



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

WWV13002

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

PAUL REYNOLDS
304-558-0468

RFQ COPY

TYPE NAME/ADDRESS HERE

V
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WORKFORCE WEST VIRGINIA
OFFICE OF ADMIN. SUPPORT-5302

112 CALIFORNIA AVENUE
CHARLESTON, WV
25305-0112 304-558-2631

S
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T
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DATE PRINTED

03/28/2013

BID OPENING DATE:

05/09/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001		YR		920-56		
IVR/IWR INTERACTIVE VOICE AND WEB RESPONSE SYSTEMS						
REQUEST FOR PROPOSAL (RFP)						
THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, WORKFORCE WEST VIRGINIA, IS SOLICITING BIDS TO PROVIDE THE AGENCY WITH AN INTERACTIVE VOICE RESPONSE (IVR) AND INTERACTIVE WEB RESPONSE (IWR) SYSTEM PER THE ATTACHED SPECIFICATIONS.						
***** THIS IS THE END OF RFQ WWV13002 ***** TOTAL:						

SIGNATURE

TELEPHONE

DATE

TITLE

FEIN

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

REQUEST FOR PROPOSAL

WorkForce West Virginia
WWV13002

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SECTION ONE: GENERAL INFORMATION

1. Purpose: The Purchasing Division, hereinafter referred to as the "State," is soliciting proposals pursuant to West Virginia Code §5A-310b) for Workforce West Virginia – Unemployment Compensation, hereinafter referred to as the "Agency," to provide the services of a vendor to replace the current unemployment compensation Interactive Voice Response (IVR) and Interactive Web Response (IWR) system with a complete turn-key unified multi phased solution providing an automated method for citizens to file for weekly unemployment benefits payments, file an interstate claim, inquire about the status of unemployment benefits payments, to obtain general unemployment information and to develop a complete telecommunications IVR/Predictive Dialer/Autodialer System for the collection of benefit overpayments and delinquent taxes. The system includes both the IVR/IWR applications. Even though this system is being completed in three phases, the system should be integrated so that each area of Unemployment Compensation utilizing the system has the same capabilities in agent desktop features, reporting, monitoring, administration, etc.
2. By signing and submitting its proposal, the successful Vendor agrees to be bound by all the terms contained in this Request for Proposal ("RFP").

An RFP is generally used for the procurement of services in situations where price is not the sole determining factor and the award will be based on a combination of cost and technical factors (Best Value). Through its proposal, the bidder offers a solution to the objectives, problem, or need specified in the RFP, and defines how it intends to meet (or exceed) the RFP requirements.

3. Schedule of Events:

Vendor's Written Questions Submission Deadline	04/17/2013
Mandatory Pre-bid Conference	04/10/2013
Addendum Issued.....	Week of 04/25/2013
Bid Opening Date.....	05/09/2013
Oral Presentation (<i>Agency Option</i>)	N/A

REQUEST FOR PROPOSAL

WorkForce West Virginia
WWV13002

SECTION TWO: INSTRUCTIONS TO VENDORS SUBMITTING BIDS

Instructions begin on next page.

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. **REVIEW DOCUMENTS THOROUGHLY:** The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.
2. **MANDATORY TERMS:** The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.
3. **PREBID MEETING:** The item identified below shall apply to this Solicitation.

☐ A pre-bid meeting will not be held prior to bid opening.

☐ A NON-MANDATORY PRE-BID meeting will be held at the following place and time:

☒ A MANDATORY PRE-BID meeting will be held at the following place and time:

April 10, 2013 at 2:30 P.M.

WV State Purchasing Division
2019 Washington Street East
Charleston, WV 25305

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing. Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required

information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. **VENDOR QUESTION DEADLINE:** Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: April 17, 2013 at 4:30 P.M.

Submit Questions to:

Paul Reynolds

2019 Washington Street, East

P.O. Box 50130

Charleston, WV 25305

Fax: 304-558-4115

Email: paul.reynolds@wv.gov, cc:krista.s.ferrell@wv.gov

5. **VERBAL COMMUNICATION:** Any verbal communication between the Vendor and any State personnel is not binding, including that made at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.
6. **BID SUBMISSION:** All bids must be signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The bid delivery address is:

Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130,
Charleston, WV 25305-0130

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID

BUYER: _____
 SOLICITATION NO.: _____
 BID OPENING DATE: _____
 BID OPENING TIME: _____
 FAX NUMBER: _____

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus 5 convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: ☒ Technical
 ☒ Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time:

May 9, 2013 at 1:30 P.M.

Bid Opening Location:

Department of Administration, Purchasing Division
 2019 Washington Street East
 P.O. Box 50130,
 Charleston, WV 25305-0130

8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.
9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

REQUEST FOR PROPOSAL

WorkForce West Virginia
WWV13002

SECTION THREE: GENERAL TERMS AND CONDITIONS

Terms and conditions begin on next page.

GENERAL TERMS AND CONDITIONS:

1. **CONTRACTUAL AGREEMENT:** Issuance of a Purchase Order signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.
2. **DEFINITIONS:** As used in this Solicitation / Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation / Contract.
 - 2.1 "Agency" or "Agencies" means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.
 - 2.2 "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods and services requested in the Solicitation.
 - 2.3 "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.
 - 2.4 "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.
 - 2.5 "Purchase Order" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the successful bidder and Contract holder.
 - 2.6 "Solicitation" means the official solicitation published by the Purchasing Division and identified by number on the first page thereof.
 - 2.7 "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.
 - 2.8 "Vendor" or "Vendors" means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. **CONTRACT TERM; RENEWAL; EXTENSION:** The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☐ **Term Contract**

Initial Contract Term: This Contract becomes effective on

Upon award

 and extends for a period of

 year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal must be submitted to the Purchasing Division Director thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to

 successive one (1) year periods. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Reasonable Time Extension: At the sole discretion of the Purchasing Division Director, and with approval from the Attorney General's office (Attorney General approval is as to form only), this Contract may be extended for a reasonable time after the initial Contract term or after any renewal term as may be necessary to obtain a new contract or renew this Contract. Any reasonable time extension shall not exceed twelve (12) months. Vendor may avoid a reasonable time extension by providing the Purchasing Division Director with written notice of Vendor's desire to terminate this Contract 30 days prior to the expiration of the then current term. During any reasonable time extension period, the Vendor may terminate this Contract for any reason upon giving the Purchasing Division Director 30 days written notice. Automatic extension of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases, but Attorney General approval may be required.

- ☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within

 days.
- ☐ **One Time Purchase:** The term of this Contract shall run from the issuance of the Purchase Order until all of the goods contracted for have been delivered, but in no event shall this Contract extend for more than one fiscal year.
- ☒ **Other:** See attached.

4. **NOTICE TO PROCEED:** Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Purchase Order will be considered notice to proceed
5. **QUANTITIES:** The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.
 - ☐ **Open End Contract:** Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.
 - ☒ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.
 - ☐ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.
 - ☐ **One Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.
6. **PRICING:** The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.
7. **EMERGENCY PURCHASES:** The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.
8. **REQUIRED DOCUMENTS:** All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.
 - ☐ **BID BOND:** All Vendors shall furnish a bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

- [] **PERFORMANCE BOND:** The apparent successful Vendor shall provide a performance bond in the amount of . The performance bond must be issued and received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.
- [] **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be issued and delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

- [] **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.
- [] **WORKERS' COMPENSATION INSURANCE:** The apparent successful Vendor shall have appropriate workers' compensation insurance and shall provide proof thereof upon request.
- [] **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award:

[] **Commercial General Liability Insurance:**
 or more.

[] **Builders Risk Insurance:** builders risk – all risk insurance in an amount equal to 100% of the amount of the Contract.

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The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

- ☐ **LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

☐

☐

☐

☐

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

9. **LITIGATION BOND:** The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.
10. **ALTERNATES:** Any model, brand, or specification listed herein establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.
11. **EXCEPTIONS AND CLARIFICATIONS:** The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or

other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount

\$1,000.00 per day	for any work not completed on Phase 1, by Nov 30, 2013.
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This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

- 13. ACCEPTANCE/REJECTION:** The State may accept or reject any bid in whole, or in part. Vendor's signature on its bid signifies acceptance of the terms and conditions contained in the Solicitation and Vendor agrees to be bound by the terms of the Contract, as reflected in the Purchase Order, upon receipt.
- 14. REGISTRATION:** Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee if applicable.
- 15. COMMUNICATION LIMITATIONS:** In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.
- 16. FUNDING:** This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.
- 17. PAYMENT:** Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To."
- 18. UNIT PRICE:** Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.
- 19. DELIVERY:** All quotations are considered freight on board destination ("F.O.B. destination") unless alternate shipping terms are clearly identified in the bid. Vendor's listing of shipping terms that contradict the shipping terms expressly required by this Solicitation may result in bid disqualification.
- 20. INTEREST:** Interest attributable to late payment will only be permitted if authorized by the West Virginia Code. Presently, there is no provision in the law for interest on late payments.
- 21. PREFERENCE:** Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Resident Vendor Certification form has been attached hereto to allow Vendor to apply for the preference. Vendor's

failure to submit the Resident Vendor Certification form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

22. **SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES:** For any solicitations publicly advertised for bid on or after July 1, 2012, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to submission of its bid to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.
23. **TAXES:** The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
24. **CANCELLATION:** The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-7.16.2.
25. **WAIVER OF MINOR IRREGULARITIES:** The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.
26. **TIME:** Time is of the essence with regard to all matters of time and performance in this Contract.
27. **APPLICABLE LAW:** This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.
28. **COMPLIANCE:** Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendors acknowledge that they have reviewed, understand, and will comply with all applicable law.
29. **PREVAILING WAGE:** On any contract for the construction of a public improvement, Vendor and any subcontractors utilized by Vendor shall pay a rate or rates of wages which shall not be less than the fair minimum rate or rates of wages (prevailing wage), as established by the West Virginia Division of Labor under West Virginia Code §§ 21-5A-1 et seq. and available at <http://www.sos.wv.gov/administrative-law/wagerates/Pages/default.aspx>. Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage

requirements are applicable. The required contract provisions contained in West Virginia Code of State Rules § 42-7-3 are specifically incorporated herein by reference.

- 30. ARBITRATION:** Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.
- 31. MODIFICATIONS:** This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary, no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). **No Change shall be implemented by the Vendor until such time as the Vendor receives an approved written change order from the Purchasing Division.**
- 32. WAIVER:** The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.
- 33. SUBSEQUENT FORMS:** The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.
- 34. ASSIGNMENT:** Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.
- 35. WARRANTY:** The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.
- 36. STATE EMPLOYEES:** State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.
- 37. BANKRUPTCY:** In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

- 38. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at <http://www.state.wv.us/admin/purchase/vrc/hipaa.html> and is hereby made part of the agreement provided that the Agency meets the definition of a Covered entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the Vendor. Additionally, the HIPAA Privacy, Security, Enforcement & Breach Notification Final Omnibus Rule was published on January 25, 2013. It may be viewed online at <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>. Any organization, that qualifies as the Agency's Business Associate, is expected to be in compliance with this Final Rule. For those Business Associates entering into contracts with a HIPAA Covered State Agency between January 25, 2013 and the release of the 2013 WV State Agency Business Associate Agreement, or September 23, 2013 (whichever is earlier), be advised that you will be required to comply with the 2013 WV State Agency Business Associate Agreement. For those Business Associates with contracts with a HIPAA Covered State Agency executed prior to January 25, 2013, be advised that upon renewal or modification, you will be required to comply with the 2013 WV State Agency Business Associate Agreement no later than September 22, 2014.
- 39. CONFIDENTIALITY:** The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.
- 40. DISCLOSURE:** Vendor's response to the Solicitation and the resulting Contract are considered public documents and will be disclosed to the public in accordance with the laws, rules, and policies governing the West Virginia Purchasing Division. Those laws include, but are not limited to, the Freedom of Information Act found in West Virginia Code § 29B-1-1 et seq.

If a Vendor considers any part of its bid to be exempt from public disclosure, Vendor must so indicate by specifically identifying the exempt information, identifying the exemption that applies, providing a detailed justification for the exemption, segregating the exempt information from the general bid information, and submitting the exempt information as part of its bid but in a segregated and clearly identifiable format. Failure to comply with the foregoing requirements will result in public disclosure of the Vendor's bid without further notice. A Vendor's act of marking all or nearly all of its bid as exempt is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor's act of marking a bid or any part thereof as "confidential" or "proprietary" is not sufficient to avoid disclosure and WILL NOT BE HONORED. In addition, a legend or other statement indicating that all or substantially all of the bid is exempt from disclosure is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor will be required to defend any claimed exemption for nondisclosure in the event of an administrative or judicial challenge to the State's nondisclosure. Vendor must indemnify the State for any costs incurred related to any exemptions claimed by Vendor. Any questions regarding the applicability of the various public records laws should be addressed to your own legal counsel prior to bid submission.

- 41. LICENSING:** In accordance with West Virginia Code of State Rules §148-1-6.1.7, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.
- 42. ANTITRUST:** In submitting a bid to, signing a contract with, or accepting a Purchase Order from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.
- 43. VENDOR CERTIFICATIONS:** By signing its bid or entering into this Contract, Vendor certifies (1) that its bid was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid for the same material, supplies, equipment or services; (2) that its bid is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this RFQ in its entirety; understands the requirements, terms and conditions, and other information contained herein. Vendor's signature on its bid also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency.

The individual signing this bid on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

- 44. PURCHASING CARD ACCEPTANCE:** The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

☒ Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

- 45. VENDOR RELATIONSHIP:** The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting,

supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, *etc.* and the filing of all necessary documents, forms and returns pertinent to all of the foregoing. Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

- 46. INDEMNIFICATION:** The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.
- 47. PURCHASING AFFIDAVIT:** In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.
- 48. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:** This Contract may be utilized by and extends to other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). This Contract shall be extended to the aforementioned Other Government Entities on the same prices, terms, and conditions as those offered and agreed to in this Contract. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.
- 49. CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire any interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

50. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

- ☒ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.
- ☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

51. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision.

