prior hearing), or timeliness of an appeal (if a party filed a late appeal), among others.

Issues in Your Hearing

(Additional issues, if any, are continued on Page 4.)

- A timely request for a new hearing has been made under the provisions of Rule 16 of the Texas Workforce Commission. The first issue to be considered in this hearing is whether the petitioner had good cause for failing to appear at the previous hearing.
- Whether the claimant was separated from the last work as a result of a discharge based on work-connected misconduct or a voluntary quit without work-connected good cause. If claimant's discharge occurred while absent from work due to illness, or if claimant resigned from work upon the advice of a physician, claimant should immediately mail or fax to the hearing officer and opposing party a physician's statement to medically verify claimant's physical condition. Testimony alone as to a physical condition may be insufficient.
-
- Chargeability of benefits paid to claimant which are based on wages from this employer.
-
- If employer is a reimbursing employer, benefits paid to claimant based on wages from this employer on claims dated prior to September 1, 2015, shall be billed to the employer; benefits paid to claimant on claims dated on and after September 1, 2015, may be billed to the employer based on claimant's separation from work.
-
- Whether the employer provided an adequate and timely response to the Notice of Application for Unemployment Benefits.
- Whether the claimant was unemployed and filed a valid initial claim.

Hearing Instructions:

Includes the purpose for the hearing, a general description of the hearing procedure, instructions about types of evidence, and different legal issues that may be covered in the hearing.

5 - A

Your Appeal Tribunal Hearing - Information and Instructions

Hearing Packet Contents

TWC mails a Notice of Hearing and copies of the information we have to all hearing participants. This packet should contain:

- The date that TWC notified the claimant's last employer that the claimant applied for unemployment benefits. (This information is included only if relevant to the claim.)
- Any protests to the claim.
- Any information that TWC received in response to the claimant's claim.
- Any fact finding statements that TWC took while investigating issue(s) on appeal.
- The appeal itself (either a letter or appeal form).

Have the packet with you when the hearing begins.

Purpose of the hearing

The hearing is a fact-finding process that uses a question-and-answer method. Each side may present testimony, witnesses, and documents relevant to its case. The hearing officer will conduct a fair hearing, determine what is relevant, and make sure the record is complete. After the hearing, the officer will prepare a written decision based on the evidence. That decision will be mailed to you.

What happens at a hearing?

Your Notice of Telephone Hearing lists what issues the hearing will cover. The hearing is recorded and all proceedings are taken under oath. After explaining the law and procedures, the hearing officer will ask questions of each side and its witnesses in turn. After all testimony is taken from one side, the same procedure is repeated for the other side. Wait your turn, as you may not interrupt while another person is testifying. The hearing officer will tell you when it's your turn to ask questions. Ask relevant questions that have not already been asked and answered. If you don't have any questions, let the hearing officer know.

Evidence

Written evidence or documents such as letters, timecards, or doctors' statements may help your case. Photos, maps, or charts may also help explain what happened. Be ready to tell who prepared the evidence and how it helps your case. Send legible copies of the documents to the hearing officer and the other side before the hearing, including the Appeal number from

the cover page of this Notice and the claimant's name and last four numbers of the claimant's social security number. Do this even if you believe the Texas Workforce Commission or the other side already has them. If you don't, the documents may not be considered as evidence. Include only documents that relate directly to issues listed on the hearing notice.

Special Equipment

If you need access to a telephone, fax machine, or speakerphone to present witness testimony or documents, TWC can set up the equipment at a Texas Workforce Center in your area. We will try to provide as much privacy for your hearing as possible. To request the equipment, please contact your local Texas Workforce Center as soon as you know the time and date for your hearing.

For a directory of TWC Workforce Centers, please visit: www.texasworkforce.org. Relay Texas customers may communicate with TWC at 1-800-735-2989 (TDD) or 1-800-735-2988 (Voice).

