Reset Form

UNEMPLOYMENT INSURANCE PROTEST (EMPLOYER)

State Form 54244 (R5 / 2-17), DWD 640-P
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 (**S**tate **I**nformation **D**ata **E**xchange **S**ystem)
For more information and to register visit
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 _____ *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: _____ (*mm/dd/yyyy*) **to last day worked:** _____ (*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☐ Agent no longer represents this company.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 70)**

☐ **Work Refusal or Failed Pre-employment Drug Test - (Code 70)**

Did the claimant receive income upon separation or thereafter? - (Code 70)

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