

LSJE, LLC

6100 Red Hook Quarter B3
St. Thomas, VI 00802-1348

May 8, 2015

Mr. Angel Feliciano

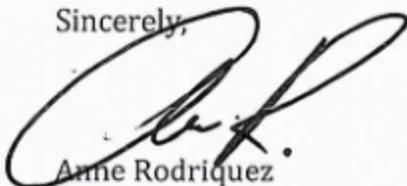
Dear Mr. Feliciano:

Please be advised that your employment with LSJE, LLC (the "Company") has been terminated, effective May 5, 2015. Your termination is a result of a number of factors, including but not limited to: (1) your repeated absences without proper notice despite warnings and reminders from your supervisors about proper procedure regarding absences; (2) your failure to perform an employment related duty specifically requested multiple times by your supervisor; (3) the improper or careless performance of your employment related duties; (4) hydraulic fluid discovered to have been improperly introduced into inappropriate portions of equipment under your care; and (5) your disregard of explicit directions from your supervisor.

We remind you that you signed a confidentiality agreement with the Company, which will remain in full force and effect and with which you are obligated to comply, even though your employment has been terminated.

We have enclosed a check in the amount of \$1,348.82, representing full payment of all outstanding wages due to you through the date of termination. We are making this payment without offset for any damages sustained by the Company as a result of your misconduct with the intention that this will assist in the final termination of our relationship without further issue. Should you not share this intention, please be advised that this payment is without prejudice to any and all rights and claims of the Company against you, all of which are hereby expressly reserved.

Sincerely,



Anne Rodriguez

Received by:

Angel Feliciano



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF LABOR

DIVISION OF UNEMPLOYMENT INSURANCE

NOTICE OF HEARING

CLAIMANT: Angel Feliciano



NOTE: The Agency's record will be made part of this hearing.

Date of Mailing: June 30, 2015

Determination Date: June 3, 2015

Liable State: VI

SSN# [REDACTED]

Appellant (X) Claimant () Employer

REFEREE: James W. Kitson

Administrative Law Judge

Issue: Misconduct

APPEAL NO. 061-01-15

EMPLOYER: LSJE, LLC

6100 Red Hook Quarter B-3
St. Thomas, VI 00802

You are hereby notified to appear for a hearing on a determination issued by the Virgin Islands Employment Security Agency, St. Thomas, United States Virgin Islands.

Please mail two copies of any exhibits before the hearing date, allowing sufficient time for the mail, to: James W. Kitson, Administrative Law Judge, Dept. of Labor, Hearings and Appeals Unit, P.O. Box 302608, Charlotte Amalie, St. Thomas, V.I. 00803

PLEASE BE PROMPT

(Please appear in person at the address below)

DATE: July 6, 2015

TIME: 12:00 p.m.

PLACE: Department of Labor
2353 Kronprindsens Gade
St. Thomas, VI 00802

PHONE: [REDACTED] : [REDACTED] Administrative Law Judge

If contact cannot be made with the St. Thomas Hearings & Appeals Unit, please contact, alternatively, St. Croix Hearings and Appeals at 340-773-1994.

Due to federal guidelines regarding the prompt disposition of appeal cases, postponements can only be granted for emergency reasons.

If you are handicapped as defined in Section 405 of the Rehabilitation Act of 1973, please call the department at the above telephone number.

PLEASE REFER TO INSTRUCTIONS TO THE CLAIMANT AND EMPLOYER

- P.O. Box 789 Christiansted, St. Croix, V.I. 00821-
- 4401 Sion Farm, Ste. 1, Christiansted, St. Croix, V.I.
- 2353 Kronprindsens Gade, St. Thomas, VI 00802-
- P.O. Box 303159, Charlotte Amalie, St. Thomas, V.I.





GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE

INSTRUCTIONS TO THE CLAIMANT

REASON FOR THIS HEARING: The hearing is being held to give you a chance to present your evidence and your side of the case at or near your place of residence.

SUBJECT OF THE HEARING: The hearing will cover the decision listed and may include all questions affecting your right to benefits up to the time of the hearing.

APPEARANCE: If you do not appear at the hearing, your appeal may be dismissed or it may be decided on the basis of other available evidence.