Witnesses

You may present witnesses to support your case. If you wish to present witnesses, they should have personal (i.e., firsthand) knowledge about the background, policies, incidents, or events regarding the issues listed in the hearing notice. For example, they either saw the incident, heard a supervisor or employee say something directly, or saw the paperwork connected to the event. Because firsthand witnesses may be beneficial to your case, contact your witnesses before the hearing and have them arrange their schedules so they can participate in the hearing. When the hearing begins, you must give the hearing officer your list of witnesses and their contact phone numbers. Have your witnesses remain available for the call until the hearing officer or you release them from the hearing.

Sworn Statements

A sworn written statement—called an affidavit—is sometimes used when a witness is unavailable to testify at the scheduled hearing time. An affidavit cannot be given as much weight as live witness testimony because the person who made the sworn statement is unavailable to answer questions. If an affidavit is used, it must be specific and must be sworn to before a notary public.

6 - A

Do I need a lawyer?

The unemployment appeal process is designed for claimants and employers who don't have attorneys. The hearing officer will help you develop the facts, present your documents, and question the other side. However, an attorney or another person may represent you at your own expense.

Schedule Conflicts

Hearing postponements are not ordinarily granted. However, if you have a justified conflict, notify the hearing officer as soon as possible before your hearing. If you don't, a later request to reopen your hearing may be denied.

Interpreters

The Appeal Tribunal will provide qualified interpreters. If you or any of your witnesses need an interpreter and you have not previously requested one, notify your hearing officer immediately.

Failure to appear and requests to reopen

If one side fails to participate in the hearing, the hearing officer may take testimony from those present and issue a decision based on that testimony. The side that failed to participate may request a reopening of the case, but must first establish good cause for the original nonappearance. If you want a hearing reopened, you must request it in writing no later than 14 days of the decision date.

Faxing your appeal or petition to reopen

If you fax your appeal or petition to reopen, TWC must receive it no later than 14 days from the date the decision was mailed. Keep your fax confirmation as proof of transmission. TWC will use the date we receive the fax to determine whether your appeal is timely.

Time zones

If you call from a time zone other than Central Standard Time/Central Daylight Time, be sure to properly calculate the time difference.

Withdrawing an appeal.

Only the person who filed the appeal may withdraw it. If you wish to withdraw your appeal, please notify your hearing officer in writing or by telephone. The name, address, and phone number of the hearing officer are listed on the Notice of Telephone Hearing.

Subpoenas

A subpoena is a legal document issued by the hearing officer that orders an essential witness to testify or produce certain documents for the hearing. Before requesting a subpoena, ask the witness to voluntarily participate or furnish documents. If the witness refuses, call your hearing officer immediately. The subpoena process takes several days, so please allow plenty of time. The hearing officer determines if it is necessary to issue a subpoena.

Decision

The Appeal Tribunal will issue a written decision on your appeal. That decision will resolve each issue, but it will not review in detail all testimony or documents presented at the hearing. If you disagree with the decision, you have the right to file a further appeal. The decision will include instructions on how to file an appeal.

Overpayment of benefits

An adverse decision may result in an overpayment of benefits. In the event you are overpaid benefits, you will be required to repay those benefits to the Texas Workforce Commission. You will not be allowed to receive unemployment benefits until the overpayment has been repaid in full.

One or more of the following sections of the Texas Unemployment Compensation Act may be involved in your case, depending on the issues on appeal. Other sections of the Act not listed here may also be involved. If so, the hearing officer will explain them before your hearing.

Discharge for Misconduct. Section 207.044 of the Act states an individual is disqualified for benefits if the individual was discharged for misconduct connected with the individual's last work. Disqualification under this section continues until the claimant has returned to employment and worked for six weeks or earned wages equal to six times the individual's weekly benefit amount.

Definition of Misconduct. Section 201.012 of the Act defines "misconduct" as the mismanagement of a position of employment by action or inaction, neglect that jeopardizes the life or property of another, intentional wrongdoing or malfeasance, intentional violation of a law, or violation of a policy or rule adopted to ensure the orderly work and safety of employees. The term "misconduct" does not include an act in response to an unconscionable act of an employer or superior.