The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

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SECTION FOUR: PROJECT SPECIFICATIONS

1. **Location:** Agency is located at 112 California Avenue, Charleston, WV, 25305.
2. **Background and Current Operating Environment:**

The Workforce West Virginia Agency, Unemployment Compensation Division uses the current IVR/IWR system to deal with an annual average of 1.1 million inquiries and claims filed per year. The purpose of the IVR/IWR system is to provide an automated method for citizens to file for weekly unemployment benefits, file an interstate claim, inquire about the status of unemployment benefit payments, and obtain general information about the Unemployment Compensation program.

The IVR/IWR system exchanges data with the Automated Benefit Payment System (thereafter referred to as ABPS) file daily, via FTP. The ABPS system resides on the State of WV's mainframe computer, located in the Capitol Complex, Charleston, WV.

The IVR/IWR system is available 24 hours a day, 7 days a week, to handle at least 28,000 incoming telephone calls or web transactions each week.

The peak hourly call volume was 1,210 calls between 9:00 am and 10:00 am in 2010 and 785 between 8:00 am and 9:00 am in 2011.

	<u>Three Year Average</u>	<u>2010</u>
1. Interstate New Claims	6,628	9,121
2. Continued Claims by Phone (Not # of Weeks)	315,405	429,687
3. Continued Claims by Web (Not # of Weeks)	171,395	224,268
4. All Phone Calls	614,147	834,938
5. All Web Applications	461,455	586,344
<hr/>		
Total:	1,075,302	1,421,282
Average Per Day:	2,947	3,894

Current environment for Unemployment Compensation IVR/IWR System

The existing IVR/IWR system allows claimants and employers to perform the following functions:

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A. Inquiry by Employer

1. Obtain general information on Registration, Contribution Rate, Liability, Waiver and Forms.

B. Inquiry by Claimant

1. Receive local office information. IWR inquiries provide all office locations, hours and phone numbers. IVR inquiries are based on the claimant's zip code and identify the office closest to the zip code.
2. Determine the status of a claimant's most recent week claimed (PIN required).
3. Receive information on current year ending date and balance (PIN required).
4. Receive prior year payment (1099 information), total amount received (PIN required).
5. Determine the amount of benefits potentially available by social security number.
6. Provide a link to an existing system for direct deposit and registration.

C. File for Payment of Continued Weeks

1. Unemployed customers have the capability to file claim weeks claim bi-weekly via the IVR/IWR application.
2. Claimant data is exported from a mainframe system into a text file that is imported into a SQL Server database (the existing IVR/IWR).
3. The IVR/IWR collects all data needed to file a continued week claim for unemployment benefits by interfacing with existing mainframe data, which is uploaded daily. Mainframe data resides on VSAM files that are accessed via COBOL and CICS using CICS Web Support (CWS). The system collects the following data:
 - a. Week Ending dates that claimant is filing.
 - b. SSN and/or Claimant's Identification Number, and PIN associated with the claim.
 - c. Specific claim information

D. File an Initial Interstate Claim (Non West Virginia Residents)

1. Unemployed customers residing in another state or U.S. territory or Canada have the capability to file a claim by IVR/IWR against West Virginia (WV).

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2. The IVR/IWR collects all data needed to file an interstate claim for unemployment benefits by interfacing with existing mainframe data, which is downloaded in real time while the claim is being taken, using COBOL and CICS Web-enabled screens.
 - A. The IWR application allows the individual to input all information online and the system then processes the claim.
 - B. The IVR application uses an interactive phone script which permits the claimant to complete basic information prior to being transferred to a customer service representative. The transfer coordinates the caller along with all data to an individual call station where the customer service representative completes the claims taking process.
3. The system interfaces the IVR/IWR applications with existing mainframe data and applications contained within the Automated Benefit Payment System (ABPS) and Automated Wage Record System (AWRS) and collects:
 - a. WV wages reported within the last 18 months
 - b. Claim information from prior claims
 - c. Applications – Initial Claim (includes new, reopened or additional claims)
4. Fact-Finding statements for Separation Issues (quit, discharge). Currently, the fact finding statement can be entered into a limited space on the IWR application. Data is entered free style without a list of questions. A Customer Service Representative utilizes a manual list of questions or the ABPS Fact Finding statement.
5. Fact-Finding Statements for Non-Separation Issues (able to work, available for work, refusal of job offer, schooling, etc). Currently, the fact finding statement can be entered into a limited space on the IWR application. Data is entered free style without a list of questions. A Customer Service Representative utilizes a manual list of questions or the ABPS Fact Finding statement.
6. Benefit Rights Interview (BRI) – For interstate claims filed by IVR, claimants are given a verbal BRI and sent a packet of information pertaining to Unemployment Compensation (UC). Individuals filing by IWR are mailed a packet of information for their BRI.
7. The Agency's website www.wvcommerce.org/business/WorkForcewv/default.aspx has a link to the Unemployment Compensation Division website (www.wvuc.org) which allows an individual to either file an interstate claim or claim continued weeks.

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Current environment for the collection activity for employer taxes and benefit overpayment.

The business processes for the groups involved in this phase are completely manual with the exception of using the Automated Benefit Payment System (ABPS), Automated Employer Tax System (AETS), and the Compliance & Enforcement Notes Tracking System (CENTS), which are all mainframe applications which store and track claimant and business collection activities. The solution for this phase is to use a Predictive Dialer/IVR system to automate manual processes within the two sections to enhance their collection activities. (Reference Exhibit G) This system should provide a complete contact center management system. The Benefit & Payment Control/Field Investigations currently uses the ABPS system to set-up overpayments, enter payments, adjust overpayment balances, etc. Since the ABPS system stores the entire claimant file, the system is also used to look-up contact information and note telephone contact information on the claimants file using the note screen (30 Screen). The Compliance & Enforcement Section uses the AETS to retrieve employer account information for the purpose of collecting delinquent monies/reports due. In addition, the Compliance & Enforcement Section uses the CENTS system to capture any telephone or fax contact information. CENTS notates all interactions between employers and staff so any staff member within this section can readily access the most current information pertaining to contacts made, type of contact, outcome, etc. The screen used in the CENTS system for this purpose is called the Telephone/Fax Contact Outgoing (TO screen). Both of the units use manual means to contact both claimant and employers at the current time. Even though the mainframe system allows for note screens the processes are still primarily manual for staff.

Accesses to each of these systems (and others) are controlled by an agency system, Bureau On-line System-Security (BOSS) also, COBOL, CICS and VSAM files.

The Compliance & Enforcement Unit have approximately 4,000 to 5,000 delinquent employers in any given quarter. The unit has six staff positions with geographical assignment. Based on various criteria, the number of actual calls would be determined by number of quarters delinquent, dollars owed, etc.

Group – Benefit Payment Control/Field Investigations – Claimant Debt Collection

Contacting Customers – Manual Process

1. Benefit Payment Control/Field Investigations contacts customers who have an unemployment compensation overpayment, are late in making payments in accordance with a restitution agreement, and individuals who have either not made any payments on the overpayment or have not made a payment for quite some time. These phone calls are made manually using claimant contact information located on the Automated Benefit Payment System.
2. Benefit Control/Investigations presently contacts customers manually by dialing each number and either talks to the individual or leaves an appropriate message concerning the

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overpayment, etc.

3. The identification of these customers is completed manually and is based on various parameters; the actual tracking of these customers is currently either on Microsoft (MS) Excel or Microsoft (MS) Access.

Letter Mailing – Manual Process

1. Appropriate notice letters are mailed to the customers stating the failure to make a payment.
2. The customers, who have established a repayment plan through the unit, are sent a notice letter ten (10) days prior to the due date informing them that a payment is coming due.
3. Each customer is then given a seven (7) day grace period after which the past due notices are mailed.
4. If after thirty (30) days the customer has still not paid the amount due, a Delinquency Notice is mailed.
5. Even though notices are generated manually from this unit, each specific notice follows a specific format.

Data Maintenance – Manual Process

1. The current customer list is maintained in a MS Access database (Used just as Data Storage).
2. Customers who are on a repayment plan have automated letters generated from the Automated Benefit Payment System (ABPS) mainframe based on each category or case.
3. Benefit Payment Control/Field Investigations manually calls the customer after all letters have been sent out.
4. The comments are noted on the ABPS system. If Benefit Payment Control/Field Investigations designates the nonpayment as Fraud, they may or may not pursue strict actions.

Claimant Notices - Automated Generated Notices Process

The Automated Benefit Payment System (ABPS) mainframe is currently used to generate nine (9) types of notice letters to be sent out based on each case and criterion.

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Group – Compliance & Enforcement Unit – Employer Debt Collection

Identify Customers – Manual Process

1. The Compliance & Enforcement Unit uses the Automated Employer Tax System (AETS) and Compliance & Enforcement Notes Tracking System (CENTS) reports to identify a potential delinquent customer.
2. The customers are tracked using an Employer Account Number which is assigned to each employer at the time the account is created on the AETS system.
3. The identification of customers to be reviewed can be obtained by the following methods:
 - a. A follow-up from a previous contact.
 - b. A limited number of referrals usually triggered by an outside tip, such as a phone call or letter from the public providing us specific information about an employer. These are processed by a supervisor/administrator and sent to the unit for investigation.
 - c. A referral list given to the unit by a supervisor, assistant director, or director developed by a selection criteria, such as county, balance due, summary assessed quarters, number of delinquent reports, etc. This type of list is completed periodically.

Review Customers – Manual Process

1. The Compliance & Enforcement Unit reviews the Employer Profile Data (Screen 03), Outstanding Contributions/Assessments/Interest/Reports (Screen 14), and possibly the Monetary Audit Trail (Screen 12) to ascertain any delinquent State Unemployment taxes. All of these screens are located within the Automated Employer Tax System (AETS).
2. In addition, the Compliance & Enforcement Unit reviews the Rate Inquiry (Screen 07) and Successor/Predecessor Chain Inquiry (Screen 11) located on the Automated Employer Tax System (AETS). The note screen located on the Compliance & Enforcement Notes Tracking System (CENTS) is also reviewed to obtain previous contact information.
3. Based on the review, the Compliance & Enforcement Unit manually initiates a call to the identified customer.
4. The sole purpose for the initial call is to request delinquent quarterly contribution reports. This initial phone contact could be made using the payroll number, the business number, or both depending on the information on the account or that particular employer. However, if the initial phone contact is primarily for delinquent taxes, the call is made to the business number, unless referred to an accountant or third party administrator by the employer.

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Contacting – Manual Process

1. If the call is answered, the individual answering would be identified to ascertain if it is a person with whom details of the account can be discussed.
 - a. If yes, the agent will discuss the delinquency details and answer questions as necessary. The agent will try to get the customer to commit to some action to make progress toward resolving the delinquency. Results are notated in the Compliance & Enforcement Notes Tracking System (CENTS) using the Telephone/FAX Contact Outgoing (TO screen).
 - b. If no, the agent will ask to speak to a person who can discuss the account. If none is available, a generic message is left for a call back. If a responsible party comes on the call, the delinquency is discussed. Results are notated in the Compliance & Enforcement Notes Tracking System (CENTS) using the Telephone/FAX Contact Outgoing (TO screen).
 - c. If the person answering the call tells the agent that the number no longer belongs to anyone associated with the business, the agent notates the conversation using the Compliance & Enforcement Notes Tracking System (CENTS) Telephone/FAX Contact Outgoing (TO screen), apologizes for bothering them, and makes sure appropriate changes are made to the databases to avoid future calls to that number.
2. If the call is not answered by a live person OR is answered by someone who has no affiliation with the business:
 - a. If voice mail is available, the agent leaves a generic message for a call back unless the agent is sure the voice mail will only be accessed by an owner/officer of the delinquent business. Results are notated in the Compliance & Enforcement Notes Tracking System (CENTS) using the Telephone/FAX Contact Outgoing (TO screen).
 - b. If a message is received that the number is disconnected, out of service, voice mail unavailable, or no answer at all, the agent notates the results in the Compliance & Enforcement Notes Tracking System (CENTS) using the Telephone/FAX Contact Outgoing (TO screen). Appropriate codes on the TO screen are used for the situation; if an unusual situation doesn't fit any of the normal result codes, one is chosen that best fits the situation and explained.

Data Maintenance – Manual Process

1. Currently, customer information is also exported from the Compliance & Enforcement Notes Tracking System (CENTS) and maintained in an Excel spreadsheet.

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2. The Compliance & Enforcement Notes Tracking System (CENTS) is used to store any comments or data necessary for follow up in an effort to assist staff with current information relating to the progress of the collection, etc.

Auto Generated Reports Process

The Automated Employer Tax System (AETS) and Compliance & Enforcement Notes Tracking System (CENTS) are used to generate reports detailing the potential clients and all associated data.

Current Information Technology Hardware/ Software for all phases

1. Phone System – Toshiba CIX with DKT 2020SD telephone sets.
2. Computers - Hewlett-Packard (HP) (Windows Operating System).

Following are the specifics of existing IVR system--**the new system does not need to be compatible.**

Primary
Dell PowerEdge 2800
Windows Server 2003
2 Intel Xeon 3 GHz 4.0 Gigabyte RAM
1 Intel Dialogic D/480JCT-2T1 (x2)
3 hard drives partitioned into 12 gigabyte and 124 gigabyte
Redundant
Dell PowerEdge 2800
Windows Server 2003
2 Intel Xeon 3 GHz 4.0 Gigabyte RAM
2 Intel Dialogic D/480JCT-2T1 (x2)
5 hard drives partitioned into 39 gigabyte and 165 gigabyte
WEB
Dell PowerEdge 2800
Windows Server 2003
2 Intel Xeon 3Ghz 4.0 Gigabyte RAM
3 hard drives partitioned into 12 gigabyte and 124 gigabyte
Development
Dell PowerEdge 2800
Windows Server 2003
2 Intel Xeon 3 GHz 4.0 Gigabyte RAM
1 Intel Dialogic D/480JCT-2T1 (x2)
3 hard drives partitioned into 12 gigabyte and 124 gigabyte

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3. **Qualifications and Experience:** Vendors will provide in **Attachment A: Vendor Response Sheet** information regarding their firm, such as staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan, descriptions of past projects completed entailing the location of the project, project manager name and contract information, type of project, and what the project goals and objectives where and how they were met.

