



## REQUEST FOR MONETARY RE-DETERMINATION

Social Security Number: \_\_\_\_\_

Claimant's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Claimant's Telephone Number: \_\_\_\_\_

Base Period: \_\_\_\_\_

Filing Date: \_\_\_\_\_

### SECTION A.

- There are missing wages/no wages, although work history shows base period employment.
- Duplicate wages are shown in the same quarter.
- Other (Specify): \_\_\_\_\_

### SECTION B. Employer Details

Employer's Name/DBA: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Employer's Business Address (if different from work site) \_\_\_\_\_  
(Address)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

I worked for the above Employer from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_  
(Date) (Date) (Job Title)

The job site address where I actually worked was: \_\_\_\_\_  
(Address)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

_____ Quarter ____	_____ Quarter ____	_____ Quarter ____	_____ Quarter ____
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\_\_\_\_\_  
(Claimant's Signature) (Date)

\_\_\_\_\_  
(Signature of DOES Representative) (Date)



**REQUEST FOR MONETARY RE-DETERMINATION**

**INTERVIEWER'S REMARKS:** Include any evidence or information which may be helpful to an investigator, such as other Social Security Numbers or names used, W-2 forms or pay slips to substantiate the wages being claimed.

**SECTION C.** Determination Unit Results of Investigation

Remarks:

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\_\_\_\_\_  
(Signature) (Date)

**SECTION D.** Wages Obtained by Tax Compliance Unit (if wages were not obtained, explain why in Remarks below)

_____ Quarter __ __	_____ Quarter __ __	_____ Quarter __ __	_____ Quarter __ __
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Remarks:

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\_\_\_\_\_  
(Signature of DOES Representative) (Date)