Voluntarily Leaving Work. Section 207.045 of the Act states an individual who left the individual's last work voluntarily without good cause connected with the work is disqualified until the individual has returned to employment and worked for six weeks or earned wages equal to six times the individual's weekly benefit amount, unless the individual left work to move with a spouse from the area where the individual worked. In that case, the claimant shall be disqualified for not less than six nor more than twenty-five benefit periods following the filing of a valid claim, as determined by the commission according to the circumstances in each case.

No individual may be disqualified because the individual left work because of a medically verified illness of the claimant or claimant's minor child, injury, disability, or pregnancy if the individual is available for work. A medically verified illness of a minor child prevents disqualification under this section only if reasonable alternative care was not available to the child and the employer refused to allow the individual a reasonable amount of time off during the illness.

Military personnel who do not reenlist have not left work voluntarily without good cause connected with the work.

An individual who is *partially unemployed* and who resigns that employment to accept other employment that the individual believes will increase the individual's weekly wage is not disqualified for benefits under this section.

A temporary employee of a temporary help firm is considered to have left the employee's last work voluntarily without good cause connected with the work if the temporary employee does not contact the temporary help firm for reassignment on completion of an assignment. A temporary employee is not considered to have left work voluntarily without good cause connected with the work under this subsection unless the temporary employee has been advised: (1) that the temporary employee is obligated to contact the temporary help firm on completion of assignments; and (2) that unemployment benefits may be denied if the temporary employee fails to do so.

Total and Partial Unemployment. Section 201.091 of the Act states that an individual who last worked for a temporary help firm is not considered to be unemployed until three business days have passed since the date the individual's last assignment ended.

Filing; Information Notices. Section 208.001 of the Act states, in part, that claims for benefits shall be made in accordance with the rules adopted by the commission. Each employer shall post and maintain, in places accessible to employees, printed notices giving general information about filing a claim for unemployment benefits.

Failure to Apply for, Accept, or Return to Work. Section 207.047 of the Act states an individual is disqualified for benefits if during the individual's benefit year the individual failed, without good cause, to apply for available, suitable work when directed to do so by the commission, or to accept suitable work offered to the individual, or to return to the individual's customary self-employment (if any) when directed to do so by the commission.

Disqualification continues until the individual has returned to employment and worked six weeks, or earned wages equal to six times the individual's weekly benefit amount.

8 - A

Benefit Eligibility Conditions. Section 207.021 of the Act states an unemployed individual is eligible to receive benefits for a benefit period if the individual:

- (1) Has registered for work at an employment office and has continued to report to the employment office as required by rules adopted by the commission;
- (2) Has made claim for benefits;
- (3) Is able to work;
- (4) Is available for work;
- (5) Is actively seeking work in accordance with rules adopted by the commission;
- (6) For the individual's base period, has benefit wage credits: (A) in at least two calendar quarters; and (B) in an amount not less than 37 times the individual's benefit amount;
- (7) After the beginning date of the individual's most recent prior benefit year, if applicable, earned wages in an amount equal to not less than six times the individual's benefit amount;
- (8) Has been totally or partially unemployed for a period of at least seven consecutive days;
- (9) Participates in reemployment services such as a job search assistance service, if the individual has been determined, according to a profiling system established by the commission, to be likely to exhaust eligibility for regular benefits and to need those services to obtain new employment, unless: (A) the individual has completed participation in such service; or (B) there is reasonable cause, as determined by the commission, for the individual's failure to participate in those services.

