



JFS-83000 06/05/2008

OFFICE OF UNEMPLOYMENT COMPENSATION
DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

Form with fields: Claimant's Name, Social Security Number, Determination Identification Number, Benefit Year Beginning Date, Benefit Year Ending Date, Application Date, Date Issued, and ODJFS Office address and phone/fax numbers.

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

In accordance with Section 4141.01(R)(2) of the Ohio Revised Code, the Ohio Department of Job and Family Services has DISALLOWED the claimant's application for unemployment compensation benefits dated 07/17/2008 due to a disqualifying separation from employment or other reasons described in the following text:

The claimant quit [redacted] INC. on 07/11/2008. The claimant quit to care for his/her parent. This separation from employment was based on circumstances of a compelling nature, resulting from the claimant's real obligation or responsibility, in accordance with Section 4141.29(D)(2), Ohio Revised Code. Therefore, no benefits will be paid until the claimant obtains employment subject to an unemployment compensation law, earns wages equal to one-half of his/her average weekly wage or \$60.00, whichever is less, and is otherwise eligible.

Interested Parties: [redacted]

APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS Claims Processing Center shown above. You may also file an appeal online at https://unemployment.ohio.gov. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. To be timely, your appeal must be received/postmarked no later than 09/02/2008 (21 calendar days after the 'Date Issued').

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



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