

KENTUCKY EDUCATION AND LABOR CABINET

OFFICE OF UNEMPLOYMENT INSURANCE

500 Mero Street, 4-SC

Frankfort, KY 40601

kcc.ky.gov

MONETARY DETERMINATION

ADDRESSLINE1
ADDRESSLINE2
ADDRESSLINE3
ADDRESSLINE4
ADDRESSLINE5

SSN: **XXX-XX-KEIN**
Effective Date: **EFFECTIVEDATE**
Local Office: **DBA**
Employer No.: **KEINEXPANDED**
Mail Date: **DATEFILEDPLUS1**

Dear Claimant:

Your claim for unemployment insurance benefits has been denied. You did not earn enough base period wages to establish a claim to benefits. You may file for a reconsideration of your claim if you earned base period wages that are not included in the list below.

Base Period Wages

Base Period Employers

DETAILREC1
DETAILREC2
DETAILREC3
DETAILREC4

DETAILREC5
DETAILREC6
DETAILREC7
DETAILREC8
DETAILREC9
DETAILREC10

Total Base Period Wages: **ACCOUNTBALANCE**

Base period wages are considered insufficient to establish a claim for benefits if:

- Your wages were less than \$1,500.00 during the high quarter (the base period quarter in which your wages were highest);
- Your total base period wages are less than one and one-half (1.5) times the wages of the high quarter;
- Your total wages outside the high quarter are not at least \$1,500.00;
- Your wages in the last two quarters are not equal to or greater than eight (8) times your weekly benefit rate; or
- You did not earn sufficient wages in Kentucky to combine with wages earned in another state for a Combined Wage Claim.

To learn how to file for reconsideration, call the Unemployment Insurance Assistance Line at 502-564-2900.

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

INMEDIATAMENTE: Si necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: kcc.ky.gov



USERIDNAME
JOB: : TYPE**

Equal Education and Employment Opportunities M/F/D

CONFIRMATION NUMBER:
SEQNO2

KEIN:
KEINEXPANDED

CLAIM ID:
WORKFLOWS
EQNO

DOCCODENO:
528

LIENFEES
OLIENFEES

PROGRAM
CODE:
UI

BYE DATE:
SUBJECTDATE