Exclusions from Chargebacks. Section 204.022 of the Act states that benefits paid to a claimant shall not be charged to an employer's account if the claimant's last separation from the employer's employment prior to the beginning date of the claimant's benefit year:

- (1) Was required by a federal statute;
- (2) Was required by a state statute or municipal ordinance;
- (3) Would have disqualified the employee under Section 207.044, 207.045, or 207.053 if the employment had been the employee's last work;
- (4) Imposes a disqualification under Section 207.044, 207.045, 207.051, or 207.053;
- (5) Was caused by a medically verifiable illness of the employee or the employee's minor child;
- (6) Was based on a natural disaster that results in a disaster declaration by the president of the United States under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. Section 5121 et seq.), if the employee would have been entitled to unemployment assistance benefits under Section 410 of

that act (42 U.S.C. Section 5177) had the employee not received state unemployment compensation benefits;

(7) Was caused by a natural disaster, fire, flood, or explosion that causes employees to be separated from one employer's employment;

(8) Was based on a disaster that results in a disaster declaration by the governor under Section 418.014, Government Code;

(9) Resulted from the employee's resigning from partial employment to accept other employment that the employee reasonably believed would increase the employee's weekly wage;

(10) Was caused by the employer being called to active military service in any branch of the United States armed forces on or after January 1, 2003;

(11) Resulted from the employee leaving the employee's workplace to protect the employee from family violence or stalking or the employee or a member of the employee's immediate family from violence related to a sexual assault as evidenced by: (A) an active or recently issued protective order documenting sexual assault of the employee or a member of the employee's immediate family or family violence against, or the stalking of, the employee or the potential for family violence against, or the stalking of, the employee; (B) a police record documenting sexual assault of the employee or a member of the employee's immediate family or family violence against, or the stalking of, the employee; (C) a physician's statement or other medical documentation that describes the sexual assault of the employee or a member of the employee's immediate family or family violence against the employee that (i) is recorded in any form or medium that identifies the employee or member of the employee's family, as applicable, as the patient; and (ii) relates to the history, diagnosis, treatment, or prognosis of the patient, or (D) written documentation from a family violence center or rape crisis center that describes the sexual assault of the employee or a member of the employee's immediate family or family violence against the employee;

(12) Resulted from a move from the area of the employee's employment that (A) was made with the employee's spouse who is a member of the armed forces of the United States; and (B) resulted from the spouse's permanent change of station longer than 120 days or a tour of duty longer than one year;

(13) Was caused by the employee being unable to perform the work as a result of a disability for which the employee is receiving disability insurance benefits under 42 U.S.C. Section 423;

(14) Resulted from the employee leaving the employee's workplace to care for the employee's terminally ill spouse as evidenced by a physician's statement or other

9 - A

medical documentation, but only if no reasonable, alternative care was available;

(15) Was caused by the employer's reinstatement of a qualified uniformed service member with reemployment rights and benefits and other employment benefits in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (38 U.S.C. Section 4301 et seq.); or

(16) Was due to a reason that (A) constitutes an involuntary separation under Section 207.046(a)(1); and (B) does not constitute good cause connected with the employee's work under Section 207.045 for the employee to voluntarily leave employment.

(a-1) Benefits computed on benefit wage credits of an employee or former employee may not be charged to the account of an employer if: (1) the employment did not constitute suitable work for the employee, as determined under Section 207.008; and (2) the employee worked for the employer less than four weeks.

(a-2) Benefits computed on benefit wage credits of an employee may not be charged to the account of an employer if the employee continued to work the employee's customary hours for the employer when the employee's benefit year began. This subsection does not apply to a claim for unemployment benefits made under Chapter 215.

(b) For the purposes of this section, if an employee's last separation from the employment of the employer is a separation for which the employee was determined to have been disqualified under Section 207.048, the employee's last separation from the employment of that employer is considered to be the next later separation from the employment of that employer.

(c) Except as provided by law, evidence regarding an employee described by Subsection (a)(11) may not be disclosed by a person without consent of the employee.