POSTPONEMENT: This hearing will be postponed only for good cause. Postponement must be requested in writing. If an emergency arises directly prior to scheduled time, and you cannot come to the hearing, notify the place of hearing. (Telephone Number shown on Notice of Hearing)

WITNESSES: If you have any witnesses whom you wish to have testify at the hearing, it is your duty to notify them of the **TIME** and the **PLACE** of the hearing and arrange for them to be present.

REPRESENTATIVES: You may appear at the hearing without representation. However, if you wish, you may be represented by an attorney or anyone else you select. Such attorneys or other authorized agent **shall not charge the claimant or receive from him a fee in excess of five percent of the claimant's maximum potential benefits provided for in section 303 (d) of the Act.**

IF YOU WISH TO WITHDRAW YOUR APPEAL: Send a written request to:
Virgin Islands Employment Security Agency, Unemployment Insurance Service, P.O. Box 9650, St. Thomas, Virgin Islands 00801.

BRING WITH YOU TO THE HEARING: This notice, all statements, decisions, forms and letters that are connected with your claim; any witnesses whose testimony you need to help you prove your case; all papers and books that are connected with this case. In cases involving health, a doctor's certificate may be important.

- P.O. Box 789 Christiansted, St. Croix, V.I. 00821
- 4401 Sion Farm, Ste. 1, Christiansted, St. Croix, V.I.
- 2353 Kronprindsens Gade, St. Thomas, VI 00802
- P.O. Box 303159, Charlotte Amalie, St. Thomas, V.I.



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
♦
DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE

INSTRUCTIONS TO EMPLOYERS

REASON FOR THIS HEARING: This hearing is being held to obtain facts pertinent to the claimant's eligibility for unemployment insurance benefits.

SUBJECT OF THE HEARING: The hearing will cover the decision listed below and may include all questions affecting rights to benefits up the time of the hearing.

POSTPONEMENT: This hearing will be postponed only for good cause. Postponement must be requested in writing. If an emergency arises directly prior to scheduled time, and you cannot come to the hearing, notify the place of hearing. (Telephone Number shown on Notice of hearing).

WITNESSES: If you have any witnesses whom you wish to have testify at the hearing, it is your duty to notify them of the TIME and the PLACE of the hearing and arrange for them to be present.

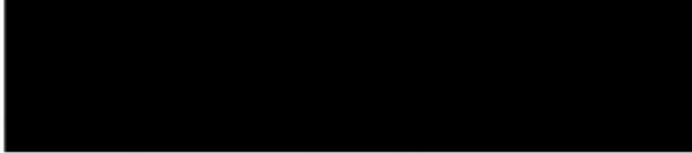
REPRESENTATIVES: You may appear at the hearing without representation. However, if you wish, you may be represented by an attorney or anyone else you select.

BRING WITH YOU TO THE HEARING: This notice, all statements, decisions, forms and letters that are connected with this matter; any witnesses whose testimony you need to help you present your case; all papers and books that are connected with this case.

- P.O. Box 789 Christiansted, St. Croix, V.I. 00821-(340) (340) 773-1994: Fax: (340) 773-0094
- 4401 Sion Farm, Ste. 1, Christiansted, St. Croix, V.I. 00820 - (340) 773-1994: Fax: (340) 773-0094
- 2353 Kronprindsens Gade, St. Thomas, VI 00802 - (340) 776-3700: Fax: (340)774-5908
- P.O. Box 303159, Charlotte Amalie, St. Thomas, VI 00803 - (340) 776-3700: Fax: 774-5908

NOTICE OF APPEAL

1. NAME Angel Luis Feliciano



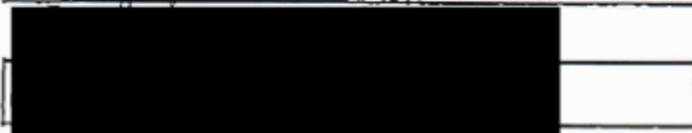
3. If you are planning to change your address, complete the following:

Beginning _____ my new address will be _____

4. I appeal and request a hearing for the following reason(s):

Disagree.

5. You may attend a hearing in this State or in the State against which you are appealing. In which State do you plan to attend a hearing?



CLAIMANT: DO NOT WRITE IN BOX.

