

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 4/15)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

SECTION F - UNEMPLOYMENT NOTICE

INSTRUCTIONS TO EMPLOYER:

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

- DO NOT send a copy to the Department of Labor.

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER (If unsure, call Employer Status Unit at 860-263-6550, all other questions should be directed to Claims Exam at 860-263-6635.)				-				-		
B. COMPANY NAME										
C. COMPANY ADDRESS <i>Please note: all fact finding hearing notices will be sent to this address.</i>										

D. EMPLOYEE NAME										
E. SOCIAL SECURITY NUMBER				-			-			
F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)										
G. START DATE	/	/		H. LAST DAY WORKED	/	/		I. RETURN TO WORK DATE (if definite)	/	/
J. YEAR TO DATE EARNINGS	\$			K. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)					\$	
L. REASON FOR UNEMPLOYMENT	<input type="checkbox"/> Lack of Work <input type="checkbox"/> Voluntary Leaving <input type="checkbox"/> Discharge/ Suspension <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other _____									
M. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what type?	No. of hours/days covered			Amount			Dates Covered			

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			