(d) For purposes of Subsection (a)(11): (1) "Family violence" has the meaning assigned by Section 71.004, Family Code. (2) "Stalking" means conduct described by Section 42.072, Penal Code. (3) "Immediate family" means an individual's parent, spouse, or child under the age of 18. (4) "Sexual assault" means conduct described by Section 22.011 or 22.021, Penal Code. (5) "Family violence center" has the meaning assigned by Section 51.002, Human Resources Code.

(e) Benefits may not be charged to the account of an employer, regardless of whether the liability for the chargeback arises in the employee's current benefit year or in a subsequent benefit year, if the employee's last separation from the employer's employment before the employee's benefit year was or would have been excepted from disqualification under Section 207.023(b)(2) or 207.045(j).

(f) Shared work benefits paid under Chapter 215 may not be charged to the account of an employer if the benefits are reimbursed by the federal government under the federal Layoff Prevention Act of 2012 (Pub. L. No. 112-96, Subtitle D, Title II).

Protest of Potential Chargebacks. Section 204.024 requires that to protest a potential chargeback, an employer to whom notice is mailed under Section 204.023 must mail to the commission at Austin a protest not later than the 30th day after the date the notice was mailed or the right to protest the chargeback is waived. The protest must include a statement of the facts supporting the grounds of the protest.

Determination Final; Appeal. Section 212.053 of the Act states, in part, an examiner's determination is final for all purposes unless the claimant or the person or branch for which the claimant last worked, and to whom a copy of the determination is mailed files an appeal from the determination not later than the 14th calendar day after the date the on which the copy of the determination is mailed to the last known address of the claimant, person, or branch as shown by commission records.

Fraud and Penalty. Section 214.003 requires that if, by willful nondisclosure or misrepresentation of a material fact, whether the nondisclosure or misrepresentation is made by the person or for the person by another, a person receives a benefit when a condition imposed by this subtitle for the person's qualifying for the benefit is not fulfilled or the person is disqualified from receiving the benefit, the person forfeits the benefit received; and rights to benefits that remain in the benefit year in which the nondisclosure or misrepresentation occurred; and the commission shall require the person to pay a penalty in an amount equal to 15 percent of the amount of forfeited benefits. The forfeiture, cancellation, or penalty imposed under this section is effective only after the person has been afforded the opportunity for a fair hearing before the commission or its duly designated representative.

Overpayment Liability. Section 214.002 provides that a person who has received an improper benefit is liable for the amount of the improper benefit. The commission may recover an improper benefit by deducting the amount of an improper benefit from any future benefits payable to the person, or collecting the amount of an improper benefit for the compensation fund.

10 - A

"Improper benefit" means the benefit obtained by a person because of the nondisclosure or misrepresentation by the person or by another of a material fact, without regard to whether the nondisclosure or misrepresentation was known or fraudulent; and while any condition for the person's qualifying was not fulfilled in the person's case; or the person was disqualified from receiving benefits.

Initial Claim, Last Work. Section 208.002 provides that the commission shall mail a notice of the filing of an initial claim for benefits to the person for whom the claimant last worked before the effective date of the initial claim. If the person for whom the claimant last worked has more than one branch or division operating at different locations, the commission shall mail the notice to the branch or division at which the claimant last worked. Mailing of a notice under this section to the correct address of the person, branch, or division for which the claimant last worked is notice of the claim to the person.

Adverse Facts Affecting Claim; Waiver.

Section 208.004 requires that a person to whom notice is mailed under Section 208.002 shall notify the commission promptly of any facts known to the person that may adversely affect the claimant's right to benefits or affect a charge to the person's account. That notice must include sufficient factual information to allow the commission to make a determination regarding the claimant's entitlement to unemployment benefits. A person who does not mail or otherwise deliver notification to the commission within 14 days after the date notice of a claim was mailed to the person by the commission waives all rights in connection with the claim other than rights relating to a clerical or machine error as to the amount of the person's chargeback or

maximum potential chargeback in connection with the claim for benefits.

