

Anchorage UI Claim Center
P.O. Box 241767
Anchorage, AK 99524-1767
Phone: (907) 269-4700
Fax: (907) 375-9520
Email: dol.uib@alaska.gov

Employee name: _____
Social Security Number or last four digits: _____

WORK REFUSAL STATEMENT - EMPLOYER

Refusal of suitable work may affect eligibility for unemployment insurance benefits. Please answer the following questions and return this form by email at your earliest convenience.

1. Did this person fail to appear for a scheduled interview? Yes No
2. Did this person refuse a definite offer of work? Yes No

If you answered "yes" to questions 1 or 2, please answer the following:

3. What type of work was offered?

4. How was the offer made (by phone, writing, in person)?

5. Name, title and phone number of person who offered the work:

6. Rate of pay offered? \$ _____ Shift: _____ Hours: _____
Location: _____

7. Description of job duties: _____

8. Date work was to begin? _____ Date interview or offer refused: _____

9. Did claimant report for work? Yes No Call in? Yes No

10. What was the reason given for refusing?

EMPLOYER CERTIFICATION: I certify that the information I have provided on this form is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

DATE

PRINTED NAME

CONTACT PHONE

Please sign and date this form before returning it. You can complete and return this form by mail, fax, or email. You can also provide the above information by calling our office and speaking to a claims examiner. Please refer to the mailing address, fax number, email, and phone number at the top of this form.