3.1 Vendor's response should provide at least two, but no more than five, IVR/IWR projects successfully completed. References should include contact name and title, phone number, mailing address, and e-mail address. Reference contacts should be willing to discuss the vendor's performance. The description should include the location of the project, project goals and objectives, time frame for development, and discuss the vendor's opinion of the overall project performance.

4. **Project and Goals:** It is our intent to complete this project in three (3) phases as described herein. See Attachment A: Vendor Response Sheet, for more items applicable to each phase.

Phase 1: To purchase, implement and maintain a hardware and software solution that replaces the current IVR/IWR system with a complete turnkey, unified solution providing an automated method for citizens to file for weekly unemployment benefits payments, file an interstate initial claim, inquire about the status of unemployment benefit claims, and obtain general unemployment information.

Phase 2: To complete enhancements that expand on the functionality available in the IVR/IWR system. These enhancements include taking a fact finding statement concerning separation and eligibility claim issues; a claimant's checklist of their Benefit Rights; message to claimant's concerning their claim; ability to download selected claim forms; provide a history of recent benefit payments; provide claimant's with a confirmation number of claim filed; allow call forwarding for Fraud reporting; provide for claims filing in Spanish; and allow claimants to file for one as well as two weeks.

Phase 3: To construct a predictive dialer/autodialer system for the collection of benefit overpayments and delinquent taxes built upon the IVR/IWR system.

- 4.1 **Phase 1:** Implement a software solution that replaces the current IVR/IWR system with a complete turnkey unified solution capable of providing all existing functionality and the ability to allow enhancements and updates to IVR/IWR content. The current processes include filing for weekly unemployment benefits payments, filing an interstate initial claim, inquiring about the status of unemployment benefits payments, and obtaining general unemployment information. Reference Section 4 Item 2 of this RFP for background information.

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4.1.1 The vendor should supply at no cost a review of agency's recommended changes, modifications and enhancements to the current IVR/IWR system with WorkForce West Virginia (WFWV) agency staff. Vendor should provide recommendations for implementation of new IVR/IWR system.

- a. The successful vendor should review agency's current and proposed processes with agency staff. Vendor should make recommendations for modifications and enhancements to existing and proposed business processes based on their analysis and clarification with agency staff. The vendor should provide their suggested new IVR/IWR system for agency approval prior to development of each Phase of this system.
- b. The successful vendor's solution should incorporate identified changes to the scripts and other menu options on the IVR/IWR. Reference Exhibits A and B for Agency's suggested script and format.

4.1.2 The vendor should provide call processing capabilities for the proposed IVR solution.

- a. The IVR should be built with the capability of servicing a maximum of 240 incoming telephone calls simultaneously without performance degradation.
- b. The IVR should have the ability to interact with callers and search data/conditions to provide appropriate responses to callers for information on claims or to file benefit weeks, with certain responses following given responses and routing logic.
- c. The IVR should have the ability within the call distribution component to reassign incoming telephone calls from one active application to another without system interruption, transferring from the IVR system to the WFWV representative and back to the IVR system for claim finalization and wrap up information.
- d. The IVR should allow the capability to "key ahead" of IVR spoken prompts within the IVR system. For example, a caller familiar with the proposed IVR should be able to key several numbers to get desired information as opposed to having to listen to an entire structure of menu prompts.
- e. The IVR should have the capability to process calls 24 hours a day, 7 days a week, 365 days a year to retrieve claim and benefit payment information.
- f. The IVR should be created with the ability for WFWV staff to customize inactivity timeout periods for claimants filing weeks.
- g. The IVR should support simultaneous inbound and outbound calls.

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- h. The IVR should have the ability to integrate with the existing phone system, permitting a transferred call to go to voice mail without disconnecting the claims taking process.
- i. The IVR should support multiple Session Initiation Protocol (SIP) trunks.

4.1.3 The vendor should provide an Interactive Web Response (IWR) web-based application for the proposed solution.

- a. Unemployment claimants should not only be able to interact with the unemployment system via telephone, but also file claims and retrieve the same claim and benefit payment information through an Interactive Web Response (IWR) web-based application. The IWR should closely parallel the IVR such that a user familiar with one interface will understand the logic, terminology, editing, and flow of the other.
- b. The IWR should support a maximum of 240 concurrent users without performance degradation.
- c. The IWR should be created with the capability to provide standard broadcast messages for all users without disrupting normal operations and allow WFWV staff the ability to change or make potential modifications to the messages. Examples would include a warning message to report earnings, specific messages concerning eligibility to file an interstate claim, etc. Reference Exhibits A and B, all portions not marked as Phase 2.
- d. The proposed public facing IWR solution should support mobile devices, both Google Android and Apple iOS (e.g., smart phones, tablets) with functionality tailored to small, touch enabled screens.

4.1.4 The vendor should provide statistical reporting capability for the proposed IVR/IWR solution.

- a. The system should provide detailed daily activity summary/statistic reports listing the number of weeks and initial claims filed (broken out by IVR/IWR), a list of claimants who cannot file continued claims by IVR/IWR, a list of the claims with weeks exported but not processed, and a list of unsuccessful filing attempts via IVR/IWR, broken down by office location and date stamp. Reference Exhibit F.
- b. The system should provide daily and running totals on the number of times each IVR/IWR script (initial, continued and inquiry components) are accessed by claimants.
- c. The system should provide phone Automatic Call Distribution (ACD) time management statistics for monitoring the interstate initial claims taking process. This information should include number of calls received, number of calls answered,

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number of calls abandoned, types of calls in queue (new, additional or reopened claims), length of time in queue prior to being answered, and length of time spent with interviewer. Data should be grouped by interviewer login.

- d. The IVR/IWR should allow WFWV staff to create and modify ad hoc reports, based on run dates, user definable parameters and sort order, and other pertinent criteria.
- e. The system should log all responses to questions entered by the public for continued weeks claims.
- f. The system should allow WFWV staff to search, review and print all created logs when problems arise.
- g. All IVR/IWR reports should be accessible with minimal impact on system performance.

4.1.5 The vendor should provide the required security for the proposed IVR/IWR solution.

- a. The IVR/IWR should provide WFWV administrative staff with a comprehensive web-based system administration console from which user accounts can be managed and system security parameters defined or modified.
- b. The system should provide a robust role-based security model for all staff users. WFWV administrative staff should have the ability to assign pre-defined roles and/or create or modify role definitions as needed.
- c. The system security model should support the enforcement of strong passwords for all staff users and allow the individual user to maintain their password, including an automated password reset function. System administrators should be able to define password strength parameters such as length, required character types, etc.
- d. The system security model should support standard features for locking accounts after a number of failed login attempts and expiring unused accounts. WFWV administrative staff should have the ability to define parameters for the number of failed login attempts allowed and the length of time before account expiration.
- e. The system should maintain an audit trail for all staff account modifications within the system. This would include account creation, deletion, and modification as well as password resets.
- f. The system should allow designated WFWV administrators to easily access recorded audit information as needed.

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- g. The system should accept a four (4) digit Personal Identification Number (PIN) from claimants for specified secure functions. This PIN will be supplied in the daily database update from the mainframe.
 - h. The system should support secure communication methods with the WFWV mainframe application including HTTPS and secure FTP.
- 4.1.6 The vendor should provide management, diagnostics and monitoring for the proposed IVR/IWR solution.
- a. The system should be created in a way so that WFWV staff can change page header and footer information within the IWR without vendor assistance. Examples would include changing the agency name, agency logo, agency phone numbers, etc.
 - b. The system should identify and handle general error conditions such as mainframe communication unavailable, database unavailable, no available data storage capacity, etc. At the time of a general error, IVR/IWR users should be advised to try their request at a later time due to technical difficulties before being disconnected.
 - c. The system should log all error conditions as they occur and perform self-diagnostics at a programmable time interval to identify potential faults before they occur. All error logs should be readily accessible to system administrators for review.
 - d. The system should have the ability to notify designated administrators and/or operators when error conditions occur. This notification process should include multiple methods of contact to ensure delivery. These would include both electronic delivery options such as e-mail or text messages and telephone messages.
 - e. The system should support error escalation whereby error notification can be escalated to another set of contacts if it is unresolved after a defined period of time.
 - f. The system should be able to speak error codes and descriptions to any recipient.
 - g. The system should support remote server console operations to facilitate remote management as well as file and data transfers as needed during troubleshooting processes.
 - h. The system should offer a web-based operations console that displays real time system performance, a snapshot of system health, and any alerts or errors.
 - i. All system administration and WFWV staff usage should occur within a web browser. Describe browser requirements and any third-party software components (e.g., Java, Flash, ActiveX) that are required to operate the system through a web interface.

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Describe any specific privileges (e.g., Local Administrator) or special abilities that the user must possess on the client computer to successfully use the administrative console.

- j. The IVR system should support the addition, deletion and modification of voice messages on-site or remotely via telephone.
 - k. The IVR system should support a web-based administrative console that allows the management of voice message files including the addition of new files and replacement of existing files using an integrated upload process.
 - l. The IVR system should allow WFWV staff to change some voice message files without vendor assistance. Examples could include changes to local office addresses, zip codes, telephone numbers, sections of applicable law, or confidentiality statements.
 - m. The IVR system should allow WFWV staff to create a temporary voice message file and have it inserted as an information message within a script. Examples could include holiday closure information, changes in filing procedures, scheduled downtime for maintenance, and temporary local office closures.
- 4.1.7 The vendor should provide phone Automatic Call Distribution (ACD) specifications (identifies type of call and length of call) for the proposed solution that are compatible with existing Toshiba CIX with DKT 2020SD telephone sets as well as Cisco Call Manager system. Provide for a management distribution system.
- a. The IVR system should be fully compliant with all FCC standards and regulations for emissions and telephone connections.
 - b. The IVR system's text-to-speech process should automatically know when to speak dollars/cents and dates.
 - c. The IVR system should recognize disconnect by detecting line current interruption, dial tone, and by a configurable timeout. All three types should be available and installed in the IVR system provided.
 - d. The IVR system should recognize dial tone, ring back, busy tone signals, answer, and silence.
 - e. The IVR system should accept and recognize all DTMF (Dual-Tone Multi-Frequency) bell-tone standard tones of appropriate amplitude.
 - f. The vendor should support standard signaling supported by the proposed IVR system (e.g., ground start, loop start, E&M, etc).

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- g. The IVR system should have the capability to place callers filing interstate claims in queue for a pre-determined amount of time without dropping the call and to provide an on-hold message. The system should provide ability for WFWV staff to modify the duration of the length of the queue and operational hours during high peak volumes.

4.1.8 The system should provide accessibility to the disabled for the proposed IVR/IWR solution.

- a. The IVR/IWR system should be compliant with all pertinent Americans with Disabilities Act (ADA) requirements for both telephone and web user interfaces.
- b. The IVR system should support interaction with hearing-impaired callers via teletypewriter (TTY) and any other telecommunication devices for the deaf (TDD) required by the ADA.

4.2 Phase 2: The vendor should work with designated WFWV staff to enhance/update the new software solution for IVR/IWR with new features. Reference Section 4, Item 2 of this RFP for background and current operating environment.

- 4.2.1 The IVR/IWR system should be created to allow agency staff to make potential modifications. Reference Exhibits A and B, portions marked as Phase 2, for more information.
- 4.2.2 The IVR/IWR solution should incorporate a system of menus during the claims taking/filing process in which separation information/facts may be gathered from the user. Example: When an individual responds that they quit employment, a separate submenu would appear with reasons for quitting employment. Based upon follow-up responses, a line of questioning continues in order to gather additional information needed to process the claim. Refer to Exhibit C.
- 4.2.3 The IVR/IWR solution should incorporate a system of menus during the claims taking/filing process in which non-separation information/facts may be gathered from the user. Example: When an individual responds that they attend school, a separate submenu would appear with types of training the person is attending. Based upon follow-up responses, a line of questioning continues in order to gather additional information needed to process the claim. Refer to Exhibit D.
- 4.2.4 The IVR/IWR solution should incorporate the suggested Benefit Rights Interview (BRI) script of three (3) to five (5) minutes and the required acknowledgement. Refer to Exhibit E.
- 4.2.5 The IVR/IWR should have the ability to provide specific messages based on individual claim information. Below are some examples of claimant specific messages:

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- a. Identify benefit year ending date of claim. When expiration is within two weeks, advise claimant of need to report in person or if an out-of-state resident file a new claim using the IVR/IWR system.
- b. Identify the date a progress report schooling form is due; and if this date is during the weeks being filed, notify the claimant that the form must be returned before the continuous weeks can be processed.
- c. Notify a claimant when an error occurs during the filing of claim weeks and advise he/she to report to the local office, and provide a brief explanation.
- d. Notify a claimant when earnings reported exceed 31 hours that the claim week cannot be processed and to report to the local office to reopen the claim.
- e. Provide messages to claimants when a stop has been placed on their account for a specific issue. Examples include: mail returned from the post office, a scheduled appointment was missed, claimant failed to return a specific form, etc.

- 4.2.6 The IWR should provide the ability to download, complete and print the claimant "fillable" PDF forms. The necessary WFWV forms will be supplied in paper and/or electronic format and should be converted to accurate PDF representations by the vendor for posting on the IWR. (Refer to Exhibit J).
- 4.2.7 The IVR/IWR should provide the ability to create a viewable unemployment compensation payment document or voice script that provides limited information to the claimant. The document or script should detail the most recent six (6) week period filed, including the week ending date and payment information for each week.
- 4.2.8 The IWR should provide the ability to provide and print a confirmation number at the end of successful filing of a claim.
- 4.2.9 The IVR should provide the ability for Fraud Reporting – a call forwarding capability to the fraud reporting unit.
- 4.2.10 The IVR/IWR should support the English and Spanish languages and provide prompts in either language for all functions accessible.
- 4.2.11 The IVR should allow claimants to file for one or two weeks based on agency's determinations of type of payment. Appropriate date from the Unemployment System will be provided to indicate whether claimant can file weekly or bi-weekly.

- 4.3 **Phase 3:** The vendor should implement a software solution through a complete telecommunications IVR/Predictive Dialing System/Autodialer. The predictive dialer is to provide WFWV with an automated calling system to (a) contact employers who have not filed quarterly wage

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and contribution reports and/or paid contributions due to the Unemployment Compensation for collection purposes; and (b) contact claimants who have an overpayment for collection purposes. Although these activities are our primary goal for this system, WWFV also anticipates using the system to message employers, claimants, and staff.

Reference Section 4, Item 2 of this RFP for background information.

- 4.3.1 The vendor's solution should provide a minimum of twenty-five (25) agent seats that will be divided between the two units (Benefit Payment Control and Compliance and Enforcement) that will be using this phase of the system. The solution should also provide for multiple site administrators, multi-site deployments, remote users, and home agents.
- 4.3.2 The vendor's solution should have these various features that pertain to outbound dialing: support multiple dialing modes such as predictive, preview, dial now and message modes; an Area Code Management feature that bases calls on the time of day; a filter to eliminate unproductive calls, such as busy, disconnect, no answer, answering machines, and operator intercepts; Computer Telephony Integration (CTI) screens that push customer information to the agent desktop from our mainframe system; ability for agents to be able to schedule general call-backs or manage appointment settings; expanded features for call management such as conference calls; internal and external transfers; PBX integration for call blending and remote agents; ability to play specific hold messages until agent answers the call; capability to monitor agents and prevent dialing beyond capacity; ability to allocate calls by geographical regions for a particular unit; and, for compliance, the system should support a Do Not Call List.
- 4.3.3 The vendor's solution should allow agents to be logged into and out of the Automated Call Distribution Center (ACD); receive both inbound and outbound calls simultaneously while remaining logged into both the ACD and the dialer; allow agents to receive Direct Inward Dialing as well as voice mail designated for a specific agent. The vendor's solution should provide true call blending features such as: Dynamic Routing, Priority Queuing, and Blended Agents using intelligent routing rules implemented through the ACD. The skill-based routing and business rules should be designed so that system administrators can make modifications immediately without interrupting the system or forcing agents to logoff.
- 4.3.4 The blended agent desktop should have the ability to integrate with the existing phone system and the mainframe to provide maximum call handling as well as provide real-time information from these systems to the agent on inbound calls to prevent manual data search and allow the agent to work directly within the system to update customer information before returning to the desktop to complete the call.
- 4.3.5 The vendor's solution should support a List and Campaign Management Feature that provides the ability to build templates and rules for scheduling the work to be performed. This feature should also allow filters to be loaded and used to assign lists and campaigns in advance so new programs or lists can begin dialing automatically without supervisor intervention.

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- 4.3.6 The vendor's solution should also utilize the IVR portion of this system for both inbound and outbound debt collection calls. The outbound IVR for debt collection should have the same functionality and features as the Predictive Dialer/Autodialer. The system should support a user friendly, web-based management console that allows administrators to build simple debt collection IVR flows and standard IVR prompts for greetings, closings, attention retainers, and on-hold messages. Additionally, the system should have the capability to assign clients to certain agents by geographic location. Please note, not all agents will be assigned by geographic location.
- 4.3.7 The vendor's solution should provide a CTI (Computer Telephony Integration) based blended solution which integrates hardware and software into interfaces that will fit into our existing operating environment rather than requiring us to change our business processes.
- 4.3.8 The vendor's solution should provide options for management to view real-time information for inbound queues, outbound lists, and combined (blended) operations so that changes can be made as necessary to increase productivity. These monitoring tools should allow management to view agent activity by station, agent, group and call information and select agents to monitor live.
- 4.3.9 The vendor's solution should provide a call recording mechanism within the system that can be set to record calls using four different methods: Record specific calls during a set predetermined time within each call, record calls within a specific campaign, set to record all calls, or record a portion of call by allowing an agent the capability to turn the recording on or off during a phone call. The call recording feature should be designed to allow the method of recording to be controlled by management. The solution should also provide an easy method for quickly retrieving the recordings.
- 4.3.10 The vendor's solution should provide and support voicemail for both the system and personal use.
- 4.3.11 The vendor's solution should provide various agent desktop features such as allowing the agents to transfer and set up conference calls, support simultaneous multiple host sessions from each agent workstation, notify agent of an incoming call, provide agents a predetermined time frame after a finished call to complete documentation, allow agents to request assistance without leaving their workstations, and provide the agent with statistics on their desktop such as calls in queue.
- 4.3.12 The vendor's solution should provide management the capability to access the control center through any workstation, provided the user has the correct role, allowing administrative control; allow each campaign to be controlled separately; provide a means by which call center activities can be set, monitored and controlled in real time; provide a means to set call handling during holidays with the ability to create or modify. In essence,

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this system should provide a complete management portal to control all functions related to debt collection.

- 4.3.13 The vendor's solution should provide a disposition code that can be used by agents to account for various types of calls such – busy, answering machine, call back, etc. The solution should have at a minimum at least ten (10) codes. The system should have a means by which these codes can be made mandatory, requiring the agent to insert the appropriate code before moving to the next call.
- 4.3.14 The vendor's solution should provide audible and visible alerts/alarms that automatically notify the designated manager if a campaign and/or system error has occurred or if a set objective such as number of calls etc. has not been met. The system should also retain historical data without compromising performance for an unlimited length of time, storage space permitting, as well as allow this data to be used to build a calling campaign. The system should also have a method available to purge this information. The purge mechanism should have the capability to be set by management, either automatically for a pre-determined interval or any given time period.
- 4.3.15 The vendor's solution should provide monitoring tools that allow management staff to listen to an agent either silently, coach an agent, or barge-in to assist the agent with a call; allow management to record interactions for quality assurance purposes; provide real-time statistics as well as monitoring for agents signed in by remote locations. The system should have the ability to monitor and interpret how many agents are signed on to the system and adjust the ratio of calls accordingly.
- 4.3.16 The vendor's solution should provide historical and real-time reports tailored for this particular phase of the project. These reports should provide call detail records such as: agent taking the call; type of call (answering machine, modems, faxes, telephone screening devices, cell phones; outcome of call (calls attempted, calls completed); elapsed time per call; calls not resulting in a customer speaking to a live agent. The system should allow these reports to be run for any given time period or be exported for further analysis. The system should have general reports readily available upon request by just setting time period parameters as well as have the capability to create and format new reports.
- 4.4.1. The vendor should provide an IVR/IWR Unemployment System and IVR/Predictive Dialer/Autodialer System. The IVR/IWR system should be a complete turnkey unified solution which provides all existing functionality yet built with the capacity to allow enhancements and updates. The IVR/Predictive Dialer/Autodialer System should automate the collection of benefit overpayments and delinquent employer taxes.
- 4.4.2 The vendor should provide system training and documentation upon agency acceptance of each phase of the proposed solution.

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The vendor should provide WFWV staff with on-site training as well as written training materials in an electronic or on-line format for all phases. Training for each phase should occur upon agency acceptance of that phase. IVR/IWR training should be for three (3) system administrators and up to twenty (20) users. The IVR/Predictive Dialer/Autodialer training should be for twenty-five (25) agents and five (5) administrators. All on-site training should be held at 112 California Ave, Charleston, WV 25305. Any material produced to accommodate this requirement should become the property of WFWV with permission to reproduce as necessary.

- a. System documentation should include all printed manuals for administrator, user, and agent functions and should also be available on-line or provided on electronic media (CD/DVD) and should be provided for each phase upon agency acceptance.
- b. The vendor should update system documentation and manuals accordingly as changes are made to any phase throughout the life of the contract.
- c. The vendor should provide training to WFWV administrative staff on how to change IVR voice message files, IWR web page headers/footers, and how to create/insert temporary IVR/IWR messages.

4.4.3 The vendor should provide maintenance and support for all phases of the proposed solution.

- a. The vendor should offer on-site support, second-level technical phone support, and web-based support offerings.
- b. Upon installation and final acceptance of the Phase 3 by the Agency, year one (1), will be added to the contract by formal written change order to establish the dates for service. Additional maintenance years as defined herein will be added by renewal and are limited to two, (2) one year periods. Renewals shall occur on the anniversary date of year one and shall be upon mutual written agreement of the State and the Vendor as defined in Section 2, item 3 of this solicitation.
- c. The vendor should provide on-call technical support personnel 24 hours per day, 7 days a week including holidays.
- d. A qualified technician should respond via phone and be actively working toward resolution of the reported problem within two (2) hours. The vendor should provide on-site technical support for problems that cannot be resolved via telephone or remote access.
- e. For any issue that is unresolved within four (4) hours, the vendor should submit a special report describing the incident, addressing why the problem could not be resolved within four (4) hours, identifying the conditions that lead to the problem and the personnel

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involved, and describing what steps should be taken by the vendor and/or WFWV to ensure that the problem does not recur.

- f. Each request for service should be assigned a tracking number and include specific information related to the call. The successful vendor should provide a monthly log of trouble calls and the status of the resolution of each issue.
- g. The vendor should provide WFWV with a web-based help desk console to track the status of all open service calls. Calls should not be closed until WFWV administrative staff approves the resolution of the call.

4.4.4. The vendor should provide application development and testing services for all phases of the solution.

- a. The system should exchange data files with the WFWV mainframe application.
- b. Batch updates should occur on a nightly basis, Sunday through Friday. Therefore, there should be a file imported into the IVR/IWR each work night and there should also be a file exported from the IVR/IWR each work night to update the mainframe.
- c. The system should allow WFWV staff to schedule dates in advance on which data exchange with the mainframe will not occur. WFWV does perform updates on some holidays, but not all.
- d. The system should also support real time, interactive data exchange with the mainframe for all phases. In the case of interstate initial claims, the system should interact directly with the mainframe while the claim is being completed. COBOL and CICS Web-enabled screens are currently used to accommodate this task.
- e. The vendor should work with WFWV Unemployment Insurance (UI) application development staff to design, develop and implement the import/export process and data file definitions for each phase of the project. The actual data exchange process will be implemented by WFWV UI application development staff per agreed upon specifications.

4.4.5 The vendor should develop a test plan and associated scripts which will be reviewed with WFWV staff before testing begins.

- a. Unit and systems testing should be a part of the test plan.
- b. The vendor should work with WFWV staff for acceptance testing at the close of each phase of the project.
- c. The vendor should propose a method by which performance testing can be observed and documented to comply with the requested levels of system performance.

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- d. The vendor should propose a system failover testing strategy whereby operations can be transferred from the primary system to the secondary system to assure readiness. Failover testing should occur every six (6) months.
 - e. The vendor should propose a data backup and restoration testing strategy whereby WFWV can be assured that data is being successfully backed up on-site and off-site and that data restoration can be successfully performed. This process should occur every six (6) months.
- 4.4.6 The vendor should provide all necessary hardware, software, and hosting for each phase of the solution.
- a. The vendor's solution should be architected such that an on-site system is the primary production system and that an offsite, vendor hosted solution is secondary.
 - b. The primary system should be located at 1900 Kanawha Blvd East, Charleston, West Virginia (State Capitol Complex) and meet all of the performance requirements stated in this document.
 - c. The secondary system location should be determined by the vendor, but should offer the same levels of functionality and performance as the primary system.
 - d. For the secondary system, the vendor should provide an annual cost to cover all hosting and other expenses associated with this system. Any and all variable costs associated with usage of the secondary system should be quoted as rates.
 - e. The vendor should submit a proposed maintenance schedule to WFWV staff every six (6) months detailing when routine maintenance of the primary or secondary system will make either of them unavailable.
- 4.4.7 The vendor should test and apply all changes, updates, and patches for any system components to both the primary and secondary systems, starting with the secondary system, in accordance with the WFWV approved maintenance schedule.
- 4.4.8 The vendor should provide business continuity, data backup, and restoration capabilities for the solution.
- 4.4.9 The solution should have features that enhance business continuity and disaster recovery:
- a. The secondary system should be hosted at a site that is at least 100 miles from the primary site, but not more than 350 miles.
 - b. The secondary system site should offer features to improve resiliency, such as backup power generation, a secondary cooling system, significant physical and electronic security measures, multiple high speed connections to the internet through different carriers, etc.

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- c. The secondary system should serve as an offsite backup should the primary system become unavailable and as an independent testing/training system available during all other times.
- d. The system should be constructed in such a way that that the secondary system can replace the primary system in no more than eight (8) hours.

4.4.10 The solution should have data backup and restoration capabilities:

- a. The proposed solution should include all hardware and software necessary to provide data backup and restoration capabilities. Specifically, WFWV is interested in preserving all logs generated by the primary system.
- b. The data backup process should occur both on-site and off-site so that there are two copies in different locations at all times.
- c. The vendor should be able to restore data from either on-site or off-site backups in no more than eight (8) hours.

4.4.11 The Vendor should implement Phase 2 within ninety, (90), days of the implementation of Phase I.

4.4.12 The Vendor should implement Phase 3 within ninety, (90), days of the implementation of Phase II.

5. Mandatory Requirements

The following mandatory requirements must be met by the Vendor as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory specifications shall result in the disqualification of the proposal. The terms “must”, “will”, “shall”, “minimum”, “maximum”, or “is/are required” identify a mandatory item or factor. Decisions regarding compliance with any mandatory requirements shall be at the sole discretion of the Purchasing Division.

5.5.1. The vendor must comply with applicable West Virginia statutes, rules and policies concerning addressing personal data, including WV’s Breach Law which requires notification within three (3) hours of a security breach incident. (Refer to Exhibit I.)

5.5.2. The vendor shall ensure that no data in its custody will be used for any circumstances other than those agreed to in the contract.

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- 5.5.3 The vendor shall ensure that the original software, source code, object code, and all modifications, throughout the life of any agreement resulting from the release of this RFP, will be released to the agency upon the completion of the project. It is further understood that the State will retain a perpetual license to the object code.
- 5.5.4 The vendor must provide project management services and an implementation schedule for all phases of the proposed solution.
- a. The vendor will be required to utilize a formalized approach to project management which is compliant with the Project Management Book of Knowledge (PMBOK). Please reference the following URL for more information: <http://www.pmi.org/PMBOK-Guide-and-Standards.aspx>
 - b. The vendor must assign a project manager to the project. This project manager will be responsible for all work tasks and deliverables as well as milestones as defined within the project work plan. The project manager will work under the direction of the WFWV's project lead and oversight from the WVOT project manager to ensure that all work is performed in accordance with the terms and conditions of the contract.
 - c. The vendor's project manager will be required to maintain a project work plan through the full term of the implementation process for each phase of the project. The vendor's project manager will be required to submit an updated work plan with deliverables and milestones to the WFWV's project lead and WVOT oversight project manager within thirty (30) calendar days after award of a contract. Vendor must complete the entire effort as expeditiously as possible after the contract is awarded.
 - d. The vendor's project manager will be required to track and submit status reports for the following: schedule, scope, budget, issues, risks, specified performance indicators, and other metrics determined appropriate when establishing the project charter. The successful vendor will work with the WFWV project lead and the WVOT oversight project manager to establish, publish and follow a formal communications plan.
 - e. The vendor's project manager will be required to establish a change management process before any change is made to the project.
- 5.5.5 The Vendor must implement Phase 1 within 120 days of award or no later than November 30, 2013 or whichever comes first.
- 5.5.6 For the primary system, the vendor must identify all hardware and software necessary to implement their proposed solution for all phases in accordance with this RFP and provide a complete listing of same in the Mandatory Specification Checklist (Attachment B of this RFP). This must include any and all network hardware and physical security (e.g., equipment racks, firewalls, switches, routers, etc.). The vendor supplied solution must be compatible and provide flawless integration and operate in

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a completely standalone manner from all other state systems and only require physical space/security, electrical power, adequate cooling, and an Internet connection.

- 5.5.7 Because this system is mission critical, the vendor must provide a designated primary contact for all calls concerning system support.
- 5.5.8 The vendor must provide all hardware and software required, the cost of which should be provided separately on the Cost Sheet, (Attachment C of this RFP). All servers and storage devices should be Hewlett-Packard Intel-based hardware or equivalent and be interoperable and compatible with existing Hewlett-Packard hardware. All networking equipment used in the proposed solution (firewalls, routers, switches, etc.) should be Cisco hardware or equivalent and interoperable and compatible with existing Cisco network hardware. All software (operating systems, relational database, etc.) should be Microsoft software or equivalent and fully compatible and interoperable with the existing Microsoft software environment.
6. **Oral Presentations (Agency Option):** The Agency has the option of requiring oral presentations of all Vendors participating in the RFP process. If this option is exercised, it would be listed in the Schedule of Events (Section 1.3) of this RFP. During oral presentations, Vendors may not alter or add to their submitted proposal, but only clarify information. A description of the materials and information to be presented is provided below:
- 6.1. Materials and Information Required at Oral Presentation:
- a. The presentation time will be consistent for all vendors with a question and answer session afterwards.
 - b. The presentation should be a working prototype plan of the proposed solution's design. There is no requirement for the use of Workforce West Virginia data with this demonstration.
 - c. The presentation should also include a summarization of Vendor Response to the Project Goal and Objectives.

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SECTION FIVE: VENDOR PROPOSAL

- 1 **Economy of Preparation:** Proposals should be prepared simply and economically providing a straightforward, concise description of the Vendor's abilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of the content.
- 2 **Incurring Cost:** Neither the State nor any of its employees or officers shall be held liable for any expenses incurred by any Vendor responding to this RFP, including but not limited to preparation, delivery, or travel.
- 3 **Proposal Format:** Vendors should provide responses in the format listed below:

Title Page: State the RFP subject, number, Vendor's name, business address, telephone number, fax number, name of contact person, e-mail address, and Vendor signature and date.

Table of Contents: Clearly identify the material by section and page number.

Attachment A: Within the attached response sheet (Attachment A: Vendor Response Sheet), provide the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met.

Also, describe the approach and methodology proposed for this project. This should include how each of the goals and objectives listed it to be met. Also, describe the approach and methodology proposed for this project. This should include how each of the goals and objectives listed is to be met.

Attachment B: Complete **Attachment B: Mandatory Specification Checklist**. By signing and dating this attachment, the Vendor acknowledges that they meet or exceed each of these specifications as outlined in Section 4, Subsection 5. The State reserves the right to require documentation detailing how each is met at its discretion.

Attachment C: Complete **Attachment C: Cost Sheet** included in this RFP and submit in a separate sealed envelope. Cost should be clearly marked.

Oral Presentations: If established by the Agency in the Schedule of Events (Section 1.3), all Vendors participating in this RFP will be required to provide an oral presentation, based on the criteria set in Section 4.6. During oral

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presentations, Vendors may not alter or add to their submitted proposal, but only to clarify information.

- 4 **Proposal Submission:** Proposals must be received in two distinct parts: technical and cost.

- **Technical proposals** must not contain any cost information relating to the project.
- **Cost proposal** shall be sealed in a separate envelope and will not be opened initially.

All proposals must be submitted to the Purchasing Division **prior** to the date and time stipulated in the RFP as the opening date. All bids will be dated and time stamped to verify official time and date of receipt. All submissions must be in accordance with the provisions listed below and in Section Two: Instructions to Bidders Submitting Bids above.

- 5 **Technical Bid Opening:** The Purchasing Division will open and announce only the technical proposals received prior to the date and time specified in the Request for Proposal. The technical proposals shall then be provided to the Agency evaluation committee.

- 6 **Cost Bid Opening:** The Purchasing Division shall schedule a date and time to publicly open and announce cost proposals when the Purchasing Division has approved the technical recommendation of the evaluation committee. All cost bids for qualifying proposals will be opened. Cost bids for non-qualifying proposals will also be opened but shall not be considered. A proposal may be deemed non-qualifying for a number of reasons including, but not limited to, the bidder's technical proposal failing to meet the minimum acceptable score and the bidder's technical proposal failing to meet a mandatory requirement of the contract. Certain information, such as technical scores and reasons for disqualification, will not be available until after the contract award, pursuant to *West Virginia Code* §5A-3-11(h) and *West Virginia Code of State Rules* §148-1-6.2.5..

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SECTION SIX: EVALUATION AND AWARD

- 1 **Evaluation Process:** Proposals will be evaluated by a committee of three (3) or more individuals against the established criteria with points deducted for deficiencies. The Vendor who demonstrates that they meet all of the mandatory specifications required; and has appropriately presented within their written response and/or during the oral demonstration (if applicable) their understanding in meeting the goals and objectives of the project; and attains the highest overall point score of all Vendors shall be awarded the contract. The selection of the successful Vendor will be made by a consensus of the evaluation committee.
- 2 **Evaluation Criteria:** All evaluation criteria is defined in the specifications section and based on a 100 point total score. Cost shall represent a minimum of 30 of the 100 total points.

The following are the evaluation factors and maximum points possible for technical point scores:

- | | |
|---|---------------------------|
| • Vendor/Sub Contractor Experience and References | 20 Points Possible |
| • Project Goals, Objectives | 30 (To be divided) |
| Phase 1 (section 4.1) | 10 Points Possible |
| Phase 2 (section 4.2) | 08 Points Possible |
| Phase 3 (section 4.3) | 07 Points Possible |
| Project Management Methodology | 05 Points Possible |
| • Technical Components | 10 Points Possible |
| Testing, hardware, backup | |
| • Maintenance and Support & Training | 10 Points Possible |
| • Cost | <u>30 Points Possible</u> |

Total	100 Points Possible
--------------	----------------------------

Each cost proposal cost will be scored by use of the following formula for all Vendors who attained the minimum acceptable score:

Lowest price of all proposal

_____	X 30 = Price Score
Price of Proposal being evaluated	

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- 2.1 Technical Evaluation: The Agency evaluation committee will review the technical proposals, deduct points where appropriate, and make a final written recommendation to the Purchasing Division.
- 2.2 Minimum Acceptable Score: Vendors must score a minimum of 70% (49 points) of the total technical points possible. All Vendors not attaining the minimum acceptable score (MAS) shall be considered as non-qualifying; therefore, the cost bids will not be opened. A proposal may be deemed non-qualifying for a number of reasons including, but not limited to, the bidder's technical proposal failing to meet the minimum acceptable score and the bidder's technical proposal failing to meet a mandatory requirement of the contract. Certain information, such as technical scores and reasons for disqualification, will not be available until after the contract award, pursuant to *West Virginia Code* §5A-3-11(h) and *West Virginia Code of State Rules* §148-1-6.2.5.
- 2.3 Cost Evaluation: The Agency evaluation committee will review the cost proposals, assign appropriate points, and make a final recommendation to the Purchasing Division.

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Attachment A: Vendor Response Sheet

Provide a response regarding the following:

Section 3.1 Describe how you will meet the requirement outlined in Section 3.1.

Vendor Response

Section 4.1 : Describe how you plan to meet all of the specifications for Phase 1 regarding the creation of an IVR/IWR system that allows for the same functionality of WFWV's current system.

Vendor Response:

Section 4.1.1 Describe how you plan to meet this requirement.

Vendor Response:

Section 4.1.1 (a): Describe how you plan to meet the requirement outlined in Section 4.1.1 (a)

Vendor Response:

Section 4.1.1 (b): Describe how you plan to meet the requirement outlined in Section 4.1.1 (b)

Vendor Response:

Section 4.1.2: Describe how you plan to meet the requirement outlined in Section 4.1.2

Vendor Response:

Section 4.1.2 (a): Describe how you plan to meet the requirement outlined in Section 4.1.2 (a)

Vendor Response:

Section 4.1.2 (b): Describe how you plan to meet the requirement outlined in Section 4.1.2 (b)

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Vendor Response:

Section 4.1.2 (c): Describe how you plan to meet the requirement outlined in Section 4.1.2 (c)

Vendor Response:

Section 4.1.2 (d): Describe how you plan to meet the requirement outlined in Section 4.1.2 (d)

Vendor Response:

Section 4.1.2 (e): Describe how you plan to meet the requirement outlined in Section 4.1.2 (e)

Vendor Response:

Section 4.1.2 (f): Describe how you plan to meet the requirement outlined in Section 4.1.2 (f)

Vendor Response:

Section 4.1.2 (g): Describe how you plan to meet the requirement outlined in Section 4.1.2 (g)

Vendor Response:

Section 4.1.2 (h): Describe how you plan to meet the requirement outlined in Section 4.1.2 (h)

Section 4.1.2 (i): Describe how you plan to meet the requirement outlined in Section 4.1.2 (i)

Vendor Response:

Section 4.1.3: Describe how you plan to meet the requirement outlined in Section 4.1.3

Vendor Response:

Section 4.1.3 (a): Describe how you plan to meet the requirement outlined in Section 4.1.3(a)

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Vendor Response:

Section 4.1.3 (b): Describe how you plan to meet the requirement outlined in Section 4.1.3 (b)

Vendor Response:

Section 4.1.3 (c): Describe how you plan to meet the requirement outlined in Section 4.1.3 (c)

Vendor Response:

Section 4.1.3 (d): Describe how you plan to meet the requirement outlined in Section 4.1.3 (d)

Vendor Response:

Section 4.1.4. Describe how you plan to meet the requirement outlined in Section 4.1.4

Vendor response

Section 4.1.4 (a) Describe how you plan to meet the requirement outlined in Section 4.1.4 (a)

Vendor Response:

Section 4.1.4 (b) Describe how you plan to meet the requirement outlined in Section 4.1.4 (b)

Vendor Response:

Section 4.1.4 (c) Describe how you plan to meet the requirement outlined in Section 4.1.4 (c)

Vendor Response:

Section 4.1.4 (d) Describe how you plan to meet the requirement outlined in Section 4.1.4 (d)

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Vendor Response:

Section 4.1.4 (e) Describe how you plan to meet the requirement outlined in Section 4.1.4 (e)

Vendor Response:

Section 4.1.4 (f) Describe how you plan to meet the requirement outlined in Section 4.1.4 (f)

Vendor Response:

Section 4.1.4 (g) Describe how you plan to meet the requirement outlined in Section 4.1.4 (g)

Vendor Response:

Section 4.1.5 Describe how you plan to meet the requirement outlined in Section 4.1.5

Vendor Response:

Section 4.1.5 (a) Describe how you plan to meet the requirement outlined in Section 4.1.5 (a)

Vendor Response:

Section 4.1.5 (b) Describe how you plan to meet the requirement outlined in Section 4.1.5 (b)

Vendor Response:

Section 4.1.5 (c) Describe how you plan to meet the requirement outlined in Section 4.1.5 (c)

Vendor Response:

Section 4.1.5 (d) Describe how you plan to meet the requirement outlined in Section 4.1.5 (d)

Vendor Response:

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Section 4.1.5 (e) Describe how you plan to meet the requirement outlined in Section 4.1.5 (e)

Vendor Response:

Section 4.1.5 (f) Describe how you plan to meet the requirement outlined in Section 4.1.5 (f)

Vendor Response:

Section 4.1.5 (g) Describe how you plan to meet the requirement outlined in Section 4.1.5 (g)

Vendor Response:

Section 4.1.5 (h) Describe how you plan to meet the requirement outlined in Section 4.1.5 (g)

Vendor Response:

Section 4.1.6 Describe how you plan to meet the requirement outlined in Section 4.1.6

Vendor Response:

Section 4.1.6 (a) Describe how you plan to meet the requirement outlined in Section 4.1.6 (a)

Vendor Response:

Section 4.1.6 (b) Describe how you plan to meet the requirement outlined in Section 4.1.6 (b)

Vendor Response:

Section 4.1.6 (c) Describe how you plan to meet the requirement outlined in Section 4.1.6 (c)

Vendor Response:

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Section 4.1.6 (d) Describe how you plan to meet the requirement outlined in Section 4.1.6 (d)

Vendor Response:

Section 4.1.6 (e) Describe how you plan to meet the requirement outlined in Section 4.1.6 (e)

Vendor Response:

Section 4.1.6 (f) Describe how you plan to meet the requirement outlined in Section 4.1.6 (f)

Vendor Response:

Section 4.1.6 (g) Describe how you plan to meet the requirement outlined in Section 4.1.6 (g)

Vendor Response:

Section 4.1.6 (h) Describe how you plan to meet the requirement outlined in Section 4.1.5 (h)

Vendor Response:

Section 4.1.6 (i) Describe how you plan to meet the requirement outlined in Section 4.1.6(i)

Vendor Response:

Section 4.1.6 (j) Describe how you plan to meet the requirement outlined in Section 4.1.6 (j)

Vendor Response:

Section 4.1.6 (k) Describe how you plan to meet the requirement outlined in Section 4.1.6 (k)

Vendor Response:

Section 4.1.6 (l) Describe how you plan to meet the requirement outlined in Section 4.1.6 (l)

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Vendor Response:

Section 4.1.6 (m) Describe how you plan to meet the requirement outlined in Section 4.1.6 (m)

Vendor Response:

Section 4.1.7 Describe how you plan to meet the requirement outlined in Section 4.1.7

Vendor Response:

Section 4.1.7 (a) Describe how you plan to meet the requirement outlined in Section 4.1.7 (a)

Vendor Response:

Section 4.1.7 (b) Describe how you plan to meet the requirement outlined in Section 4.1.7 (b)

Vendor Response:

Section 4.1.7 (c) Describe how you plan to meet the requirement outlined in Section 4.1.7 (c)

Vendor Response:

Section 4.1.7 (d) Describe how you plan to meet the requirement outlined in Section 4.1.7 (d)

Vendor Response:

Section 4.1.7 (e) Describe how you plan to meet the requirement outlined in Section 4.1.7 (e)

Vendor Response:

Section 4.1.7 (f) Describe how you plan to meet the requirement outlined in Section 4.1.7(f)

Vendor Response:

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Section 4.1.7(g) Describe how you plan to meet the requirement outlined in Section 4.1.6 (g)

Vendor Response:

Section 4.1.8 Describe how you plan to meet the requirement outlined in Section 4.1.8

Vendor Response:

Section 4.1.8 (a) Describe how you plan to meet the requirement outlined in Section 4.1.8 (a)

Vendor Response:

Section 4.1.8 (b) Describe how you plan to meet the requirement outlined in Section 4.1.8 (b)

Vendor Response:

Section 4.2 Describe how you plan to meet the requirement outlined in Section 4.2

Vendor Response:

Section 4.2.1 Describe how you plan to meet the requirement outlined in Section 4.2.1

Vendor Response:

Section 4.2.2 Describe how you plan to meet the requirement outlined in Section 4.2.2

Vendor Response:

Section 4.2.3 Describe how you plan to meet the requirement outlined in Section 4.2.3

Vendor Response:

Section 4.2.4 Describe how you plan to meet the requirement outlined in Section 4.2.4

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Vendor Response:

Section 4.2.5 Describe how you plan to meet the requirement outlined in Section 4.2.5

Vendor Response:

Section 4.2.5 (a) Describe how you plan to meet the requirement outlined in Section 4.2.5 (a)

Vendor Response:

Section 4.2.5 (b) Describe how you plan to meet the requirement outlined in Section 4.2.5 (b)

Vendor Response:

Section 4.2.5 (c) Describe how you plan to meet the requirement outlined in Section 4.2.5 (c)

Vendor Response:

Section 4.2.5 (d) Describe how you plan to meet the requirement outlined in Section 4.2.5 (d)

Vendor Response:

Section 4.2.5 (e) Describe how you plan to meet the requirement outlined in Section 4.2.5 (e)

Section 4.2.6 Describe how you plan to meet the requirement outlined in Section 4.2.6

Vendor Response:

Section 4.2.7 Describe how you plan to meet the requirement outlined in Section 4.2.7

Vendor Response:

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Section 4.2.8 Describe how you plan to meet the requirement outlined in Section 4.2.8

Vendor Response:

Section 4.2.9 Describe how you plan to meet the requirement outlined in Section 4.2.9

Vendor Response:

Section 4.2.10 Describe how you plan to meet the requirement outlined in Section 4.2.10

Vendor Response:

Section 4.2.11 Describe how you plan to meet the requirement outlined in Section 4.2.11

Vendor Response:

Section 4.3 Describe how you plan to meet the requirement outlined in Section 4.3

Vendor Response:

Section 4.3.1 Describe how you plan to meet the requirement outlined in Section 4.3.1

Vendor Response:

Section 4.3.2 Describe how you plan to meet the requirement outlined in Section 4.3.2

Vendor Response

Section 4.3.3 Describe how you plan to meet the requirement outlined in Section 4.3.3

Vendor Response:

Section 4.3.4 Describe how you plan to meet the requirement outlined in Section 4.3.4

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Vendor Response:

Section 4.3.5 Describe how you plan to meet the requirement outlined in Section 4.3.5

Vendor Response:

Section 4.3.6 Describe how you plan to meet the requirement outlined in Section 4.3.6

Vendor Response:

Section 4.3.7 Describe how you plan to meet the requirement outlined in Section 4.3.7

Vendor Response:

Section 4.3.8 Describe how you plan to meet the requirement outlined in Section 4.3.8

Vendor Response:

Section 4.3.9 Describe how you plan to meet the requirement outlined in Section 4.3.9

Vendor Response:

Section 4.3.10 Describe how you plan to meet the requirement outlined in Section 4.3.10

Vendor Response:

Section 4.3.11 Describe how you plan to meet the requirement outlined in Section 4.3.11

Vendor Response:

Section 4.3.12 Describe how you plan to meet the requirement outlined in Section 4.3.12

Vendor Response:

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Section 4.3.13 Describe how you plan to meet the requirement outlined in Section 4.3.13

Vendor Response:

Section 4.3.14 Describe how you plan to meet the requirement outlined in Section 4.3.14

Vendor Response:

Section 4.3.15 Describe how you plan to meet the requirement outlined in Section 4.3.15

Vendor Response:

Section 4.3.16 Describe how you plan to meet the requirement outlined in Section 4.3.16

Vendor Response:

Section 4.4.1 Describe how you plan to meet the requirement outlined in Section 4.4.1

Vendor Response:

Section 4.4.2 Describe how you plan to meet the requirement outlined in Section 4.4.2

Vendor Response:

Section 4.4.2 (a) Describe how you plan to meet the requirement outlined in Section 4.4.2 (a)

Vendor Response:

Section 4.4.2 (b) Describe how you plan to meet the requirement outlined in Section 4.4.2 (b)

Vendor Response:

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Section 4.4.2 (c) Describe how you plan to meet the requirement outlined in Section 4.4.2 (c)

Vendor Response:

Section 4.4.3 Describe how you plan to meet the requirement outlined in Section 4.4.3

Vendor Response:

Section 4.4.3 (a) Describe how you plan to meet the requirement outlined in Section 4.4.3 (a)

Vendor Response:

Section 4.4.3 (b) Describe how you plan to meet the requirement outlined in Section 4.4.3 (b)

Vendor Response:

Section 4.4.3 (c) Describe how you plan to meet the requirement outlined in Section 4.4.3 ©

Vendor Response:

Section 4.4.3 (d) Describe how you plan to meet the requirement outlined in Section 4.4 (d)

Vendor Response:

Section 4.4.3 (e) Describe how you plan to meet the requirement outlined in Section 4.4.3 (e)

Vendor Response:

Section 4.4.3 (f) Describe how you plan to meet the requirement outlined in Section 4.4.3 (f)

Vendor Response:

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Section 4.4.3 (g) Describe how you plan to meet the requirement outlined in Section 4.4.3.1 (d)

Vendor Response:

Section 4.4.4 Describe how you plan to meet the requirement outlined in Section 4.4.4

Vendor Response:

Section 4.4.4 (a) Describe how you plan to meet the requirement outlined in Section 4.4.4 (a)

Vendor Response:

Section 4.4.4 (b) Describe how you plan to meet the requirement outlined in Section 4.4.4 (b)

Vendor Response:

Section 4.4.4 (c) Describe how you plan to meet the requirement outlined in Section 4.4.4(c)

Vendor Response:

Section 4.4.4 (d) Describe how you plan to meet the requirement outlined in Section 4.4.4 (d)

Vendor Response;

Section 4.4.4 (e) Describe how you plan to meet the requirement outlined in Section 4.4.4(e)

Vendor Response:

Section 4.4.5 Describe how you plan to meet the requirement outlined in Section 4.4.5

Vendor Response:

Section 4.4.5 (a) Describe how you plan to meet the requirement outlined in Section 4.4.5 (a)

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Vendor Response:

Section 4.4.5 (b) Describe how you plan to meet the requirement outlined in Section 4.4.5 (b)

Vendor Response:

Section 4.4.5 (c) Describe how you plan to meet the requirement outlined in Section 4.4.5(c)

Vendor Response:

Section 4.4.5 (d) Describe how you plan to meet the requirement outlined in Section 4.4.5 (d)

Vendor Response:

Section 4.4.5 (e) Describe how you plan to meet the requirement outlined in Section 4.4.5(e)

Vendor Response:

Section 4.4.6 Describe how you plan to meet the requirement outlined in Section 4.4.6

Vendor Response:

Section 4.4.6 (a) Describe how you plan to meet the requirement outlined in Section 4.4.6 (a)

Vendor Response:

Section 4.4.6 (b) Describe how you plan to meet the requirement outlined in Section 4.4.6 (b)

Vendor Response:

Section 4.4.6 (c) Describe how you plan to meet the requirement outlined in Section 4.4.6 (c)

Vendor Response:

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Section 4.4.6 (d) Describe how you plan to meet the requirement outlined in Section 4.4.6(d)

Vendor Response:

Section 4.4.6 (e) Describe how you plan to meet the requirement outlined in Section 4.4.6 (e)

Vendor Response:

Section 4.4.7 Describe how you plan to meet the requirement outlined in Section 4.4.7

Vendor Response:

Section 4.4.8 Describe how you plan to meet the requirement outlined in Section 4.4.8

Vendor Response:

Section 4.4.9 Describe how you plan to meet the requirement outlined in Section 4.4.9

Vendor Response:

Section 4.4.9 (a) Describe how you plan to meet the requirement outlined in Section 4.4.9 (a)

Vendor Response:

Section 4.4.9 (b) Describe how you plan to meet the requirement outlined in Section 4.4.9 (b)

Vendor Response:

Section 4.4.9 (c) Describe how you plan to meet the requirement outlined in Section 4.4.9 (c)

Vendor Response:

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Section 4.4.9 (d) Describe how you plan to meet the requirement outlined in Section 4.4.9 (d)

Vendor Response:

Section 4.4.10 Describe how you plan to meet the requirement outlined in Section 4.4.10

Vendor Response:

Section 4.4.10 (a) Describe how you plan to meet the requirement outlined in Section 4.4.10 (a)

Vendor Response:

Section 4.4.10 (b) Describe how you plan to meet the requirement outlined in Section 4.4.10 (b)

Vendor Response:

Section 4.4.10 (c) Describe how you plan to meet the requirement outlined in Section 4.4.10 (c)

Vendor Response:

Section 4.4.11 Describe how you plan to meet the requirement outlined in Section 4.4.11

Vendor Response:

Section 4.4.12 Describe how you plan to meet the requirement outlined in Section 4.4.12

Vendor Response:

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Attachment B: Mandatory Specification Checklist

List mandatory specifications contained in Section 4, Subsection .5:

- 5.5.1 The vendor **must** comply with applicable West Virginia statutes, rules and policies concerning addressing personal data, including West Virginia's Breach Law which requires notification within three (3) hours of a security breach incident.

Vendor Response (Describe how you will meet the above mandatory specification)

- 5.5.2 The vendor **shall** ensure that no data in its custody will be used for any purposes other than those agreed to in the contract.

Vendor Response (Describe how you will meet the above mandatory specification)

- 5.5.3 The vendor **shall** ensure that the original software, source code, object code, and all modifications, throughout the life of any agreement resulting from the release of this RFP, will be released to the agency upon the completion of the project. It is further understood that the State will retain a perpetual license to the object code.

Vendor Response (Describe how you will meet the above mandatory specification)

- 5.5.4 The vendor must provide project management services and an implementation schedule for all phases of the proposed solution. (A-d)

Vendor Response (Describe how you will meet the above mandatory specification)

- 5.5.5. The vendor must implement Phase I within 120 days of award or no later than November 30, 2013 or whichever comes first.

Vendor Response (Describe how you will meet the above mandatory specification)

- 5.5.6 For the primary system, the vendor must identify all hardware and software necessary to implement their proposed solution for all phases in accordance with this RFP and provide a complete listing of same in the Mandatory Specification Checklist (Attachment B of this RFP). This must include any and all network hardware and physical security (e.g., equipment racks, firewalls, switches, routers, etc.). The vendor supplied solution must be compatible and provide flawless integration and operate in a completely standalone manner from all other state systems and only require physical space/security, electrical power, adequate cooling, and an Internet connection.

Vendor Response

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- 5.5.7 Because this system is mission critical, the vendor must provide a designated primary contact for all calls concerning system support.

Vendor Response

- 5.5.8 The vendor must provide all hardware and software required, the cost of which should be provided separately on the Cost Sheet, (Attachment C of this RFP). All servers and storage devices must be Hewlett-Packard Intel-based hardware or equivalent and be interoperable and compatible with existing Hewlett-Packard hardware. All networking equipment used in the proposed solution (firewalls, routers, switches, etc.) must be Cisco hardware or equivalent and interoperable and compatible with existing Cisco network hardware. All software (operating systems, relational database, etc.) must be Microsoft software or equivalent and fully compatible and interoperable with the existing Microsoft software environment.

Vendor Response

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

(Company)

(Representative Name, Title)

(Contact Phone/Fax Number)

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(Date)

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Attachment C: Cost Sheet

Cost information below as detailed in the Request for Proposal and submitted in separate sealed envelope. Cost should be clearly marked.