6. SOCIAL SECURITY NUMBER



UI UCPE UCX CWC OTHER _____

7. (A) LIABLE STATE _____

(B) TRANSFERRING STATE _____

8. (A) APPEAL FROM: Misconduct

(Issue)

(1) Determination

(2) Redetermination

(3) Referee's Decision

(B) Which was dated May 20, 2015

(C) Handed to Claimant _____ (Date)

(D) Mailed to Claimant _____ (Postmark date)

9. APPEAL FILED:

(A) In person on June 3, 2015

(Date)

(B) By Mail

(1) Postmark Date _____

(2) Receipt Date _____

10. CLAIMSTAKER'S SIGNATURE

[Signature]

11. FOR USE OF LIABLE STATE

12. LOCAL OFFICE ADDRESS AND NUMBER (Use Stamp)

DISTRIBUTION:

- Original _____ Liable State/Transferring State
- Duplicate _____ Agent State - Appeals Unit (Attach copy of Determination)
- Triplicate _____ Agent State - Local Office
- Quadruplicate _____ Claimant's Copy

Virgin Islands Employment Security Agency
Unemployment Insurance Service

Type of Claim
UI
Adj. No. 23

NOTICE OF NONMONETARY DETERMINATION
OR REDETERMINATION

Local Office 001

Claimant S. S. No. 1-9220

ANGEL L. FELICIANO



THIS DETERMINATION IS FINAL UNLESS AN
APPEAL IS FILED WITHIN 10 DAYS OF THIS

Date Wednesday, May 20, 2015

Date Decision is Final Monday, June 01, 2015

Issue Misconduct

The following determination has been made on your claim:

You are not entitled to unemployment insurance benefits from 05/17/2015, the week in which you left work and beginning with the first day of the week following the week in which the separation occurred until you have worked in at least four subsequent weeks (whether or not consecutive) and earned not less than four times your weekly benefit amount.

REASON FOR DECISION:

On your intake application form, you selected "lack of work" as the separation reason from your job. It was later noted that you were terminated for a number of factors, as stated by your employer.

Some of these factors include your disregard of explicit directions from your superior, and your repeated absences despite several warnings and reminders.

Misconduct has been established in this case. Your employer had a right to expect a certain standard of conduct by you that was undisputed.

Benefits are denied.

This determination is in accordance with Section 304, Subsection b, Paragraph 3 of the Virgin Islands Unemployment Insurance Act as amended on September 3, 1981, September 17, 1982, September 29, 1983, July 30, 1984 and December 19, 1984.

NOTICE TO EMPLOYER:

This determination is furnished for your information

LSJ Employees, LLC
6100 Red Hook Quarters, B-3
St. Thomas VI 00802 1348

Reply to

DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE

(For appeal rights see reverse of this notice)

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information
Tel: 340-775-8100 Fax: 340-775-8108 E-mail: [REDACTED]
Accounts payable department contact information [REDACTED] Fax: [REDACTED]

Employee Warning Notice

Employee Name: Angel Feliciano Date: 4/10/15
Position: Mechanic Department: _____

First Warning

Second Warning

Third Warning

Nature of Infraction:

Rudeness to Employees or Supervisor | Insubordination | Abandonment of post
 Unexcused Absence | Incompetence | Conduct Unbecoming
 Excessive Absenteeism | Neglect of Duty | Abusive Behavior
 Lateness/Early Quit | Poor Workmanship | OTHER : _____

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|-------------------------------------|--|----------------|-----------------------------|
| 1 st Warning | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> TEXT | <u>4/10/15</u> | <u>[REDACTED] Rodriguez</u> |
| 2 nd Warning | | | | |
| 3 rd Warning | | | | |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|--|---|
| Date of Infraction: _____ Time: _____ <u>Called Boat Captain NOT HIS SUPERVISOR</u> <u>OR MANAGER.</u> | <input type="checkbox"/> I agree with Employer's statement. <input checked="" type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ |

Description of Action to be taken: Warning | Probation | Suspension | Dismissal | Other

I have read this Warning Notice and I understand it.

