



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400 (09-13)

| | |
|---------------|-------------|
| Date Mailed: | 03/13/2023 |
| Employer#: | 33-60096 |
| Claimant SS#: | 056-66-5410 |

Use black or blue ink for corrections
and/or updates to this notice.

Unemployment Insurance Notice of Potential Charges

Part 1 of 2

VERATEX INC
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

If the above address is incorrect, refer to the
reverse side of this notice for assistance.

Reason for this Notice

The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Please review the information below and follow the instructions for submitting changes. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Potential Charges."

Step 1 Claimant Verification

If the claimant was never employed or is currently employed full time by you, call NYS DOL at **888-890-5090**

Claimant: **WEI CHANG**
83-29 63RD AVE
MIDDLE VILLAGE NY 11379

Social Security #: **056-66-5410**
Claim Effective / Start Date: **03/06/2023**
Benefit Year Ending Date: **03/10/2024**

Workplace: **NEW YORK CITY**

Step 2 Claimant Gross Wages Verification

Review the information below and make any necessary corrections. Any changes may affect your potential charges.

| QUARTER START - END | GROSS WAGES | CORRECTION(S) | REASON FOR CORRECTION(S) |
|-------------------------|-------------|---------------|--------------------------|
| 10/01/2021 - 12/31/2021 | \$ 16585.20 | \$ _____ | _____ |
| 01/01/2022 - 03/31/2022 | \$ 16585.20 | \$ _____ | _____ |
| 04/01/2022 - 06/30/2022 | \$ 16585.20 | \$ _____ | _____ |
| 07/01/2022 - 09/30/2022 | \$ 16585.20 | \$ _____ | _____ |


(UN) or (NC) Indicates that you are not liable for the charges associated with those wages. If a final determination pertaining to this claimant and this separation was already issued in your favor, an updated Notice of Potential Charges may be issued. For questions about this notice, please call 888-890-5090.

Step 3 Employer's Potential Charges

| WEEKS | POTENTIAL WEEKLY CHARGES | TOTALS |
|----------------------------------|--------------------------|-------------|
| 1 thru 7 | \$ 504.00 | \$ 3528.00 |
| 8 thru 26 | \$ 504.00 | \$ 9576.00 |
| Total Maximum Potential Charges: | | \$ 13104.00 |

NOTE: Generally, if you were the claimant's last employer, you will be charged the full rate for weeks 1 - 7. The charges for weeks 8 - 26 are based upon the percentage of base period wages paid by your company, relative to wages paid by all other employers in the period. In some cases, the entire claim may be prorated. If you are the last employer and paid total wages equal to or less than six times the potential weekly charges listed for Weeks 1 - 7, see instructions on the reverse.

Step 4 Certification

 If you have not made changes, please do not return this notice. Retain for your records.
If you have made changes to Step 2, complete the information below and return immediately.

| | | |
|--------------------|----------------------------|----------------|
| _____ | _____ | _____ |
| Print Your Name | Title | E-mail Address |
| _____ | _____ | _____ |
| Signature Required | Area Code Telephone Number | Extension Date |

Step 5 Supporting Documentation and Return Instructions



Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below.



FAX: 518-402-6175

This notice is your cover page.
Indicate total # of pages _____



MAIL:

New York State Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

If you feel that the claimant should not receive Unemployment Benefits, see Notice of Protest, Part 2



For assistance with job orders and hiring
incentives, Call 1-800-447-3992



For additional information visit
our website: www.labor.ny.gov



For questions about this notice,
Call 888-890-5090

Guide to Understanding the Notice of Potential Charges

How can I obtain "An Employer's Guide?"

You can obtain one at:

http://labor.ny.gov/formsdocs/ui/IA318n_2.pdf

(To view or print this report you need an installed copy of Adobe Acrobat Reader, available free from the web site www.adobe.com/products/acrobat/readstep2.html)

You can also call 518-485-8589 and ask for the publication - An Employer's Guide, form number IA318.2

What is the Notice of Potential Charges?

The Notice of Potential Charges is sent to employers when a former employee, (the claimant) has requested Unemployment Insurance Benefits. This notice gives the employer an opportunity to review the claimant's gross wages and make any necessary corrections. It also informs the employer of potential charges if the claimant's request for Unemployment Insurance Benefits is approved.

Am I required to return this notice?

No. This notice should only be returned if you are making corrections to the gross wages information shown on the reverse side of this notice in Step 2.

How much time do I have to return this notice?

Corrected information should be received by the New York State Department of Labor within ten (10) calendar days of the date on the front of this notice. If you do not respond timely and/or adequately and an overpayment of benefits to the claimant results, your account will not be relieved of charges.

What procedures should I follow for submitting supporting documentation and/or attachments?