Benefits paid to a claimant that are not in accordance with the final determination or decision under this subtitle shall be charged to the account of a person if (1) the person, or the person's agent, without good cause, fails to provide adequate or timely notification under this section; and (2) the commission determines that the person, or the person's agent, has failed to provide timely or adequate notification under this section on at least two prior occasions. Notification is not adequate if it merely alleges that a claimant is not entitled to benefits without providing sufficient factual information, other than a general statement of the law, to support the allegation. Good cause is established only by showing that a person, or the person's agent, was prevented from complying with this section due to compelling circumstances that were beyond the person's control.

Exception from Duty to Pay Reimbursement.

Section 205.0125 of the Act provides in part that (a) notwithstanding any other provision of this chapter, a reimbursing employer is not liable for paying a reimbursement for benefits paid to an individual, regardless of whether the employer was named as the individual's last work, if the individual's separation from work with the employer resulted from the individual (1) being discharged for misconduct; or (2) voluntarily leaving work without good cause connected with the individual's work. (b) A reimbursing employer may contest reimbursements billed to the employer by the commission in violation of this section using the dispute resolution procedures prescribed by Chapter 212 and rules adopted under that chapter. This law applies only to claims for unemployment benefits filed on or after September 1, 2015. A claim filed prior to September 1, 2015, is governed by the law in effect on the date that claim was filed.

Fact Finding Statements:

Statements taken from the parties by Claims Examiners during the initial investigation into the job separation. These are not statements taken under oath. The statements are not transcripts of the calls.

Benefits – Non-Monetary Determinations
Fact Finding

SSN: [REDACTED] Case Nbr: 1
Issue Nbr: 1 Type: FIRED Reason: FIRED - INTAKE STATEMENT
Stmt Nbr: 1 of: 2 Stmt of: Claimant Taken: 08-03-2020 08:24:35 AM

Name: [REDACTED] Title:
Phone Stmt: Y Claim ID: 2020-08-02 Claim Dt: 08-02-2020 Rebuttal: N Footnote: N

Why were you fired? Reason you were given I WAS NOT GIVEN A REASON FOR BEING FIRED.

Name of the person who told you that you were fired: [REDACTED]
Title of the person who told you that you were fired: SHE IS OVER HOUSE-KEEPING.

Did something specific happen that caused you to be fired?_ N

Explanation: I WAS NOT GIVEN A REASON FOR BEING FIRED.

I HAD BEEN EXPOSED TO COVID 19 AT WORK AT HAD BEEN OUT MY 14 DAYS AND GETTING

PAID FOR THOSE DAYS. I WAS READY TO GO BACK ON 070720 AND I CALLED [REDACTED] TOLD HER THAT I WAS READY TO GO BACK SHE TELLS ME THAT I HAD TO TAKE ANOTHER

COVID 19 TEST. AFTER THAT I FOUND OUT THAT I WAS TAKEN OFF THE SCHEDULE AND

NOT GIVEN A REASON.

Did you have any warnings related to the reason you were given for being fired?_ N

Explanation: I WAS NOT GIVEN A REASON FOR BEING FIRED.

Did you do what you were warned about?_ _

-----END-----

*** No footnote entered ***

Benefits – Non-Monetary Determinations
Fact Finding

SSN: [REDACTED] Case Nbr: 1
 Issue Nbr: 1 Type: FIRED Reason: ABSENT
 Stmt Nbr: 2 of: 2 Stmt of: Claimant Taken: 08-21-2020 07:55:46 AM
 Name: [REDACTED] Title:
 Phone Stmt: Y Claim ID: 2020-08-02 Claim Dt: 08-02-2020 Rebuttal: N Footnote: YY