Signature of Employee Date

[Signature]
Signature of Supervisor 4/10/15
Date

[Signature]
Signature of Witness Date

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information
Tel: 340-775-8100 Fax: 340-775-8108 E-mail: lsi.island@lsje.com
Accounts payable department contact information [REDACTED] Fax: 340-775-2528

Employee Warning Notice

Employee Name: Angel Feliciano Date: 4/14/15

Position: MECHANIC Department: _____

First Warning

Second Warning

Third Warning

Nature of Infraction:

Rudeness to Employees or Supervisor Insubordination Abandonment of post
 Unexcused Absence Incompetence Conduct Unbecoming
 Excessive Absenteeism Neglect of Duty Abusive Behavior
 Lateness/Early Quit Poor Workmanship OTHER : _____

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|------|---------|------|---------------|
| 1 st Warning | | | | |
| 2 nd Warning | ✓ | ✓ TEXT | 4/14 | Ann Rodriguez |
| 3 rd Warning | | | | |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|---|--|
| Date of Infraction: <u>4/13 Monday Morning</u> Time: _____ <u>Texted 4/13 Monday Morning that he had a Dentist appointment. No call, No Show 4/14 Tuesday.</u> | <input type="checkbox"/> I agree with Employer's statement. <input type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ _____ |

Description of Action to be taken: Warning Probation Suspension Dismissal Other

I have read this Warning Notice and I understand it.

Signature of Employee _____ Date _____

Signature of Supervisor [Signature] Date 4/14/15

Signature of Witness [Signature] Date _____

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information

Tel: 340-775-8100 Fax: 340-775-8108 E-mail: [REDACTED]

Accounts payable department contact information [REDACTED]

Fax: [REDACTED]

Employee Warning Notice

Employee Name: Angel Feliciano Date: 4/15/15

Position: Mechanic Department: _____

First Warning

Second Warning

Third Warning

Nature of Infraction:

- | | | |
|--|---|--|
| <input type="checkbox"/> Rudeness to Employees or Supervisor | <input checked="" type="checkbox"/> Insubordination | <input type="checkbox"/> Abandonment of post |
| <input checked="" type="checkbox"/> Unexcused Absence | <input type="checkbox"/> Incompetence | <input type="checkbox"/> Conduct Unbecoming |
| <input checked="" type="checkbox"/> Excessive Absenteeism | <input type="checkbox"/> Neglect of Duty | <input type="checkbox"/> Abusive Behavior |
| <input type="checkbox"/> Lateness/Early Quit | <input type="checkbox"/> Poor Workmanship | <input type="checkbox"/> OTHER : _____ |

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|------|-------------------------------------|----------------|-----------------------|
| 1 st Warning | | | | |
| 2 nd Warning | | | | |
| 3 rd Warning | | <input checked="" type="checkbox"/> | <u>4/15/15</u> | <u>Andy Rodriguez</u> |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|---|--|
| Date of Infraction: <u>No Call, No Show. Showed up to work on 4/16/15. Dr. Note saying under care for 3 days. Still no call during time off to say anything about his doctor visit or that he would not be able to work or come in.</u> Time: _____ | <input type="checkbox"/> I agree with Employer's statement. <input type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ _____ |

Description of Action to be taken: Warning Probation Suspension Dismissal Other

I have read this Warning Notice and I understand it.

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Witness

Date

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information

Tel: 340-775-8100 Fax: 340-775-8108 E-mail: [REDACTED]

Accounts payable department contact information [REDACTED] Fax: [REDACTED]

Employee Warning Notice

Employee Name: Angel Feliciano Date: 4/29/15
Position: Mechanic Department: _____

First Warning

Second Warning

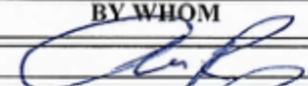
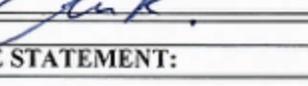
Third Warning

*ALREADY HAVE 3
WARNINGS*

Nature of Infraction:

- Rudeness to Employees or Supervisor Insubordination Abandonment of post
 Unexcused Absence Incompetence Conduct Unbecoming
 Excessive Absenteeism Neglect of Duty Abusive Behavior
 Lateness/Early Quit Poor Workmanship OTHER : _____

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|------|---------|----------------|--|
| 1 st Warning | | | <u>4/10/15</u> |  |
| 2 nd Warning | | | <u>4/14/15</u> |  |
| 3 rd Warning | | | <u>4/15/15</u> |  |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|--|--|
| Date of Infraction: <u>ALREADY RECEIVED 3 WARNINGS and STILL OFFICE AGAIN. NO CALL, NO SHOW 4/28 & 4/29.</u> Time: _____ | <input type="checkbox"/> I agree with Employer's statement. <input type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ _____ |

Description of Action to be taken: Warning Probation Suspension Dismissal Other

I have read this Warning Notice and I understand it.