All supporting documentation and attachments to this notice should be submitted in the following manner:

- On an 8 1/2 x 11 sheet of paper;
- Include claimant's name and social security number on each page submitted;
- Submit copies; never send the original documents.

Adjustment Information for the last employer:

If, as the last employer, you paid total wages equal to or less than six times the potential weekly charges listed in Weeks 1 - 7, you may request an adjustment of your potential charges. The request must be postmarked within ten (10) days of the date listed on the original Notice of Potential Charges. To request an adjustment, submit the dates the claimant was employed, the total wages paid, and proof of these wages to:

Mail: New York State Department of Labor
Liability and Determination
PO Box 15122
Albany, NY 12212-5122

Fax: 518-485-6172

How should I return this notice to the Department of Labor?

You may submit changes to the Notice of Potential Charges by fax or mail.

- Fax: 518-402-6175
- Mail: New York State Department of Labor
P.O. Box 15130
Albany, NY 12212-5130

How do I notify the New York State Department of Labor of company address changes?

To have future notices of this type mailed to an address different from the address listed on the front of this notice or to change your mailing address, request form IA15 (Change of Business Information) by calling 1-888-899-8810 or visit our website at www.labor.ny.gov and follow the "forms and publications" link to download form IA15.

Do I have a right to a hearing?

You may request a hearing before an impartial administrative law judge. However, returning this form with corrected gross wages is the first step in the adjudication process. You will receive a revised Notice of Potential Charges based on information you submit. If you still disagree, you may request a hearing at that time. You could also receive a revised notice based on corrections the claimant submits, and you may request a hearing based on that determination.

To request a hearing you must submit a written request including the basis and supporting details of your disagreement and a copy of this notice to: New York State Department of Labor, P.O. Box 15131, Albany, NY 12212-5131. Your request must be received no later than (30) thirty days from the "Date Mailed" on this notice. Include the claimant's name and social security number along with your name, business name, employer number and telephone number on any correspondence.



New York State
Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

LO400P (0913)

| | |
|---------------|-------------|
| Date Mailed: | 03/13/2023 |
| Employer#: | 33-60096 |
| Claimant SS#: | 056-66-5410 |

Use black or blue ink for corrections
and/or updates to this notice.

Unemployment Insurance Notice of Protest

Part 2 of 2

VERATEX INC

If the above address is incorrect, refer to the
reverse side of this notice for assistance.

Reason for this Notice

The claimant designated below has filed a claim for Unemployment Insurance Benefits, naming you as a former employer. Complete and return this notice **only** if you know of any reason why the claimant should not receive benefits. For assistance with this notice, see the reverse side "Guide to Understanding the Notice of Protest".

Claimant Information

Claimant: **WEI CHANG**
83-29 63RD AVE
MIDDLE VILLAGE NY 11379

Social Security #: **056-66-5410**
Claim Effective / Start Date: **03/06/2023**
Benefit Year Ending Date: **03/10/2024**

Workplace: **NEW YORK CITY**

Step 1 Reason for Separation

Fill in appropriate box ☐ for reason why the claimant should not receive Unemployment Insurance Benefits. Reductions in Force and/or Lack of Work are not reasons which would result in a denial of benefits.

- ☐ Voluntarily Quit - Claimant's Last Day Worked: ____ / ____ / ____ Reason: _____
- ☐ Strike / Lockout - Incident Beginning Date: ____ / ____ / ____
- ☐ Misconduct Discharge Claimant's Discharge Date: ____ / ____ / ____
- Specific Incident and/or Violation: _____

☐ Educational Institutions **only** - The claimant has been given an offer of reasonable assurance for the next term or semester.

Step 2 Claimant Separation Payments

Fill in appropriate box ☐ to include any payments made to the claimant which cover a specific period occurring after the last day of work.

- ☐ Payment of Pre-Arranged Vacation/Holiday Period Amount: \$ _____ From ____ / ____ / ____ To ____ / ____ / ____
- ☐ Dismissal or Severance Related Payments Amount: \$ _____ From ____ / ____ / ____ To ____ / ____ / ____
- ☐ Pension Pay ☐ Monthly ☐ Yearly Amount: \$ _____ Effective Date ____ / ____ / ____

Step 3 Certification

Complete the information below and attach supporting documentation before returning this notice.

Print Your Name Title E-mail Address

Signature Required Area Code Telephone Number Extension Date

Step 4 Supporting Documentation and Return Instructions



Submit all supporting documentation on 8 1/2 x 11 paper. Write the claimant's name and social security number on each attached page. To submit this notice, select from the options below.



FAX: 518-402-6175

This notice is your cover page.
Indicate total # of pages _____

OR



MAIL: New York State Department of Labor
PO BOX 15130
ALBANY NY 12212-5130

This notice should be returned only if you are protesting the claimant's request for Unemployment Benefits.



