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Request for Information

Bern Porter

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REQUEST FOR INFORMATION

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF EMPLOYMENT SECURITY

FORM 4
(REV.)

DATE MAILED 5/14/62

On 5/2/62 Bernard Harden Porter 083 10 2491
(worked in Castaner, Puerto Rico)

filed a total claim for Unemployment Compensation Benefits for the week-ending 5/6

stating that the last day of work during or immediately prior to the week claimed was 1/25/62

IMPORTANT - Within seven days after this request was mailed, you must furnish this department with the reason, if other than lack of work, why the employee left your employ. Should you fail to furnish the information, you could be fined from \$20 to \$200, imprisoned for one year, or both, and if the chargeable employer, any benefits paid shall be charged to your account even though later the employee is held not entitled to the benefits.

RECEIVED
LIABLE STATE UNIT

MAY 14 1962
UNEMPLOYMENT COMPENSATION
BUREAU

EMERSON, NEW HAMPSHIRE
CONCORD, NH
REPLY

RETURN ONE COPY OF THIS FORM TO FOLLOWING ADDRESS:

TO: ->

Department of Education
Hato Rey
Puerto Rico

Department of Employment Security
Unemployment Compensation Bureau
Liable State Unit
32 South Main Street
Concord, New Hampshire

This Employee's last work record with me, part time or full time, exceeded four consecutive weeks. YES — NO *Full 7*

Last day worked was Jan. 26, 1962

THE REASON THIS INDIVIDUAL BECAME SEPARATED FROM MY EMPLOYMENT IS: (IF LAID OFF-LACK OF WORK, SEE WAIVER PROVISION BELOW)

~~REASON~~

He resigned on account of illness.

Panchita Ortiz de Colon
PANCHITA ORTIZ DE COLON
Firm Name

Certification Officer, Personnel
Signature Division

5/10/62
Date

IF SEPARATION FROM EMPLOYMENT WAS DUE TO LACK OF WORK

A worker laid off because of lack of work can receive benefits up to 14 days sooner if you sign this waiver of your appeal rights return this form immediately. The waiver provides that any determination as to the issues involved in the claim becomes final except in the case of fraud, mistake or newly discovered evidence, a redetermination may be requested.

WAIVER

The employee named above was laid off for lack of work and I hereby waive and release all rights to appeal and hearing on this claim under Sec. 5 B & G, Ch. 282 Rev. Statutes Amended and Reg. 14, except the right to request a redetermination.

Firm Name

Signature

Date