UNEMPLOYMENT INSURANCE PROTEST (EMPLOYER)

State Form 54244 (R8 / 8-25), DWD 640-P
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6, IC 4-1-6

A response to most claims can be submitted online using DWD's SIDES single sign-on feature in ESS.

Login to ESS for more information
uplink.in.gov/ESS

*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   Social Security Number   Benefit Year End

Claimant Street Address, City, State and ZIP Code

Employer   Indiana SUTA (Employer Account Number)

Employer Address, City, State and ZIP Code

Employee worked from: _____ **to last day worked:** _____
                         mm/dd/yyyy   *mm/dd/yyyy*

Brief Statement of Facts regarding separation: _____

_____

NOTE: If the claimant is separated due to Layoff, Lack of work or the assignment ending, you do not need to complete this form or protest the claim.

_____ Claimant never worked here **OR** unable to locate this claimant. **(Code 52827)**

_____ Change of ownership/Predecessor-Successor/Out of business. **(Code 527)**

_____ Agent no longer represents this company. **(Code 52227)**

_____ Former **PEO** client **OR** Successor after a merger / acquisition. **(Code 527)**

Reason for Separation *(choose one)* :

_____ **Quit - (Code 10)**   _____ **Discharge for Cause - (Code 20)**

_____ **Gross Misconduct - (Code 30)**   _____ **Availability - (Code 70)**

_____ **Failed/Refused Drug Test - (Code 30)** _____ **Employment Status - (Code 70)**

_____ **Still Employed - (Code 70)**   _____ **School Worker - (Code 65)**

_____ **Work Refusal - (Code 35)**   _____ **Deductible Income - (Code 55)**

Did the claimant receive income upon separation or thereafter? - (Code 55)

Include specific information in statement section and/or attach documents to this submission.

☐ Vacation   ☐ Severance   ☐ Sick   ☐ Personal   ☐ Pension/401k   ☐ Wages   ☐ Other

Please note: You will receive additional requests from the UI Adjudication Center seeking specific details concerning the employee's separation. Please respond to these requests as quickly as possible. Failure to respond to requests from the department can result in a penalty, even if the employee is later determined ineligible.

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