

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

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.

INSTRUCTIONS TO EMPLOYEE:

Go to www.FileCTUI.com, click the blue button labeled "File or Reopen Your Unemployment Claim"

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							
B. EMPLOYER NAME							
C. EMPLOYER ADDRESS							

D. EMPLOYEE NAME							
E. SOCIAL SECURITY NUMBER							

F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)			
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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)	\$
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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
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If yes, what type?	No. of hours/days covered	Amount	Dates Covered

EMPLOYER SIGNATURE	TITLE	DATE
TELEPHONE NUMBER	FAX NUMBER	