



REPORT OF WORK RECALL / REFUSAL

State Form 56951 (R3 / 1-21), DWD 640-WR
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

RECEIVE AND PROTEST UI CLAIM NOTICES
ELECTRONICALLY with
SIDES (State Information Data Exchange System)
For more information and to register visit
www.in.gov/dwd/sides.htm

*This agency is requesting the disclosure of the claimant's Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Name of Claimant

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Social Security Number

Claimant Street Address, City, State and ZIP Code (if known)

Name of business that offered work

Indiana SUTA (Employer Account Number) if applicable

Employer Address, City, State and ZIP Code

Date that work was offered to the claimant: _____
mm/dd/yyyy

Who contacted the claimant to offer them work? (Name and Title) _____

How was the claimant contacted? (call; text; e-mail; letter; etc.)* _____

**If the job offer was made in writing, please attach a copy of the job offer when submitting this report.*

Did the claimant respond to the offer of work? YES NO

How did the claimant respond? (call; text; e-mail; letter; etc.)* _____

**If the claimant responded in writing, please attach a copy of the written response when submitting this report.*

Claimant response date (if applicable) _____
mm/dd/yyyy

Please provide the location of the job, the rate of pay, the work hours, and the job title or SOC code.*

**Please attach additional documents as needed.*

For Recalls: Were there any changes in the work (job duties, hours/shift, pay)? YES NO

If yes, please explain: _____

Contact Name of Employer _____

Date _____
mm/dd/yyyy

Signature of Employer _____

Telephone _____

_____ Check here if you are attaching additional supporting documents to this fax, total number of additional pages: _____

Fax Form to: UI Adjudications at 317-233-5499