

JOB REFUSAL STATEMENT – EMPLOYER

K-BEN 3118 (Rev. 12-18)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539

FAX: (785) 296-3249

EMAIL*: KDOL.UICC@ks.gov

*See important email notice on website.

We have received information that this claimant may have refused work from your place of employment. The information below is required to determine the claimant's eligibility for unemployment benefits. Complete and return this form within 10 days. If you do not reply as instructed, a determination will be made based on the information on file. **This could result in incorrect payment of benefits to the claimant.**

Claimant Name: _____ SSN: XXX-XX-_____

Was this person offered a job? YES NO If NO, complete the **CERTIFICATION ONLY**. If YES, complete the **ENTIRE FORM**.

Date job refused (mm/dd/yyyy): _____

Reason(s) given for refusing the job: _____

Person who offered the job: _____ Title: _____

Phone: () _____ Date of job offer (mm/dd/yyyy): _____ Date job to begin (mm/dd/yyyy): _____

Title of job offered: _____

Job duties: _____

Location of job site (address, city, state, ZIP): _____

How was the job offer made (in person, by phone, by mail, through a union, etc.)? _____

Were there any union requirements? YES NO If YES, explain: _____

Rate of pay offered: \$ _____ Per: Hour Week Bi-weekly Month Year

Hours required to work: _____ AM PM to _____ AM PM Number of days per week: _____

Expected duration of job: _____

Was the individual qualified for the type of work offered? YES NO

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature of employer or authorized representative: _____ Date: _____

Printed name: _____ Title: _____

Phone: () _____ Kansas Employer Serial Number: _____

Submit