Signature of Employee _____ Date _____

 Signature of Supervisor _____ Date 5/29/15

 Signature of Witness _____ Date _____

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information

Tel: 340-775-8100 Fax: 340-775-8108 E-mail: [REDACTED]

Accounts payable department contact information [REDACTED]

Fax: [REDACTED]

Employee Warning Notice

Employee Name: ANGEL FELICIANO Date: 5/5/15

Position: MECHANIC Department: _____

First Warning

Second Warning

Third Warning

Nature of Infraction:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rudeness to Employees or Supervisor | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Abandonment of post |
| <input type="checkbox"/> Unexcused Absence | <input checked="" type="checkbox"/> Incompetence | <input type="checkbox"/> Conduct Unbecoming |
| <input type="checkbox"/> Excessive Absenteeism | <input checked="" type="checkbox"/> Neglect of Duty | <input type="checkbox"/> Abusive Behavior |
| <input type="checkbox"/> Lateness/Early Quit | <input checked="" type="checkbox"/> Poor Workmanship | <input type="checkbox"/> OTHER : _____ |

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|------|---------|------|---------|
| 1 st Warning | | | | |
| 2 nd Warning | | | | |
| 3 rd Warning | | | | |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|--|--|
| Date of Infraction: _____ Time: _____ <u>UNABLE TO FIX MACHINE (WATER WAGON & HYDRO SEEDER) FOR ABOUT 3 WEEKS.</u> <u>SHOULD HAVE TERMINATED HIM ON 4/29,</u> <u>BUT GAVE HIM ANOTHER CHANCE. WAS TOLD</u> <u>HE WOULD HAVE IT FIXED ON MONDAY 5/4.</u> <u>I TOLD HIM IF HE DOESN'T GET IT DONE,</u> <u>I WILL LET HIM GO. NO CALL, NO SHOW TODAY 5/5/15</u> | <input type="checkbox"/> I agree with Employer's statement. <input type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ _____ |

Description of Action to be taken: Warning Probation Suspension Dismissal Other

I have read this Warning Notice and I understand it.

Signature of Employee Date



Signature of Supervisor Date



Signature of Witness Date

LSJE, LLC

Mailing Address: 6100 Red Hook Quarter B3 St. Thomas, VI 00802-1348 General contact information
Tel: 340-775-8100 Fax: 340-775-8108 E-mail: [REDACTED]
Accounts payable department contact information [REDACTED]

Employee Warning Notice

Employee Name: Angel Feliciano Date: 5/5/15
Position: Mechanic Department: _____

First Warning Second Warning Third Warning

Nature of Infraction:

- Rudeness to Employees or Supervisor
- Unexcused Absence
- Excessive Absenteeism
- Lateness/Early Quit
- Insubordination
- Incompetence
- Neglect of Duty
- Poor Workmanship
- Abandonment of post
- Conduct Unbecoming
- Abusive Behavior
- OTHER: SABOTAGE of Equipment

Previous Warnings:

| | ORAL | WRITTEN | DATE | BY WHOM |
|-------------------------|------|---------|------|---------|
| 1 st Warning | | | | |
| 2 nd Warning | | | | |
| 3 rd Warning | | | | |

| SUPERVISOR'S DESCRIPTION OF INFRACTION: | EMPLOYEE STATEMENT: |
|--|--|
| Date of Infraction: _____ Time: _____ <u>The MACHINE ANGEL WAS WORKING ON WAS FOUND 9:30AM 5/5/15 FILLED WITH HYDRAULIC FLUID. NO KNOWN REASON & NO SHOW. HYDRAULIC FLUID IN THE HYDROSEEDER CAN DAMAGE MOTOR IF STARTED.</u> | <input type="checkbox"/> I agree with Employer's statement. <input type="checkbox"/> I disagree with Employer's description of the infraction for the following reasons. _____ _____ _____ |

Description of Action to be taken: Warning Probation Suspension Dismissal Other

I have read this Warning Notice and I understand it.

