MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF WORKFORCE DEVELOPMENT

REPORT ON AVAILABILITY OR FAILURE TO APPLY FOR OR ACCEPT WORK

PARTICIPANT INFORMATION

Name *(Last)*	*(First)*	*(Initial)*	Last 4 Digits of Social Security Number
			XXX-XX-

Address *(No., Street)*	City	State	Zip Code

Section A

(1) ☐ Failed to report to Missouri Career Center as requested on *Date:* _____

(2) ☐ Failed to apply for work when so directed on *Date:* _____

☐ No referral notice issued ☐ Referral notice issued

(3) ☐ Failed to accept work from employer to whom referred on *Date:* _____

(4) ☐ Not able to work, or availability restricted, as indicated on work application (See remarks)

(5) ☐ Refused re-employment service activity

(6) ☐ Failed to report independent employment/work

(7) ☐ EUC REA

(8) ☐ Other (Explanation Required): _____

Method of Contact

- ☐ Telephone
- ☐ Referral Card
- ☐ Mail
- ☐ E-mail
- ☐ Fax
- ☐ In Person

Reason, Remarks, or Information Only:

BUSINESS INFORMATION

COMPLETE THE FOLLOWING ITEMS IF EITHER SECTION A(2) OR A(3) ABOVE IS CHECKED:

Company Name	Contact Name
Address	Telephone

City	State	Zip Code

Job Location Address (If Other Than Company Address)	Telephone

City	State	Zip Code

Job Title	Job Code	Job Order Number

Rate of Pay

$ _____ Per ☐ Hour ☐ Week ☐ Month ☐ Year ☐ Other: _____

Day of Work

☐ Monday - Friday
☐ Friday, Saturday, Sunday
☐ Other: _____

Hours of Work

_____ ☐ AM ☐ PM TO _____ ☐ AM ☐ PM

Prevailing Wage Rate

$ _____ TO $ _____

Career Center Staff Toolbox ID#	Date Refused to Apply/Accept Offer	Date Reviewed	Date Job Was Scheduled to Begin	Career Center ID No.

When required, print this form and FAX to esuiclaims at (573) 751-9732, or email to esuiclaims@labor.mo.gov

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