For assistance with job orders and hiring
incentives, Call 1-800-447-3992



For additional information visit
our website: www.labor.ny.gov



For questions about this notice,
Call 888-890-5090

Guide to Understanding the Notice of Protest

General Information

What is a Notice of Protest?

The Notice of Protest is sent to employers when a former employee, (the claimant), has requested Unemployment Insurance Benefits. This notice gives the employer an opportunity to protest the claimant's request for benefits.

Am I required to return this notice?

No. This notice should only be returned if you are protesting the claimant's request for benefits. To do so, fill in one or more reasons in Step 1 and/or Step 2.

How much time do I have to return this notice?

This notice, along with all supporting documentation, should be received by the New York State Department of Labor within ten (10) calendar days of the date on the front of this notice. If you do not respond timely and/or adequately and an overpayment of benefits to the claimant results, your account will not be relieved of charges.

Should I submit any additional information with this notice?

If you are protesting the claimant's request for benefits, you must submit any documentation that supports your reason(s) for protest.

What procedures should I follow for submitting supporting documentation and/or attachments?

All supporting documentation and attachments to this notice should be submitted in the following manner:

- On an 8 ½ x 11 sheet of paper;
- Include claimant's name and Social Security Number on each page submitted;
- Submit copies; never send the original documents.

How should I return this notice and supporting documentation to the Department of Labor?

You may submit your Notice of Protest and any supporting documentation by fax or mail.

- **Fax:** 518-402-6175
- **Mail:** New York State Department of Labor
P.O. Box 15130
Albany, NY 12212-5130

How do I notify the New York State Department of Labor of company address changes?

To have future notices of this type mailed to an address different from the address listed on the front of this notice or to change your mailing address, request form IA15 (Change of Business Information) by calling 1888-899-8810 or visit our website at www.labor.ny.gov and follow the "forms and publications" link to download form IA15.

Do I have a right to a hearing?

You may request a hearing before an impartial administrative law judge. However, returning this form with your reasons why the claimant should not receive benefits is the first step in the adjudication process. If the claimant is not approved for benefits based on information you submit, you will be notified. If the claimant is approved, you will be notified of the reason for approval and you may request a hearing at that time.

To request a hearing, you must submit a written request including the basis and supporting details of your disagreement and a copy of this notice to: New York State Department of Labor, P.O. Box 15131, Albany, NY 12212-5131. Your request must be received no later than (30) thirty days from the "Date Mailed" on this notice. Include the claimant's name and Social Security Number along with your name, business name, employer number and telephone number on any correspondence.

What should I do if I have work available?

If you have work available, you should contact the claimant directly. If you are unable to reach the claimant or if you need assistance with hiring, contact the New York State Department of Labor Employment Services nearest you or call 1-800-447-3992.

What should I do if claimant refused work?

If the claimant has refused available work or has failed to return to work as scheduled, submit the following information on an 8 ½ x 11 sheet of paper:

- Claimant's name and Social Security Number;
 - Date claimant refused work and reason claimant refused work;
 - Work location and date work would have started;
 - Type of work and specific job duties offered to the claimant;
 - Rate of Pay/Salary and Hours/Days work would be available;
 - Name of person who offered work to the claimant;
 - Your name and telephone number.
- **Fax:** 518-457-9378
 - **Mail:** New York State Department of Labor
P.O. Box 15130
Albany, NY 12212-5130

Protesting Claimant's Benefits

What information is required if I indicate "Voluntary Quit" as my reason for protesting the claimant's request?

When selecting "Voluntarily Quit," the employer is required to include the claimant's last day of work and the reason why the claimant resigned.

On strike/lock-out, what is "Incident Beginning Date"?

It is the actual date the industry controversy began. (e.g., the start date of the strike/lock-out).

How is misconduct defined?

The term "misconduct" is not defined by statute. However, misconduct is generally considered to be any deliberate act or omission which is detrimental to the employer's interests. A misconduct determination is made by the New York State Department of Labor by applying case law.

What reason would not result in a misconduct disqualification?

The following reasons do not justify misconduct,

- Mere inefficiency;
- Inadequate performance as a result of inability/incapacity;
- Inadvertence/ordinary negligence in isolated instances;
- Good faith error in judgment or discretion.

What is "reasonable assurance"?

Reasonable assurance is an offer of continuing work made to an employee of an educational institution for the next term or semester at substantially the same economic conditions of employment as the prior term or semester.

What should be reported in the "Pre-Arranged Vacation/Holiday Period"?

Please report only vacation payments for a period that was scheduled for after the effective date of this claim by a union agreement, employment contract, by the employer and the claimant, or otherwise designated and announced in advance of the vacation period by the employer.

What should be reported in the "Continuation of Salary with Full Benefits" area?

Please report only a separation-related payment that would cease upon the claimant beginning new employment and/or the claimant would continue to receive the same fringe benefits through the duration payment as when employed.