

VIRGINIA EMPLOYMENT COMMISSION
NOTICE OF DEPUTY'S DETERMINATION

VIRGINIA EMPLOYMENT COMMISSION

SSN: XXX-XX-XXXX LTRN: XX

PROGRAM: XX BYE: XX/XX/XX

LAST 30 DAY/240 HOUR EMPLOYER

CLAIMANT NAME AND ADDRESS

BASED ON FACTS OBTAINED IN CONNECTION WITH THIS CLAIM FOR UNEMPLOYMENT COMPENSATION FILED EFFECTIVE XX/XX/XX, THE UNDERSIGNED DEPUTY PURSUANT TO SECTION 60.2-614 OF THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT (AS SHOWN ON BACK) RENDERS THE FOLLOWING DETERMINATION:

CLAIMANT DECLARED ----- FROM XX/XX/XX THROUGH XX/XX/XX

SECTION 60.2-614 OF THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT PROVIDES THAT AN INDIVIDUAL WHO FILES A CLAIM AND IS PAID BENEFITS CANNOT RECEIVE BENEFITS FROM A SUBSEQUENT CLAIM UNLESS, AFTER FILING THE FIRST CLAIM, SHE WORKS FOR AN EMPLOYER DURING THIRTY DAYS OR 240 HOURS AND BECOMES TOTALLY OR PARTIALLY UNEMPLOYED FROM THAT EMPLOYER.

THE CLAIMANT WAS PAID BENEFITS ON A CLAIM EFFECTIVE XX/XX/XX, BUT SHE HAS NOT WORKED FOR AN EMPLOYER DURING THIRTY DAYS OR FOR 240 HOURS SINCE FILING THAT CLAIM. THEREFORE, THE CLAIMANT IS NOT ELIGIBLE TO RECEIVE BENEFITS FOR THE PERIOD SHOWN ABOVE ON THIS CLAIM.

VEC 0XXXX

DEPUTY, VIRGINIA EMPLOYMENT COMMISSION

ANY PARTY NAMED ABOVE WHO DISAGREES WITH THIS DECISION HAS THE RIGHT TO FILE AN APPEAL. APPEAL RIGHTS ARE EXPLAINED ON THE REVERSE OF THIS FORM. PLEASE READ THEM CAREFULLY.

60.2-614. SERVICE REQUIRED DURING IMMEDIATE PRECEDING BENEFIT YEAR IN WHICH INDIVIDUAL RECEIVED BENEFITS. -

NO INDIVIDUAL MAY RECEIVE BENEFITS IN A BENEFIT YEAR UNLESS, SUBSEQUENT TO THE BEGINNING OF THE IMMEDIATELY PRECEDING BENEFIT YEAR DURING WHICH HE RECEIVED BENEFITS, HE PERFORMED SERVICE FOR A EMPLOYER AS DEFINED IN & 60.2-210 FOR REMUNERATION DURING THIRTY DAYS, WHETHER OR NOT SUCH DAYS WERE CONSECUTIVE, AND SUBSEQUENTLY BECOMES TOTALLY OR PARTIALLY SEPARATED FROM SUCH EMPLOYMENT.

APPEAL RIGHTS

THIS DETERMINATION BECOMES FINAL UNLESS A NOTICE OF APPEAL IS FILED WITHIN THIRTY DAYS AFTER IT IS MAILED, TO THE ADDRESS OF RECORD. THE APPEAL MUST BE IN WRITING AND INDICATE THE REASONS FOR THE APPEAL. THE APPEAL SHOULD BE FILED (1) VIA INTERNET USING THE FOLLOWING WEB ADDRESS: <http://www.vec.virginia.gov>; (2) BY MAIL TO THE FOLLOWING ADDRESS: VIRGINIA EMPLOYMENT COMMISSION, ATTN: FIRST LEVEL APPEALS, P. O. BOX 27887, RICHMOND, VIRGINIA, 23261-7887; (3) BY FACSIMILE (FAX) TRANSMISSION TO THE FIRST LEVEL APPEALS UNIT AT (804) 786-8492.

DATE MAILED: 08/14/12

FINAL DATE FOR APPEAL IS: 09/13/12

THE FINAL DATE FOR APPEAL INDICATED ABOVE MAY BE EXTENDED FOR GOOD CAUSE. IF AN APPEAL IS FILED AFTER THE FINAL DATE FOR APPEAL, AN APPEAL HEARING WILL BE SCHEDULED AT WHICH EVIDENCE WILL BE TAKEN CONCERNING WHY THE APPEAL WAS NOT FILED TIMELY. IF THE APPEALS EXAMINER FINDS THAT THERE WAS GOOD CAUSE FOR FILING THE APPEAL LATE, THE APPEAL OF THIS DETERMINATION WILL BE HEARD IMMEDIATELY, DURING THE SAME HEARING.

NOTE: IF AN APPEAL IS FILED FROM THIS DETERMINATION, THE CLAIMANT SHOULD CONTINUE TO CLAIM BENEFITS EACH WEEK IN CASE THIS DETERMINATION IS REVERSED OR REVISED AS A RESULT OF THE APPEAL. IF BENEFITS ARE PAID FOR ANY WEEK(S) DURING WHICH THE CLAIMANT IS HELD INELIGIBLE BECAUSE OF THIS DETERMINATION OR BECAUSE OF A SUBSEQUENT DECISION ISSUED AS A RESULT OF AN APPEAL, THE CLAIMANT WILL BE REQUIRED TO REPAY THOSE BENEFITS.

PLEASE CONTACT THE VEC AT THE NUMBER SHOWN ON THE FRONT OF THIS FORM TO ASK QUESTIONS CONCERNING THIS DETERMINATION OR TO OBTAIN INFORMATION OR ASSISTANCE ABOUT FILING AN APPEAL.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER