

SOUTH DAKOTA DEPARTMENT OF LABOR  
 UNEMPLOYMENT INSURANCE DIVISION  
 BOX 4730  
 ABERDEEN, SOUTH DAKOTA 57402-4730

DATE OF NOTICE  
 CLAIMANT

NOTICE TO BASE PERIOD EMPLOYER

EFF. DATE OF CLAIM

Employer Number	Weekly Benefit Amount	Maximum Benefit Amount	Amt Chargeable To Your Account	BASE PERIOD Base Period Wages While in Your Employ	Total Base Period	Claimant Soc. Sec. No.
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EMPLOYER'S PROTEST		SEPARATION PAYMENT INFORMATION				
DATES WORKED FROM: TO:		DID YOU PAY THE CLAIMANT				
		<input type="checkbox"/> SICK LEAVE <input type="checkbox"/> HOLIDAY <input type="checkbox"/> VACATION <input type="checkbox"/> PENSION <input type="checkbox"/> SEVERANCE <input type="checkbox"/> DISMISSAL <input type="checkbox"/> WAGES IN LIEU OF NOTICE				
		If Yes, Gross Amount Date Time Period or no. of days payment covered:				

REASON NO LONGER WORKING: (ATTACH ADDITIONAL SHEET OF PAPER OR DOCUMENTATION, IF NECESSARY)  
 (PROVIDE SPECIFIC INFORMATION)

This is an initial determination that your Experience Rating Account will be charged for benefits. This determination is final unless within 15 days from the date of this Notice you return this form giving detailed information. A determination will then be issued based on available information. Employer information on protests, appeals and relief from charges is on the back of this form.

Employer:

Signed for Employer \_\_\_\_\_

Telephone \_\_\_\_\_

UI Tax No.

Date \_\_\_\_\_

EMPLOYER TO RETURN THIS COPY TO UNEMPLOYMENT INSURANCE DIVISION - Aberdeen, SD 57402-4730

DOL - UID - 238 (8/92)

**SAMPLE FORM**

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This claimant's base period also contains wages with the following employers:

Detach before Mailing