PHASE	TASKS	COST
A. Phase 1- IVR/IWR	Development	
	Implementation	
	Training	
	Subtotal A	\$0.00
B. Phase 2- Enhancement	Development	
	Implementation	
	Training	
	Subtotal B	\$0.00
C. Phase 3- Predictive Dialing/Auto Dialer	Development	
	Implementation	
	Training	
	Subtotal C	\$0.00
D. Hardware and Software	Hardware	
	Software	
	Subtotal D	\$0.00
E. Maintenance & Support		
1.) Hardware	Year 1	
	Year 2	
	Year 3	
2.) Software (Operations)	Year 1	
	Year 2	
	Year 3	
3.) IVR/IWR/Predictive Dialing	Year 2	
	Year 3	
	Subtotal E	\$0.00
F. Programming Cost (After Implementation) 300 Hours Per Year		
	Unit Cost (Cost Per Hour)	Extended Cost (Cost Per Year)
Year 1		\$0.00
Year 2		\$0.00
Year 3		\$0.00
	Subtotal F:	\$0.00
Grand Total (A+B+C+D+E+F)		\$0.00

ATTACHMENT D

WWV13002 REQUEST FOR PROPOSAL DEFINITIONS of ACRONYM

IVR – Interactive Voice Response system

IWR - Interactive Web Response system

RFP – Request for Proposal

FTP – File Transfer Protocol

SSN – Social Security Number

PIN – Personal Identification Number

COBOL – Common Business-Oriented Language

CICS – Customer Information Control System

VSAM – Virtual Storage Access Method

AETS – Automated Employer Tax System

CENTS – Enforcement Employer Tax System

ABPS – Automated Benefit Payment System

AWRS – Automated Wage Record System

ACD – Automated Call Distribution

CTI – Computer Telephony Integration

HTTPS – HyperText Transfer Protocol, Secure

SQL – Structured Query Language

ADA – Americans with Disabilities Act

TTY – Teletypewriter

TDD – Telecommunication Devices for the Deaf

BRI – Benefit Rights Interview

PDF – Portable Document Format

SIP – Session Initiation Protocol

WFWV – WorkForceWV

PMBOK – Project Management Book of Knowledge

WVOT – West Virginia Office of Technology

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WWW13002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input type="checkbox"/> Addendum No. 1 <input type="checkbox"/> Addendum No. 2 <input type="checkbox"/> Addendum No. 3 <input type="checkbox"/> Addendum No. 4 <input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 6 <input type="checkbox"/> Addendum No. 7 <input type="checkbox"/> Addendum No. 8 <input type="checkbox"/> Addendum No. 9 <input type="checkbox"/> Addendum No. 10
---	--

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

(Company)

(Authorized Signature)

(Representative Name, Title)

(Phone Number)

(Fax Number)

(Date)

RFQ No. WWV13002STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code §61-5-3*) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: _____

Authorized Signature: _____ Date: _____

State of _____

County of _____, to-wit:

Taken, subscribed, and sworn to before me this ____ day of _____, 20__.

My Commission expires _____, 20__.

AFFIX SEAL HERE**NOTARY PUBLIC** _____

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or** 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
☐ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
4. **Application is made for 5% resident vendor preference for the reason checked:**
☐ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
☐ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (**West Virginia Code**, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____

Signed: _____

Date: _____

Title: _____

EXHIBIT A

Welcome to the WORKFORCE West Virginia Unemployment Compensation Division Web Application.

- ☐ To claim a week of benefits
- ☐ If you are a claimant and want specific information about your claim
- ☐ For general information on Unemployment Benefits
- ☒ ~~If you own a business or plan on starting a business~~
- ☐ For local claim office location and hours
- ☐ For the amount of benefits you may be paid per week

FOR NON-WEST VIRGINIA RESIDENTS ONLY

- ☐ ~~To file an initial West Virginia claim for Unemployment Benefits from out of state. a claim for Unemployment Benefits from out of state.~~

Have you filed an unemployment claim with West Virginia in the last 12 months? YES NO

IF NO --- GO TO NEW CLAIM (below)

IF YES - FOLLOW UP QUESTION

*Did you stop filing for benefits due to ☐ employment
☐ or for other reasons (such as illness, lack of transportation, imprisonment, etc.)*

If employment ---go to Additional claim (below)

If other--- go to Reopened claim (below)

- ☐ NEW Claim
 Claimant wants to establish a new benefit year

To establish a new unemployment claim with West Virginia effective Sunday of the current week. Note: If you initially filed your claim with another state and your claim requires backdating, file your claim by phone at 1-800-379-1032 Monday-Friday 9AM TO 3PM eastern standard time

Ⓒ **ADDITIONAL Claim**

Claimant has a claim established, but stopped filing because of intervening *additional* employment

A claim is already established, but you stopped filing because of additional employment, from which you have now separated.

Ⓒ **REOPENED Claim**

Claimant has a claim established, but stopped filing for reason other than intervening employment and wants to now reopen his/her claim again

A claim is already established, but you stopped filing for reasons other than additional employment (ex: illness); OR You moved from West Virginia since last filing and need to change your address and filing office to the office that handles out of state resident claims.

NEW CLAIM OPTION

Welcome to the WORKFORCE West Virginia Unemployment Compensation Internet Claims Filing System. This web site uses Internet technology to automate and streamline the processing of Unemployment Compensation Claims.

This site permits the filing of initial claims for Unemployment Compensation via the Internet each time a claimant becomes unemployed. Only one claim is filed for each period of unemployment. After your initial claim is established, you must file your continued claims on a biweekly basis. These continued claims might may be filed over the telephone (IVR system) or via the Internet.

You CANNOT use this Internet claims system if:

- **You live in or have a West Virginia mailing address** (*info –link to office addresses*)
- **You earned no wages in West Virginia in the last 18 months** (*info link-file with the state where you worked*)
- **You worked for the Federal Government in the last 18 months** (*info –federal wages are assigned based upon state of residence, last duty station and subsequent employment – call 304-558-2657 for assistance in determining where to file your claim*)
- **You have been separated from the military during the last 18 months** (*info link –if you have no subsequent employment since separating from the military you must file your unemployment claim where you are physically located, if this is WV, report to your nearest claim office info- link to office addresses*)
- **You are receiving Low Earnings Report from your employer** (*info—Mail your Low Earnings Report to your nearest unemployment office –link to local office addresses. If residing out of state mail to Interstate Claims office address ...PO Box 2761, Charleston, WV 25330*)
- **You have not been totally separated from your present employer**

**If you have any questions regarding these requirements contact 304 558-3340
558-2657**

You must have the following information available in order to complete this application:

1. Your Social Security Number
2. ~~A four (4) digit Personal Identification Number (PIN) (a number that you choose yourself) that you can remember~~
3. Your complete address including zip code
4. The employer's complete name, address, zip code, telephone number, and date of employment for all employers for whom you worked in the past 18 months
5. *If you are a member of a union hiring hall, the union name, number, and union representative and his/her telephone number, if you are a member of a union hiring hall*
6. A telephone number where you can be reached *during regular business hours*
7. Your alien registration number, if you are not a U.S. citizen

How to use this application

- All fields marked by red asterisk (*) are required
- When you have finished entering data in a field, use the TAB key to move to the next field. If you want to go back to a previous field, hold the SHIFT key and press TAB.
- When you encounter a NEXT button, clicking this will either bring up the next section or display where errors were found in the section you just completed.
- You may scroll up and down within the current section. If you wish to return to a previous section, use the BACK button found at the bottom of the current section.
- Upon completion of all entry, you must click the SUBMIT button for your claim to be officially submitted.

Next

Please choose the state or territory you live in from the following list:	<input type="text" value="--Please select--"/>	Please select state
* Did you work in West Virginia during the past 18 months?	<input checked="" type="radio"/> Yes <input type="radio"/> No	This field is required
* Have you worked in more than one state during (current base period dates 1/1/2010 - 12/31/2010)?	<input type="radio"/> Yes <input type="radio"/> No	This field is required
<div> <input type="button" value="Back"/> <input type="button" value="Continue"/> </div>		

RESPONSE OF ANY STATE OF RESIDENCE--- EXCEPT WV ---CONTINUE APPLICATION.

IF WV IS THE STATE IN WHICH INDIVIDUAL RESIDES RECEIVE MESSAGE---

You cannot file a claim using this Internet site if you live in West Virginia. You must report to the nearest Unemployment Compensation Office in West Virginia.

Link- [West Virginia local offices and telephone numbers](#)

IF RESPONSE IS NO TO WORKING IN WV IN PAST 18 MONTHS RECEIVE MESSAGE—

You cannot file a claim using this Internet site if you did not work in West Virginia.

IF AN INDIVIDUAL RESPONDS THAT THEY WORKED IN MORE THAN ONE STATE DURING PAST 18 MONTHS:

You cannot file a claim using this Internet site and must file through our phone system by calling 1-800-379-1032, Monday through Friday 9am to 3:30 3:00 pm Eastern Standard Time, in order for you to receive and have your filing options explained.

Do you currently reside and receive your mail in the state of West Virginia?

☐ Yes ☐ No

This field is required

Back

Next

IF RESPONSE IS YES RECEIVE MESSAGE—

You cannot file a claim using this Internet site if you live in West Virginia. You must report to the nearest Unemployment Compensation Office in West Virginia.

West Virginia local offices and telephone numbers

The law prescribes penalties for false statements made in connection with this claim. I certify under penalty of law that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the Privacy Act of 1974 (P.L. 93-579). I authorize my employers to release all information requested in connection with my claim for unemployment compensation. I am furnishing my Social Security Number (SSN) as required for the Deficit Reduction Act (DEFRA) (P.L. 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purposes of income and eligibility and verification.

I understand that my SSN will be verified with the Social Security Administration Office.

IF I DECLINE TO GIVE YOUR AGENCY MY SOCIAL SECURITY NUMBER, THEN MY CLAIM FOR UNEMPLOYMENT COMPENSATION WILL NOT BE PROCESSED.

* Social Security Number (SSN):	<input type="text"/> - <input type="text"/> - <input type="text"/>	HIDDEN
* Confirm SSN:	<input type="text"/> - <input type="text"/> - <input type="text"/>	SHOULD BE HIDDEN (X'S)

You will now have to choose a four-digit Personal Identification Number (PIN). This number should be a number that you can remember. It is your responsibility to protect this PIN number and not to provide this information to other individuals. By selecting a PIN number below you are acknowledging that you understand that should your PIN number be lost or compromised it is your responsibility to contact the Interstate Claims Office and select a new number. You understand that you can be held liable for any misuse of this information in regards to claims filed. This PIN number cannot be all 0's or all 9's.

* Personal Identification Number(PIN):	<input type="text"/>	Currently Hidden...Able to see first time entered	PIN field is required Must be 4 digit number.
* Confirm PIN:	<input type="text"/>		PIN confirmation field is required. Must be 4 digit number. PIN differs, please re-enter

Personal Data		
* First Name:	<input type="text"/>	This field is required
Middle Initial:	<input type="text"/>	
* Last Name:	<input type="text"/>	This field is required
If you changed your last name since filing your last claim, enter your previous last name:	<input type="text"/>	
Mailing Address		
* Street or PO BOX	<input type="text"/>	This field is required
* City:	<input type="text"/>	This field is required
* State, Territory or Province:	<input type="text" value="--Please select--"/>	Please select state, territory or province if Canada
Zip:*	<input type="text"/>	ABILITY TO ENTER CANADIAN ZIPU.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
Residence Address		
* Same as mailing address:	<input type="radio"/> Yes <input type="radio"/> No	This field is required
* Street Address:	<input type="text"/>	This field is required
* City:	<input type="text"/>	This field is required
* State, Territory or Province :	<input type="text" value="--Please select--"/>	Please select state, territory or province
Zip:*	<input type="text"/>	This field is required ABILITY TO ENTER CANADIAN ZIPU.S. Zip format must be

(*) Phone Number where you may be reached:	<input type="text"/> <input type="text"/> <input type="text"/>	DDDDD or DDDDD- DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
(*) Alternate Number (area code included):	<input type="text"/> <input type="text"/> <input type="text"/>	<i>In first field three digits are required. In second section three digits are required. In third section four digits are required. Phone or Cell Phone Number Required All sections are required</i> CHANGE ALTERNATE PHONE NUMBER TO NOT A REQUIRED FIELD <i>In first field three digits are required. In second section three digits are required. In third section four digits are required All sections are require Change to not a required field</i>
E-mail Address:	<input type="text"/>	Wrong e-mail format
E-mail Address	<input type="text"/>	Confirmation box..must match above

* POSSIBLY MOVE EMAIL TO THE END OF FILING AND SEND CONFIRMATION NOTICE*

* Highest grade completed:	<input type="text" value="No schooling"/>	This field is required
* Are you a citizen of the United States?	<input type="radio"/> Yes <input type="radio"/> No	Required only if NO on US Citizen
* What is your alien	<input type="text"/>	

registration number

question above If
no response to
previous question,
this field is
required

What is the expiration date
shown on your documents

Required only if NO
on US Citizen
question
abovemm/dd/yyyy

If "no" response was given to the Citizen question---Receive message ---should be printable link for the message and also provided on summary at end of claim.

Benefits cannot be paid until we receive a copy of the front and back of your Alien Registration Card or other immigration documents issued by the United States Citizenship and Immigration Service. If your documentation does not contain a photo, we also require a copy of a Drivers License, State Issued ID card or other official document with a photograph. This information can be faxed to 304-558-1195 or mailed to: Interstate Claims, P.O. Box 2761, Charleston, WV 25330.

Documentation must be received by XX/XX/XXXX or a decision will be issued based upon the information available.

*

Do you elect to have Federal
Income Tax in the amount of
10% of your gross weekly
benefit deducted?

☐ Yes ☐ No

This field is required

*

Are you required to pay Child
Support through a Child Support
Enforcement Agency?

☐ Yes ☐ No

This field is required

*

What state collects this support?

Please select state

The Agency is required by law to collect the following information for statistical purposes

*

Birth Date:

Incorrect date
selected. -If under 16
provides response not
allowed for individuals
under 16

*

Gender:

☐ Female ☐ Male

Do you consider yourself to
have a disability?

☐ Yes ☐ No ☐ Not to answer

*

Of the following categories, how

do you describe yourself?

Of the following categories, how do you describe yourself?

-- Select please --

Back

Continue

Eligibility Information

*

Have you claimed, received, or applied for unemployment compensation in the past 12 months?