*** No Question Set Entered ***

END

I HAD BEEN AROUND PEOPLE WITH COVID AND I HAD TO BE TESTED AND STAY OFF OF WORK. I HAD MY NEPHEW AND MY NIECE COME DOWN WITH IT AND I HAD TO BE TESTED AND THIS WOULD HAVE MADE ME GET A 3RD COVID TEST SINCE MY NIECE CAME DOWN WITH IT. I SPOKE TO MY SUPERVISOR [REDACTED] SHE HAD JUST CAME BACK FROM LEAVE AND I SUPPOSE TO COME BACK TO WORK ON 07/07/20 AND I NEEDED TO TAKE ANOTHER TEST AND IF I HAD A PROBLEM WITH IT THEN I NEEDED TO TAKE IT UP WITH [REDACTED]. SO I JUST LEFT IT ALONE BECAUSE I HAD ALREADY BEEN OFF WORK AND HAD TO TAKE ANOTHER TEST AND PAY OUT OF POCKET. ME AND [REDACTED] NEVER REALLY GOT ALONG. I WAS

TOLD NOT TO COME INTO WORK ON 07/07/20. I TOLD [REDACTED] WAS NOT TAKING ANOTHER COVID TEST. THE COMPANY DIDNT WANT US TALKING ABOUT PEOPLE AT THE COMPANY HAVING CORONA SO THEY DIDNT WANT US TALKING ABOUT SOMEONE WITH THIS AND I DIDNT THINK IT WAS FAIR FOR THEM NOT TO TELL ANYONE AT THE JOB IF SOMEONE WHO HAD COVID. I WAS HONEST WITH [REDACTED] ABOUT MY NIECE AND NEPHEW AND I HAD BEEN AROUND THEM AND I WAS ALSO HELPING TAKING CARE OF HER KIDS FOR HER

*****RESPONSE TO EMPLOYERS STATEMENT

THAT IS A LIE I DIDNT SPEAK TO HR DEPARTMENT ON 07/07/20 AND I HAD TALKED TO HR AND HE SAID I COULD GET 2 WEEKS OFF OF PAID LEAVE AND I DIDNT QUIT I WAS DRESSED AND READY TO GO TO WORK AND I TOLD [REDACTED] THAT MY NIECE HAD COME DOWN WITH COVID AND IF I HAD A PROBLEM WITH IT CONTACT [REDACTED]. I LASTED TALKED TO THE EMPLOYER ON 07/07/20. I HAD TALKED TO [REDACTED] WHICH WAS A COWORKER AND THE ROOM IN 108 HAD CAME DOWN WITH COVID AND IT WAS NOT FAIR TO NOT TELL ANYONE OTHERS NEEDED TO KNOW AND THEY DIDNT WANT US MEANING THE HOUSEKEEPER AND ME TALKING AND DISCUSSING THE COVID CASES. I WAS TOLD NOT TO COME BACK OR I WOULD HAVE BEEN AT WORK. I WAS TOLD THAT I NEEDED TO HAVE A CORONA TEST AND I HAD ONE AND I TAKEN AND IT SHOWED NEGATIVE THAT WHEN I WAS SCHEDULED TO GO BACK TO WORK ON 07/07/20, THEN I TALKED TO HR DEPARTMENT AND TOLD HIM MY NIECE WAS POSITIVE AND I WAS HELPING HER TO TAKE CARE OF THE KIDS BECAUSE I HAD BEEN AROUND MY NIECE WHO WAS POSITIVE ON HER TEST AND I WAS GETTING READY TO WORK AND I HAD MY NEGATIVE TEST AND THEN I TOLD [REDACTED] ABOUT MY NIECE AND SHE SAID TO HAVE ANOTHER TEST TAKEN. WHY WOULD I CALL IN THE NEXT THREE DAYS WHEN I WAS TOLD NOT TO COME IN AND I DIDNT HAVE A PROBLEM WITH TAKING ANOTHER TEST I DIDNT HAVE THE MONEY AND I HAD ALREADY TAKEN 2 OTHER ONES WITH MY OWN MONEY. I HAD TALKED TO [REDACTED] ON 07/07/20 AND SHE SAID NOT TO COME IN UNTIL I HAD ANOTHER TEST TAKEN AND IF I HAD A PROBLEM WITH IT THEN TO CALL [REDACTED] I DIDNT NOT CALL [REDACTED] THAT