Signature of Employee _____ Date _____
Signature of Supervisor [Signature] Date 5/5/15

Signature of Witness [Signature] Date _____

RETURN TO WORK OR SCHOOL



DOCTORS-ON-DUTY

P.O. BOX 9326

ST. THOMAS, VI 00801

DATE Apr 15/15

This is to certify that

Angel Feliciano

has been under my care for the following:



and is able to return to work / school on:

Return: Missed work from
Monday Apr 13 to Wed
Apr 15/15. Return to work

Signature: [Signature] Thursday Apr 16/15 M.D.

Text Message
Wed, Apr 8, 8:53 AM

*Phone
#1*

Call mi

Fri, Apr 10, 7:16 AM

Please call me or Danny
next time if your calling
out sick, late or
whatever.
Thank you,
Anna

Mon, Apr 13, 6:10 AM

Dentist appointment
today

Tue, Apr 14, 11:10 AM

You did a No call. No



Subject
Text Message

Send

< Messages (6) Angel -LSJ Details

Wed, Apr 15, 7:28 AM

Phone 1

No call, no show again. I'm not sure what's going on? I think you should call by 12pm if you would like to keep your job.

*No call, No show Friday 4/10/2015 You called the Boat captain not your Supervisor Danny or Manager.

*You texted me you have a Dentist Appointment Monday 4/13/2015

*No call, No show Tuesday 4/14/2015

*No call, No show Wednesday 4/15/15



Subject

Text Message

Send

All Missed

Edit

 Angel #2 LSJ (3) 7:57 AM 
mobile

 Carlos- LSJ 7:53 AM 
mobile

 Angel -LSJ (2) 7:52 AM 
mobile

BOBO -LSJ 7:24 AM 
mobile

Carlos- LSJ 6:06 AM 
mobile

Karl 5:58 AM 
mobile

Antonio/Chico Yesterday 
mobile

Moon (3) Yesterday 
mobile


Favorites


Recents


Contacts


Keypad

 4
Voicemail

Text Message
Wed, Apr 15, 7:58 AM

Phone #2

*No call, No show Friday
4/10/2015 You called the
Boat captain not your
Supervisor Danny or
Manager.

*You texted me you have
a Dentist Appointment
Monday 4/13/2015

*No call, No show
Tuesday 4/14/2015

*No call, No show
Wednesday 4/15/15

No call, no show again.
I'm not sure what's
going on? I think you
should call by 12pm if
you would like to keep



Subject

Text Message

Send

Phone #2

Monday 4/13/2015
*No call, No show
Tuesday 4/14/2015
*No call, No show
Wednesday 4/15/15

No call, no show again.
I'm not sure what's
going on? I think you
should call by 12pm if
you would like to keep
your job. This is
insubordination.

Wednesday 7:28 AM

Mon you left early.
Tues No call, No show
Wednesday No call, No
show.



Subject
Text Message

Send

MAY 26 2015

Type of Claim
UI
Adj. No. 23

NOTICE OF NONMONETARY DETERMINATION
OR REDETERMINATION

Local Office 001

Claimant S. S. No. [REDACTED]

ANGEL L. FELICIANO
[REDACTED]

THIS DETERMINATION IS FINAL UNLESS AN
APPEAL IS FILED WITHIN 10 DAYS OF THIS

Date Wednesday, May 20, 2015

Date Decision is Final Monday, June 01, 2015

Issue Misconduct

The following determination has been made on your claim:

You are not entitled to unemployment insurance benefits from 05/17/2015, the week in which you left work and beginning with the first day of the week following the week in which the separation occurred until you have worked in at least four subsequent weeks (whether or not consecutive) and earned not less than four times your weekly benefit amount.

REASON FOR DECISION:

On your intake application form, you selected "lack of work" as the separation reason from your job. It was later noted that you were terminated for a number of factors, as stated by your employer.

Some of these factors include your disregard of explicit directions from your superior, and your repeated absences despite several warnings and reminders.

Misconduct has been established in this case. Your employer had a right to expect a certain standard of conduct by you that was undisputed.

