

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

Date: 05-30-2012

Due Date: 06-08-2012

Please answer the following questions and return to the Local Office (listed below) by: 06-08-2012

This claimant applied for Unemployment Insurance Benefits on 05-24-2012 and named you as their last employer:

Employee's Name: MELVIN E. OCASIO FLORES

Employee's SSN: [REDACTED]

Employer's Name & Address:

16734 ISLAND GROUNDS , INC.
6100 RED HOOK QUARTERS B-3
CHARLOTTE AMALIE, VI 00802

RECEIVED

JUN 01 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?)

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
[REDACTED] Box 303159
Charlotte Amalie, VI 00803-3159

Signature _____

Printed Name _____

Phone Number _____

Date Signed _____

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

Employer Id: 16734

05-30-2012

ISLAND GROUNDS , INC.
6100 RED HOOK QUARTERS B-3
CHARLOTTE AMALIE, VI 00802

Dear Employer,

This is to notify you that MELVIN E. OCASIO FLORES (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	\$12,275.00
2011-2	\$12,995.00
2011-3	\$12,150.00
2011-4	\$12,500.00
Total Wages	\$49,920.00

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
[REDACTED] Box 303159
Charlotte Amalie, VI 00803 -3159
(340) 776-3700

Thank You for your attention in this matter,

Chief Of Benefits
VIDOL- UI Compensation

Joyce Comissiong
Claims Manager
715-5731