

# NOTICE TO EMPLOYER OF CLAIM FILED

THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF EMPLOYMENT SECURITY

RETURN TO:

SOCIAL SECURITY  
ACCOUNT NUMBER

015-22-7104

DIVISION OF EMPLOYMENT SECURITY  
227 MAIN STREET  
HYANNIS, MASS.

NAME

Kenneth Medeiros

ADDRESS

110 Commercial St. Provincetown

DATE CLAIM FILED

10-4-48

LAST OCCUPATION

EMPLOYER

Provincetown Cold Storage

ADDRESS

Provincetown, Mass.

NOTICE MAILED

10-5-48

EFF. WK. NO.

27

DATE OF SEPARATION

not separated

REASON FOR SEPARATION

still working - part time

YOU ARE HEREBY NOTIFIED THAT THE ABOVE NAMED INDIVIDUAL HAS FILED A CLAIM WITH THIS DIVISION FOR UNEMPLOYMENT BENEFITS AND HAS STATED THAT YOU WERE HIS EMPLOYER ON THE DATE OF SEPARATION SHOWN ABOVE.

IF YOU KNOW OF ANY MISREPRESENTATION OR OTHER REASON WHY PAYMENT OF BENEFITS SHOULD NOT BE MADE TO THIS CLAIMANT, YOU MUST UNDER THE LAW (G. L. 151A §38) COMPLETE THIS FORM AND RETURN IT TO THE OFFICE LOCATION SHOWN ABOVE WITHIN 7 DAYS FROM THE DATE APPEARING IN THE "NOTICE MAILED" BLOCK. THE LAW REQUIRES YOU TO STATE YOUR REASONS WHY PAYMENT OF BENEFITS SHOULD NOT BE MADE TO THIS CLAIMANT AND FAILURE TO DO SO WILL BAR YOU FROM FURTHER PROCEEDINGS RELATING TO THIS CLAIM.

IF YOU RETURN THIS FORM WITH YOUR REASONS WHY PAYMENT OF BENEFITS SHOULD NOT BE MADE TO THIS CLAIMANT, YOU WILL BE NOTIFIED IF BENEFITS ARE AWARDED TO THE CLAIMANT, AND YOU WILL HAVE THE RIGHT TO APPLY FOR A REVIEW OF THE DETERMINATION AT THAT TIME. IF BENEFITS ARE NOT AWARDED TO THE CLAIMANT, OR IF YOU FAIL TO STATE YOUR REASONS, YOU WILL RECEIVE NO FURTHER NOTICE.

PAYMENT OF BENEFITS TO THE INDIVIDUAL NAMED ABOVE MAY BE AFFECTED BY ANY ONE OF THE FOLLOWING REASONS:

LEFT VOLUNTARILY WITHOUT GOOD CAUSE ATTRIBUT-  
ABLE TO THE EMPLOYER OR HIS AGENT.  
SICK OR UNAVAILABLE FOR WORK.

SUITABLE WORK NOW AVAILABLE.  
CURRENTLY EMPLOYED.  
DISCHARGED BECAUSE OF WILFUL MISCONDUCT.

UNEMPLOYED BECAUSE OF A LABOR DISPUTE.  
RECEIVING WORKMEN'S COMPENSATION, DISMISSAL PAY, VACATION  
ALLOWANCE.

THESE OR OTHER REASONS AFFECTING THE CLAIM SHOULD BE DETAILED BELOW.

DIVISION OF EMPLOYMENT SECURITY  
ROBERT E. MARSHALL, DIRECTOR

NAME OF EMPLOYER

BY

OFFICIAL TITLE

THE FOLLOWING PERSON IN OUR ORGANIZATION MAY BE CALLED FOR FURTHER INFORMATION, IF NECESSARY, RELATIVE TO THIS CLAIM.

NAME

TELEPHONE NUMBER