

NOTICE OF DETERMINATION

APPEAL TRIBUNAL PO BOX 907  
TRENTON, NJ 08625-0907  
FAX: (609) 292-2438

NAME OF CLAIMANT  
SOCIAL SECURITY NUMBER  
PROGRAM CODE/DATE OF CLAIM  
DATE OF MAILING L.O. NO.

RIGHT OF APPEAL  
ANY APPEAL FROM THIS  
DETERMINATION MUST BE  
SUBMITTED IN WRITING WITHIN  
7 DAYS AFTER DELIVERY OR  
WITHIN 10 DAYS AFTER THE  
DATE OF MAILING. THE TENTH  
DAY AFTER THE DATE OF  
MAILING IS:

11/29/10  
SEE REVERSE FOR APPEAL INSTRUCTIONS

SAMPLE

YOU ARE HEREBY NOTIFIED THAT BASED UPON THE FACTS OBTAINED AND IN ACCORDANCE WITH THE  
NEW JERSEY UNEMPLOYMENT COMPENSATION LAW, THE DEPUTY (NAMED BELOW) HAS DETERMINED THAT:

YOU ARE DISQUALIFIED FOR BENEFITS FROM 10/31/10 AND WILL CONTINUE TO  
BE DISQUALIFIED UNTIL YOU HAVE WORKED FOUR OR MORE WEEKS IN  
EMPLOYMENT AND HAVE EARNED AT LEAST SIX TIMES YOUR WEEKLY BENEFIT  
RATE.

YOU WERE DISCHARGED FROM WORK ON 11/01/10.

YOU WERE DISCHARGED FOR REPEATED ABSENTEEISM FROM WORK. YOU DID NOT  
NOTIFY YOUR EMPLOYER OF YOUR ABSENCE AND YOU HAD BEEN PREVIOUSLY WARNED  
IN WRITING. YOUR ACTIONS CONSTITUTE A WILLFULL AND DELIBERATE DISREGARD  
OF THE STANDARDS OF BEHAVIOR YOUR EMPLOYER HAD A RIGHT TO EXPECT.  
THEREFORE, YOUR DISCHARGE WAS FOR SEVERE MISCONDUCT CONNECTED WITH THE  
WORK. YOU ARE DISQUALIFIED FOR BENEFITS.

DEPUTY:

FOR:

DIRECTOR  
DIVISION OF  
UNEMPLOYMENT INSURANCE

ESTA DETERMINACION AFECTA SU ELEGIBILIDAD PARA BENEFICIOS Y DESCRIBE SUS DERECHOS DE  
APELAR. SI USTED NO SABE LEER INGLES, FAVOR DE CONSEGUIRSE ALGUIEN QUIEN LE PUEDA  
TRADUCIR ESTA DETERMINACION INMEDIATAMENTE.

## NEW JERSEY LAW AND REGULATIONS

### R.S. 43:21-5 DISQUALIFICATION FOR BENEFITS

AN INDIVIDUAL SHALL BE DISQUALIFIED FOR BENEFITS:

(B) FOR THE WEEK IN WHICH THE INDIVIDUAL HAS BEEN SUSPENDED OR DISCHARGED FOR SEVERE MISCONDUCT CONNECTED WITH THE WORK, AND FOR EACH WEEK THEREAFTER UNTIL THE INDIVIDUAL BECOMES REEMPLOYED AND WORKS FOUR WEEKS IN EMPLOYMENT, WHICH MAY INCLUDE EMPLOYMENT FOR THE FEDERAL GOVERNMENT, AND HAS EARNED IN EMPLOYMENT AT LEAST SIX TIMES THE INDIVIDUAL'S WEEKLY BENEFIT RATE, AS DETERMINED IN EACH CASE.

IN THE EVENT THE DISCHARGE SHOULD BE RESCINDED BY THE EMPLOYER VOLUNTARILY OR AS A RESULT OF MEDIATION OR ARBITRATION, THIS SUBSECTION (B) SHALL NOT APPLY, PROVIDED, HOWEVER, AN INDIVIDUAL WHO IS RESTORED TO EMPLOYMENT WITH BACK PAY SHALL RETURN ANY BENEFITS RECEIVED UNDER THIS CHAPTER FOR ANY WEEK OF UNEMPLOYMENT FOR WHICH THE INDIVIDUAL IS SUBSEQUENTLY COMPENSATED BY THE EMPLOYER.

### CLAIMANT REPORTING INSTRUCTIONS

YOU ARE INDEFINITELY DISQUALIFIED FOR BENEFITS. ONCE YOU OVERCOME THIS DISQUALIFICATION, YOU MUST CONTACT THE REEMPLOYMENT CALL CENTER. YOU ARE REQUIRED TO PROVIDE PROOF OF THE WAGES YOU NEED TO OVERCOME THIS DISQUALIFICATION.

IF YOU RECEIVED UNEMPLOYMENT INSURANCE BENEFITS FOR THE PERIOD YOU ARE HELD DISQUALIFIED FOR BENEFITS, YOU ARE LIABLE TO REPAY ALL BENEFITS PAID FOR THIS PERIOD.

IF YOU APPEAL FROM THIS DETERMINATION AND REMAIN UNEMPLOYED, CONTINUE TO USE THE INTERNET AT [WWW.NJUIFILE.NET](http://WWW.NJUIFILE.NET) OR TELEPHONE AND CLAIM YOUR BENEFITS ON YOUR REGULAR SCHEDULED DAY. IF THE DECISION OF THE APPEAL TRIBUNAL IS IN YOUR FAVOR, ONLY THE WEEKS YOU HAVE CLAIMED CAN BE PAID.

To file an appeal, you must mail or fax your appeal to the address listed below.

#### APPEAL RIGHTS

A DETERMINATION BECOMES FINAL UNLESS A WRITTEN APPEAL IS FILED WITHIN SEVEN CALENDAR DAYS AFTER DELIVERY OR WITHIN TEN CALENDAR DAYS AFTER THE MAILING OF THE DETERMINATION. YOUR APPEAL MUST BE RECEIVED OR POSTMARKED WITHIN ONE OF THE APPEAL PERIODS. IF THE LAST DAY ALLOWED FOR THE APPEAL OCCURS ON A SATURDAY, SUNDAY OR LEGAL HOLIDAY, THE APPEAL WILL BE ACCEPTED ON THE NEXT BUSINESS DAY. THE APPEAL PERIOD WILL BE EXTENDED IF GOOD CAUSE FOR LATE FILING IS SHOWN. GOOD CAUSE EXISTS IN SITUATIONS WHERE IT CAN BE SHOWN THAT THE DELAY WAS DUE TO CIRCUMSTANCES BEYOND THE CONTROL OF THE APPELLANT WHICH COULD NOT HAVE BEEN REASONABLY FORESEEN OR PREVENTED.

To file an appeal, you must mail your appeal to the address listed below. Please give your reasons for disagreeing with the determination, and if late, the reason for the delay. Be certain that the claimant's name, social security number, address, and telephone number, if available, are clearly written on the appeal.

Mail your appeal to: **New Jersey Department of Labor and Workforce Development**  
**Appeal Tribunal**  
**PO Box 907**  
**Trenton, NJ 08625-0907**  
**FAX No. (609) 292-2438**