



**NOTICE TO EMPLOYER
OF CLAIM FILED**

THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF EMPLOYMENT SECURITY

RETURN TO:
THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF EMPLOYMENT SECURITY
227 MAIN STREET
HYANNIS, MASS.

SOCIAL SECURITY ACCOUNT NUMBER 029-01-4896 E
NAME MANUEL J. GASPE
ADDRESS 170 BRADFORD ST. PROVINCETOWN
LAST OCCUPATION FISHER

DATE CLAIM FILED 4-1-49

EMPLOYER NATIONAL TRAPS
ADDRESS PROVINCETOWN

NOTICE MAILED
4-1-49
EFF. WK. NO.
02

DATE OF SEPARATION 12-48 REASON FOR SEPARATION L.O. END OF SEASON

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.
IS THE REASON FOR SEPARATION INCORRECT? YES NO
DO YOU KNOW OF ANY REASON WHY BENEFITS SHOULD NOT BE PAID? YES NO
IF THE ANSWER TO EITHER QUESTION IS "YES", YOU MUST RETURN THIS FORM, GIVING ALL THE DETAILS SURROUNDING THE SEPARATION OR REASON. A MERE STATEMENT OF REASON OR CONCLUSION IS NOT SUFFICIENT.
IF THE ANSWER TO BOTH QUESTIONS IS "NO", DO NOT RETURN THIS FORM, UNLESS INFORMATION IS REQUESTED IN THE SPACE BELOW.

IF THIS SPACE IS FILLED IN, YOU ARE REQUIRED BY LAW TO PROVIDE THE INFORMATION REQUESTED AND TO RETURN THIS FORM TO THE EMPLOYMENT OFFICE

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

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 ATTRIBUTABLE 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.