

Case Number

barcode
removed

DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS
Date Mailed: July 9, 2009

RICK A LEMMONS

Address Removed

Social Security Number: XXX-XX-XXXX

Employer: XXXXXXX XXX (company)

As:

Employer Account No.: XX-XXXXXX-X

All dates are shown in
month-day-year order.

Decision

Issue: Separation from Work

Decision: We can pay you benefits, if you meet all other requirements.

Reason for Decision: Our investigation found your employer discharged you from your last work for a reason that is not misconduct connected with the work.

Law Reference: Section 207.044 of the Texas Unemployment Compensation Act.

Understanding your Decision

If you receive a decision that says, "we cannot pay you benefits," it means there is a problem with your claim EVEN IF you have received other decisions for the same period that say, "we can pay you benefits." If even one decision for the same period says we cannot pay, you will not receive an unemployment payment for that period.

To resolve issues on decisions you receive:

1. Follow instructions on the notice(s); call the Tele-Center if you have questions;
2. If the instructions tell you to "Report," call the Tele-Center at once;
3. If you disagree with a decision, file an appeal. Appeal each decision separately by the appeal deadline. If you fax your appeal, keep a confirmation sheet.

Your employer can appeal TWC's decision to pay benefits. TWC will notify you of any appeal hearing. If you do not participate, you may lose your benefits and have to repay benefits you received.

Determination of Potential Chargeback for the Employer

We will charge your former employer's account if we pay you benefits.

If You Disagree with this Decision

If you disagree with this decision, you may appeal. Fax or have any appeal you may file postmarked on or before 07-23-09. TWC will use the date we receive the fax to determine whether your appeal is timely. If you file your appeal by fax, you should retain your fax confirmation as proof of transmission. Please include a copy of this notice with Appeals correspondence. The Appeal must be in writing to this address:

Appeal Tribunal
Texas Workforce Commission
101 E. 15th Street
Austin, TX 78778-0002
FAX (512) 475-1135

Please see reverse for how to file an appeal.

BD300E 02/27/2007

Case No.: XXXXX
Claim ID: 06-21-09
Claim Date: 06-21-09
FOR HEARING IMPAIRED CLIENTS
Relay Texas TDD No.: 1-800-735-2989
Voice No.: 1-800-735-2988