

1. Check one:

- FAILED TO APPLY
- REFUSED TO ACCEPT

BC-6 (R-12-04)

New Jersey Department of Labor and Workforce Development  
UNEMPLOYMENT INSURANCE

**NOTICE OF FAILURE TO APPLY FOR, OR  
TO ACCEPT, SUITABLE WORK**

2. Applicant's Social Security No.:

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3. Applicant's Name and Address:

4. Employer's Name and Address:

**DATA ON JOB AVAILABLE**

6. Occupation: \_\_\_\_\_

7. Starting Rate: \_\_\_\_\_

8. Starting Rate is Increased as Follows: \_\_\_\_\_  
\_\_\_\_\_

9. Work Period: Hours per Day \_\_\_\_\_ Days per Week \_\_\_\_\_

10. Work Shift:  Day  Night  Alternating

11. Location of Job: (City) \_\_\_\_\_

12. Starting Date: \_\_\_\_\_

13. Date of Job Offer: \_\_\_\_\_

14. Method of Offer:  in Person  By Mail  \_\_\_\_\_

15. Date of Refusal: \_\_\_\_\_

5. NJ Employer ID No.:

16. Reason for Refusal (if known):

*(Continue on reverse side, if necessary)*

**Employer's Copy**

(SEE INSTRUCTIONS ON REVERSE SIDE)

## **INSTRUCTIONS TO EMPLOYER**

Pursuant to Section N.J.A.C. 12:17-1.3(a), of the Employment Security Rules, this is the prescribed form employers or employing units are required to send to the proper local Unemployment Insurance Claims office of the Division, within 48 hours after any individual's failure to apply for, or to accept, suitable work, when offered by an employer, and when such failure, in the opinion of the employer, disqualifies such individual for benefits.

The address of the local claims office to which you should forward this form is shown on the Form BC-3E (Notice to Employer of Potential Liability) which you may have received earlier with respect to such individual. If you do not know at which local claims office this individual is, or has been reporting, mail this Form BC-6 to the NEW JERSEY OFFICE OF UI OPERATIONS, UNEMPLOYMENT INSURANCE, Labor Building, PO Box 058, Trenton, New Jersey 08625-0058.

**THIS FORM IS TO BE USED FOR REPORTING THE FAILURE, WITHOUT GOOD CAUSE, OF AN INDIVIDUAL TO APPLY FOR OR TO ACCEPT SUITABLE WORK OFFERED. SUBMITTING THIS REPORT DOES NOT CONSTITUTE AN APPEAL. IF BENEFITS ARE PAID THAT ARE CHARGEABLE TO YOUR ACCOUNT, YOU WILL BE SO NOTIFIED, AND WILL HAVE AN OPPORTUNITY TO APPEAL.**