13 - A

DAY BECAUSE THEY WERE ALWAYS TAKEN [REDACTED] SIDE THIS HAD BEEN GOING ON A WHOLE YEAR

I HAD BEEN TOLD NOT TO LEAVE THE LINEN ROOM TO JUST DO MY JOB [REDACTED] WOULD TELL ME TO STOP HELPING OUT IN OTHER AREAS AND I TALKED TO [REDACTED] AND [REDACTED] ABOUT [REDACTED] I WAS EVEN BUY PRODUCTS TO CLEAN MY OWN LINEN I WAS NOT REFUNDED AND I NEVER ASKED I WAS JUST TRYING TO DO MY JOB.

Employer Response:

The response the employer provided to the Notice of Application for Unemployment Benefits.

Employer Response to Notice of Application for UI Benefits

SSN [REDACTED]
Claim Date: 08-02-2020 Claim Type: IC PGM: REG Claim ID: 2020-08-02

Employer: [REDACTED]
Correct Last Employer: Y
Monetarily Eligible: Y
Source: Internet

Notice Sent: 08-04-2020
Due: 08-18-2020
Claimant Separation Reason: FIRED

Responded: 08-17-2020
Response Type: Internet Confirmation #: 0817SYS1994
Employer Separation Reason: QUIT
TWC Action: ROUTE ONLY
Current Investigator: [REDACTED]

Employment Information

Date Range Worked: 05-23-2019 Thru 06-17-2020
Gross Wages Earned:

Wages In Lieu Of Notice:	N	Paid Thru:
On Temporary Layoff:	N	Recall Date:
Paid Vacation Days:	N	Paid Thru:

Responder's Name: [REDACTED]
Responder's Title: HR Generalist
Contact Person:

TWC Account: [REDACTED]
Phone: [REDACTED]
Phone:

----- Additional Information Regarding Separation -----

HR spoke with [REDACTED] on 7/7/20 as she was scheduled to return to work. She advised she was unsure if she was going to return to work after exhausting her FFCRA benefits. HR advised she needed to communicate either way with her direct manager to advise whether she would be returning to work or voluntarily resigning from her position. She failed to contact her manager and was a no call/no show for the next three consecutive shifts. This is considered voluntary job abandonment of her position

----- Work Separation Reason - Quit -----

What Reason Did The Applicant Give For Quitting?
Job abandonment. No-call/no-show for three consecutive shifts.
Who Is The Person Whom The Applicant Told?
Name:
Title:
Phone: () - Ext:

TWC Initial Decision:

Includes the Claims Examiner's decision on the claimant's qualification for unemployment benefits and the rationale for the decision. This decision is reflected in the Initial Determination issued.

Issue Decision Log

SSN: [REDACTED]
Case Nbr: **1**
Issue Nbr: **1** of: **1** Type: **QUIT** Reason: **HEALTH OR MEDICAL REASONS**

Program: **REG** Claim ID: **2020-08-02** Claim Type: **IC** Claim Dt: **08-02-2020**

LEU: [REDACTED]
Late LEU Response: **N** Interested Party: **Y** Charged: **No**

Other Employer:

Decision Date:	08-21-2020	Weeks Disqualified:
Mailed Date:	08-24-2020	Deductible Amount:
Begin Date:	08-02-2020	State:
End Date:		Incident Date:

Claimant Failed to Respond: **N**

Qualified: **N**

Rationale: **PER CLAIMANT STATEMENT;CLAIMANT FAILED TO CONTACT MANAGEMENT OR PROVIDE MEDICAL DOCUMENTSAS REQUESTED NOT GOOD CAUSE CONNECTED TO THE WORK.**

Conclusion: **QUIT-FAILED TO PROTECT JOB WHILE ILL-DISQUALIFIED**