

STATE OF CONNECTICUT - DEPARTMENT OF LABOR

UC-61 (Rev. 12/17)

IMPORTANTE: TENGA ESTO TRADUCIDO INMEDIATAMENTE

SECTION F - UNEMPLOYMENT NOTICE

INSTRUCTIONS TO EMPLOYER:

It is your responsibility to give this entire packet to the separating employee at the time of separation, regardless of the reason for separation (see Section L below). If it is not possible to give this packet to the employee at the time of separation, then mail the packet to the employee's last known address.

INSTRUCTIONS TO EMPLOYEE:

Go to www.FileCTUI.com, click the blue button labeled "File or Reopen Your Unemployment Claim"

DO NOT SEND A COPY TO THE DEPARTMENT OF LABOR

PLEASE BE SURE THAT ALL THE INFORMATION ENTERED BELOW IS CORRECT

A. EMPLOYER CONNECTICUT REGISTRATION NUMBER						-				-	
B. EMPLOYER NAME											
C. EMPLOYER ADDRESS											

D. EMPLOYEE NAME											
E. SOCIAL SECURITY NUMBER					-			-			
F. NCCI CODE (for use only if this employee was employed in a CONSTRUCTION TRADE)											
G. START DATE	/	/		H. LAST DAY WORKED	/	/		I. RETURN TO WORK DATE (if definite)	/	/	
J. YEAR TO DATE EARNINGS	\$	K. WAGES FOR THE LAST WEEK OF WORK IF LESS THAN A FULL WEEK (Sunday - Saturday)						\$			
L. REASON FOR UNEMPLOYMENT	<input type="checkbox"/> Lack of Work <input type="checkbox"/> Voluntary Leaving <input type="checkbox"/> Discharge/ Suspension <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other _____										
M. DID OR WILL THIS EMPLOYEE RECEIVE DISMISSAL PAY (i.e. TYPE: 1. SEVERANCE, 2. VACATION, 3. HOLIDAY, 4. OTHER) AFTER LAST DAY OF WORK?								<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, what type?	No. of hours/days covered			Amount			Dates Covered				

EMPLOYER SIGNATURE		TITLE		DATE	
TELEPHONE NUMBER		FAX NUMBER			