Benefits are denied.

This determination is in accordance with Section 304, Subsection b, Paragraph 3 of the Virgin Islands Unemployment Insurance Act as amended on September 3, 1981, September 17, 1982, September 29, 1983, July 30, 1984 and December 19, 1984.

NOTICE TO EMPLOYER:

This determination is furnished for your information

LSJ Employees, LLC
6100 Red Hook Quarters, B-3
St. Thomas VI 00802 1348

Reply to

DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE

(For appeal rights see reverse of this notice)

SECTION 304 of the Virgin Island Unemployment Insurance Act as amended September 3, 1981, September 17, 1982, September 29, 1983, December 12, 1983, July 30, 1984 and December 19, 1984, provides:

(b) An insured worker shall not be disqualified for waiting-week credit or benefits for any week of his unemployment unless with respect to such week the Commissioner finds that:

- (3) he was discharged for misconduct connected with his most recent work, in which case he shall be disqualified for the week in which he was discharged and beginning with the first day of the week following the week in which he was discharged until he has worked in at least four subsequent weeks (whether or not consecutive) and earned not less than four times his weekly benefit amount.

§ 305. Determinations, notices, and payment of benefits--Payment of benefits

Notice by employing unit

(c) An employing unit having knowledge of any facts which may affect an individual's right to waiting-week credit or benefits shall notify the Director of such facts promptly, in accordance with regulations prescribed by the Commissioner of Labor.

(3) The last employing unit which employed a claimant shall be entitled to receive written notice of a determination only if it has furnished information to the Commissioner in accordance with subsection (c) of this section prior to such determination.

Finality of determination

(f) A determination shall be deemed final unless a party entitled to notice thereof applies for reconsideration of the determination or appeals therefrom within 10 days after the notice was mailed to his last known address or otherwise delivered to him; Provided, that such period may be extended for good cause. A party entitled to notice of a determination may, within the aforesaid time limits, at his option, appeal from such determination without first applying for reconsideration thereof.

APPEAL RIGHTS

If you do not agree with this determination, you are entitled to file a request for reconsideration or an appeal within ten (10) calendar days from the date of this notice. Your request should be filed in person or in writing through your local claims office.

LOCAL OFFICE ADDRESSES

ST. THOMAS/ST. JOHN

Physical Address:
Department of Labor
Unemployment Insurance Division
2353 Kronprindsens Gade
St. Thomas, USVI

Mailing Address:
PO Box 303159
St. Thomas, VI 00803
Telephone Number: (340) 776-3700
Fax Number: (340)714-4995

Physical Address:
Department of Labor
Unemployment Insurance Division
4401 Sion Farm
Christiansted, St. Croix USVI

ST. CROIX

Telephone Number: (340)773-1994
Fax Number: (340)773-1515

Hours are: 8:00 AM - 5:00 PM Monday through Friday

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

Date: 05-11-2015

Due Date: 05-20-2015

Please answer the following questions and return to the Local Office (listed below) by: 05-20-2015

This claimant applied for Unemployment Insurance Benefits on 05-11-2015 and named you as their last employer:

Employee's Name: ANGEL L. FELICIANO

Employee's SSN: [REDACTED]

Employer's Name & Address:

18125 LSJE, LLC
6100 RED HOOK QUARTER B-3
CHARLOTTE AMALIE, VI 00802

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. See reverse

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 11/3/2014 Last Day Worked 5/5/15

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


 Signature _____
 Ana Rodriguez 340-775-2525
 Printed Name _____ Phone Number _____
 5/19/15
 Date Signed _____

RECEIVED
MAY 18 2015

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

Employer Id: 18125

05-11-2015

LSJE, LLC
6100 RED HOOK QUARTER B-3
CHARLOTTE AMALIE, VI 00802

Dear Employer,

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

| <u>Year/Quarter</u> | <u>Wages Paid</u> |
|---------------------|-------------------|
| 2014-1 | \$0.00 |
| 2014-2 | \$0.00 |
| 2014-3 | \$0.00 |
| 2014-4 | \$6,160.00 |
| Total Wages | \$6,160.00 |

Your Account will be charged with 20 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
(340) 776-3700

Thank You for your attention in this matter,

Chief Of Benefits
VIDOL- UI Compensation