

Virgin Islands Department of Labor  
Division of Unemployment Insurance Compensation  
Request for Separation Information

Date: 05-17-2012

Due Date: 05-26-2012

Please answer the following questions and return to the Local Office (listed below) by: 05-26-2012

This claimant applied for Unemployment Insurance Benefits on 05-07-2012 and named you as their last employer:

Employee's Name: MANUEL J. GONZALEZ- RODRIGUEZ

Employee's SSN: [REDACTED]

Employer's Name & Address:

14499 LSI, LLC  
16734 ISLAND GROUNDS, INC. \* Incorrect employer name. See attached  
6100 RED HOOK QUARTERS B-3 notice of Potential liability to  
CHARLOTTE AMALIE, VI 00802 LSI, LLC

RECEIVED

MAY 21 2012

NOTE: The Law provides penalties for false statements.

REASON FOR SEPARATION

Discharged  Lack of Work / Layoff  Leave of Absence  Labor Dispute  Voluntary Quit

Other (are there any other reasons for separation?) LSI, LLC discontinued employment operations as of 12.31.11. Manuel Gonzalez voluntarily took an employment position with LSI Employees, LLC as of 1.1.2012.

Submit additional facts that may affect the claimant's rights to benefits on the reverse side of this form. If this form is returned and you have indicated facts that may affect this person's eligibility for benefits, you will be notified in writing of the Agency's decision.

REPORTED SEPARATION EARNINGS

Since the last day worked, has the claimant received, or will he/she receive one of the following:

1. Pension or any other retirement payment?  YES  NO  
If yes, please indicate effective date and amount: Effective Date: \_\_\_\_\_  
\$ \_\_\_\_\_ per month amount -or- \$ \_\_\_\_\_ lump sum pension amount

2. Severance or any other separation earnings?  YES  NO  
If yes, please indicate type of pay and amount:  
 Severance \$ \_\_\_\_\_ lump sum severance amount  
 Vacation \$ \_\_\_\_\_ lump sum vacation amount  
 Other \$ \_\_\_\_\_ lump sum other amount

3. Please indicate the following from your records:

First Day Worked \_\_\_\_\_ Last Day Worked \_\_\_\_\_

NOTICE OF INTERVIEW

If the claimant's reason for separation is other than "lack of work", the claimant will be scheduled for a Fact Finding Interview on \_\_\_\_\_ at the local office listed below.

You will be contacted if additional information is required.

RETURN COMPLETED FORM TO:

VI Department of Labor  
Division of Unemployment Insurance  
P.O. Box 303159  
Charlotte Amalie, VI 00803-3159

Jeannie Brennan  
Signature  
Jeannie Brennan [REDACTED]  
Printed Name Phone Number  
5/25/12  
Date Signed

**Virgin Islands Department Of Labor  
Office Of Unemployment Insurance Compensation  
Notice Of Potential Liability**

Employer Id: 14497

05-17-2012

L.S.J., LLC  
6100 RED HOOK QTRS, SUITE B-3  
CHARLOTTE AMALIE, VI 00802

Dear Employer,

This is to notify you that MANUEL J. GONZALEZ- RODRIGUEZ (Social Security Number [REDACTED]), has filed a claim for unemployment benefits. According to our records, you paid this person the following wages:

Year/Quarter	Wages Paid
2011-1	\$10,384.62 ✓
2011-2	\$12,115.39 ✓
2011-3	\$12,115.39 ✓
2011-4	\$10,384.62 ✓
<b>Total Wages</b>	<b>\$45,000.02 ✓</b>

Your Account will be charged with 100 percent of the benefits, if any, because the total wages above represent that percentage of all benefit wages.

If you feel you are being charged in error, please explain on the reverse side of this letter and return it to:

VI Department of Labor  
Division of Unemployment Insurance  
P.O. Box 303159  
Charlotte Amalie, VI 00803 -3159  
[REDACTED]

Thank You for your attention in this matter,

Chief Of Benefits  
VIDOL- UI Compensation

Joyce Comissiong  
Claims Manager  
715-5731

\* \* \* Communication Result Report ( May. 25. 2012 3:23PM ) \* \* \*

1) FINANCIAL TRUST COMPANY INC.  
2)

Date/Time: May. 25. 2012 3:23PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
2149 Memory TX	7155731	P. 2	OK	

Reason for error  
 min. 1) Hang up or line fail  
 2) Busy  
 3) No answer  
 4) No facsimile connection  
 5) Exceeded max. E-mail size

Virgin Islands Department of Labor  
 Office of Unemployment Insurance Compensation  
 Request for Separation Information  
 Date: 05-17-2012 Due Date: 05-20-2012

Please answer the following questions and return to the Local Office (listed below) by: 05-26-2012  
 This claimant applied for Unemployment Insurance Benefits on 05-07-2012 and named you as their last employer:  
 Employer's Name: MANUEL J. GONZALEZ-RODRIGUEZ  
 Employer's Home & Address:

RECEIVED  
 MAY 21 2012  
 LST, LLC

NOTE: The Law provides penalties for false statements.

REASON FOR SEPARATION

Discharged  Lack of Work / Layoff  Leave of Absence  Labor Dispute  Voluntary Quit  
 Other (see there any other reasons for separation?) LST, LLC has continued employment operations as of 12.31.11. Manuel Gonzalez voluntarily took an employment position with LST Employment, LLC. Subject additional facts that may affect the claimant's rights to benefits on the reverse side of this form. If this form is returned and you have as of indicated facts that may affect this person's eligibility for benefits, you will be notified in writing of the Agency's decision. I.I. 0012.

REPORTED SEPARATION EARNINGS

Since the last day worked, has the claimant received, or will he/she receive one of the following:

1. Pension or any other retirement payment?  YES  NO  
 If yes, please indicate effective date and amount: Effective Date: \_\_\_\_\_  
 \$ \_\_\_\_\_ per month amount -or- \$ \_\_\_\_\_ lump sum pension amount  
 2. Severance or any other separation earnings?  YES  NO  
 If yes, please indicate type of pay and amount:  
 Severance \$ \_\_\_\_\_ lump sum severance amount  
 Vacation \$ \_\_\_\_\_ lump sum vacation amount  
 Other \$ \_\_\_\_\_ lump sum other amount

3. Please indicate the following from your records:  
 First Day Worked \_\_\_\_\_ Last Day Worked \_\_\_\_\_

NOTICE OF INTERVIEW

If the claimant's reason for separation is other than "lack of work", the claimant will be scheduled for a Fact Finding Interview on \_\_\_\_\_ at the local office listed below.

You will be contacted if additional information is required.

RETURN COMPLETED FORM TO:  
 VI Department of Labor  
 Division of Unemployment Insurance  
 P.O. Box 303150  
 Charlotte Amalie, VI 00903-3150

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Phone Number 376-778-2376  
 Date Signed \_\_\_\_\_