☐ Yes ☐ No

Required field

Next two are required only if yes to this question *field is required*

*

Please, enter date of application



April 2011						≥
Sun	Mon	Tue	Wed	Thu	Fri	Sat
<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>	<u>2</u>
<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>
<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>
<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>

This field is required if YES answer to previous question...Correct DateFormat: MM/DD/YYYY

*

Please, enter state that would have issued or did issue payments

--Please select--

Required if date input in previous question. Please select state

In the past eighteen(18) months, have you

*

Worked as a civilian for the Federal Government?

☐ Yes ☐ No

This field is required If yes response --

You have responded that you worked as a civilian for the Federal Government. Federal wages are assigned based upon state of residence, last duty station and subsequent employment. You cannot use this Internet Site to file your application. Please call 304-558-2657 for assistance in determining the appropriate state to file your application; or file your application through our IVR phone system at 1-800-379-1032 in order to speak with a representative. Note: Applications are accepted by phone Monday through Friday 9AM to 3PM Eastern Standard Time, with the exception of state or federal holidays.

Worked for any college, university or school?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<i>This field is required</i>
* Worked for any local or state government?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<i>This field is required</i>
* Served on active duty in the U.S. Military?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<i>This field is required If yes response</i>

You have responded that you served on active duty in the United State Military. If you have no subsequent employment since separating from the military you must file your unemployment application with the state where you are physically located now. If you had subsequent employment in West Virginia following your military service, you may have the option of filing with West Virginia. Please call 304-558-2657 for assistance in determining the appropriate state to file your application; or file your application through our IVR phone system at 1-800-379-1032 in order to speak with a representative. Note: Applications are accepted by phone Monday through Friday 9AM to 3PM Eastern Standard Time, with the exception of state or federal holidays.

* Have Are you currently receiving or have you applied been approved for Workers' Compensation?	<input type="radio"/> Yes <input type="radio"/> No	<i>This field is required If yes response--</i>
Date you started receiving workers' compensation?	<input type="text"/>	<i>MMDDYYYY</i>
Date your workers' compensation benefits ended (if applicable)?	<input type="text"/>	<i>Optional Field MMDDYYYY</i>
What is the name of the employer responsible for your workers' compensation benefits?	<input type="text"/>	<i>Required</i>
Have you been released by your physician to return to work?	<input type="radio"/> Yes <input type="radio"/> No	<i>If Yes—Proceed to next question</i>
What was the date you were released by your physician to return to full time work?	<input type="text"/>	<i>MMDDYYYY</i>
Were there restrictions placed on your release to work? (ex: to part time work only, no lifting over 10 pounds, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<i>If yes – Proceed to next question</i>

Please explain the restriction

Expandable up to 50
characters

*

Have you worked for an employer in
a state other than West Virginia
(during the base period: 1/1/2010–
12/31/2010 current base period
displayed)?

☐ Yes ☐ No

*This field is required
If yes response--*

If you have wages in more than one state during the base period, you may have a choice of the paying state on your unemployment claim. For a state to be a choice option you must have wages reported to the state in the base period of your claim. To get more information on your weekly benefit amount if West Virginia is your selected state call 304-558-2657 during normal business hours Monday through Friday 8:30am – 4:30pm Eastern Standard Time, with the exception of state and federal holidays. You can also file your application through our IVR phone system at 1-800-379-1032, where a representative can provide this information. Note: Applications are accepted by phone Monday through Friday 9AM to 3PM Eastern Standard Time, with the exception of state or federal holidays.

NOTE: IF YOU CHOOSE TO DISREGARD THE INSTRUCTIONS TO CALL FOR INFORMATION AS STATED ABOVE AND CONTINUE WITH YOUR FILING OF THIS CLAIM THROUGH THE INTERNET, YOU ARE SELECTING WEST VIRGINIA AS THE PAYING STATE FOR YOUR UNEMPLOYMENT CLAIM AND MAY NOT HAVE THE OPTION TO CANCEL THE CLAIM.

*

Are you attending ~~any or~~ planning to
attend any schooling and/or training
program of any type at this time?

☐ Yes ☐ No

*This field is required.
If yes response--*

What is the name of the school?

What is the program you are enrolled
in?

Beginning and ending date of the
current semester or session

Is the program entirely on-line
classes?

☐ Yes ☐ No

If yes....

Can you do at

☐ Leisure ☐ Only at specific Times

Is this training financed with a Pell
Grant?

☐ Yes ☐ No

Is this training being assisted
through a Workforce Investment
office in the state you reside?

☐ Yes ☐ No

Have you ever worked Full-Time while attending school?	<input type="radio"/> Yes <input type="radio"/> No	Action differs vs. yes or no response
Yes – Please explain when you worked full time and worked in detail	<input type="text"/>	
No- Are you willing to drop or rearrange your schooling for full-time employment	<input type="radio"/> Yes <input type="radio"/> No	
Are you attending or planning to attend any schooling and/or training program of any type? at this time?	<input type="radio"/> Yes <input type="radio"/> No	Required Field If yes...proceed to next question)
Do you have the program information and starting date for the school or training?	<input type="radio"/> Yes <input type="radio"/> No	Required Field If yes proceed to next question. If no response is:

Additional information will be needed regarding your school or training once the program and starting date is secured. You must contact our office at 304-558-2657 to receive instructions on how the schooling will affect your eligibility for benefits.

What is the date that the school or training is set to begin?	<input type="text"/>	MMDDYYYY If within one month proceed to questions below...if outside of one month message...
What is the name of the school?	<input type="text"/>	
What is the program you are enrolled in?	<input type="text"/>	
Beginning and ending date of the current semester or session	<input type="text"/>	<input type="text"/>
Is the program entirely on-line classes?	<input type="radio"/> Yes <input type="radio"/> No	If yes....
Can you do at	<input type="radio"/> Leisure <input type="radio"/> Only at specific Times	
Is this training financed with a Pell Grant?	<input type="radio"/> Yes <input type="radio"/> No	
Is this training being assisted through a Workforce Investment office in the state you reside?	<input type="radio"/> Yes <input type="radio"/> No	
Have you ever worked Full-Time while attending school?	<input type="radio"/> Yes <input type="radio"/> No	Action differs vs. yes or no response
Yes – Please explain when you worked full time and worked in detail	<input type="text"/>	
No- Are you willing to drop or rearrange your schooling for full-time	<input type="radio"/> Yes <input type="radio"/> No	

<i>employment</i>		
<p>* Are you or will you receive any type of pension, retirement or lump sum payments from an employer for whom you worked?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><i>This field is required. If yes, drop down box</i></p>		
<p>If yes, indicate any of the following which you received or will receive</p>	<p><input type="radio"/> Monthly Pension/Retirement Pay</p> <p><input type="radio"/> Lump sum Pension/Retirement Pay</p> <p><input type="radio"/> Vacation Pay</p> <p><input type="radio"/> Severance Pay</p> <p><input type="radio"/> Wages in Lieu of Notice</p> <p><input type="radio"/> Other (if unsure of type)</p>	<p>Allow multiple answers</p> <p>Yes to 1st or 2nd option</p> <p>Yes to 3rd option</p> <p>Yes to 4th option</p> <p>Yes to 5th option</p>
<p>Name of the employer paying the pension/retirement pay?</p> <p><input type="text"/></p>		<p>Required if yes to above question</p>
<p>Did you work for this employer in the last eighteen (18) months?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>If yes, proceed</p>
<p>Did this employer contribute funds to the pension or retirement plan?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>Required if yes to above question</p> <p>proceed to next question</p>
<p>Payment Amount, monthly or lump sum (before taxes) amount</p> <p>\$ <input type="text"/></p>		<p>If left blank give message</p>

Additional information will be needed regarding the monthly amount. You must contact our office by phone at 304-558-2657 to provide this information.

You must contact our office by phone at 304-558-2657 to provide information and receive instructions on how the receipt of this income affects your eligibility for benefits.

Amount of vacation pay received	\$ <input type="text"/>
Date received	<input type="text"/> MMDDYYYY

Severance Pay is payment made by an employer to compensate an	<input type="radio"/> Severance Pay	If Severance or Wages in Lieu
---	-------------------------------------	-------------------------------

individual for severing the employer/employee relationship. Wages in Lieu of Notice is when an employer compensates an employee by providing pay for a specific period of time in return for the short notice of separation. What type of pay did you receive?	<input type="radio"/> Wages in Lieu of Notice <input type="radio"/> Other (if unsure of type)	of Notice selected... If response is Wages in Lieu move to next question If response is other move to last question in block.
Amount of Wages In Lieu of Notice Received?	<input type="text"/>	
Dates covered by the Wages in Lieu of Notice (ex: If provided two weeks of wages in lieu of notice, you would enter the start and end date of what would have been your next pay period)	<input type="text"/> Start <input type="text"/> End MMDDYYYY	
What is your average weekly pay?	<input type="text"/> Optional—If blank must advise below	
Tell us the type of payment you received?	<input type="text"/> For other question above. Expandable box	

Additional information will be needed regarding your average weekly wage. You must contact our office by phone at 304-558-2657 to provide this information. and receive instructions on how the income affects your eligibility for benefits.

* Are you or will you receiving any type of Social Security?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Split question up This field is required
*	<input type="text" value="OASI"/>	OASI (including widows pension), DISABILITY, Other If other provide a box for further information beside of area
When did your benefits begin?	<input type="text"/> MMDDYYYY	
When you retire prior to eligibility for full-retirement the Social Security Administration places a limit on the	<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, new box	

amount of earnings you can have before your Social Security benefits are reduced. Are you limiting your income to prevent your Social Security from being reduced?

If limiting your income, please explain

Continue to next three questions if payment is DISABILITY

Have you been told by your physician that you are no longer able to work full-time?

☐ Yes ☒ No

Date you became unable to work full-time.

Have you worked full-time since your Social Security Disability benefits began?

☐ Yes ☒ No

*

Are Have you applied for you or will you receiving any type of Social Security?

☐ Yes ☒ No

This field is required If yes...go to type

*

OASI (including widows pension), DISABILITY, Other
If other provide a box for further information beside of area

When did you apply for the benefits

MMDDYYYY

Please provide the date benefits will begin, if known.

Optional

When you retire prior to eligibility for full-retirement the Social Security Administration places a limit on the amount of earnings you can have before your Social Security benefits are reduced. Do you plan to limit your income to prevent your Social Security from being reduced?

☐ Yes ☒ No

If yes, new box

If you plan to limit your income, please explain

Continue to next three questions if payment is DISABILITY

Have you been told by your physician that you are no longer able to work full-time?

☐ Yes ☒ No

If yes, proceed to next question

Date you became unable to work full-time.

MMDDYYYY

Have you worked full-time since your physician advised you were unable to work? ☐ Yes ☒ No

* Are there any conditions under which you may not be able and available to work? ☐ Yes ☒ No

*This field is required.
If yes response*

Please explain

*How will you travel to and from work?

☐ Personal Transportation

☐ Public Transportation

☐ Other

If other, explain

*Do you have anyone other than yourself that you are responsible for providing care?

☐ Yes ☒ No

This field is required

If yes, does this prevent you from being able and available for all shifts in your occupation?

☐ Yes ☒ No

*Not required if above response is no.
If yes, need drop down explain box*

* Are you a member in good standing and Do you obtain work through a union hiring hall?

☒ Yes ☐ No

*This field is required
If YES next four are required fields*

Are you a member in good standing with that union hiring hall?

☒ Yes ☐ No

This field is required

* Union Name:

This field is required

* Business Agent:

This field is required

* Local #

This field is required

Phone #

*

*First part of phone number is required.
Second part of phone number is required.
Third part of phone number is required.
In first section three digits are required.
In second section three digits are*

required. In third section four digits are required.

Have you refused any work since your last job? ☐ Yes ☒ No

This field is required
If yes, continue

What was the date of the work offer?

MMDDYYYY

Name of the Employer

Job title and duties

What was the rate of pay?

\$

Where was the job located?

What was the reason or reasons you refused the work offer?

*

Are you engaged in self employment? ☐ Yes ☒ No

This field is required
If yes, continue

Date you began working in self-employment

Please describe the self-employment you are engage in (type of work & details of the work performed).

Were you working in this self-employment while employed full-time by your separating employer? ☐ Yes ☒ No

Number of hours each week you are devoting to self employment.

Does this self-employment affect your being able and available for all shifts in your occupation?

☐ Yes ☒ No

If yes,

Please explain

You must report all hours and gross wages earned from self-employment in the week in which the work is performed. If at any time you work full time in self-employment you are no longer considered unemployed, regardless of whether or not you have income from the self employment.

*

Are you working for any employer or in any type of employment or self-employment on a commission basis?

☐ Yes ☒ No

This field is required
If yes,

Please provide the name of the

employer and the type of work being performed

*

Are you operating a farm?

☐ Yes ☒ No

This field is required

*

Are you performing any work for which you receive food, rent, etc

☐ Yes ☒ No

Required field. If yes...

Please explain

*

Are you the sole owner of a business?

☐ Yes ☒ No

This field is required
If yes..

Name of the business

Number of hours devoted to the business each week

*

Are you a partner in a partnership?

☐ Yes ☒ No

This field is required

Name of the business

Number of hours devoted to the business each week

*

Are you a member of a Limited Liability Company (LLC)?

☐ Yes ☒ No

This field is required

How does/did the company report for federal income tax purposes on Federal Income Tax Form 8832?

If yes,
Drop down box...sole proprietorship, partnership or corporation

How long has the company been in business?

Please give your title held with the LLC

Has the company filed a statement of withdrawal or been administratively dissolved?

☒ Yes ☐ No

If no move to next question. If no,

How many number of hours are you are devoting to the LLC

*

Are you an officer of a corporation?

☐ Yes ☒ No

This field is required

*

Please, enter office held:

This field is required

How many hours do you devote to the corporation each week as an officer?

Is the corporation still in business?

☐ Yes ☒ No

*

Are you or will you receive "Wages in Lieu of Notice"?

☐ Yes ☒ No

This field is required If yes, proceed to next field
Moved to earlier in new format

Back

Employment Information

Please give us the last 18 months of employer information starting with your most recent employer in any state, not just West Virginia employment.

*

Employer Name:

This field is required

Other Name: Doing Business As name:

Jobsite address:

*

Street Address:

This field is required

Second Address:

*

City:

This field is required

*

State:

Please select state

Zip:*

This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)

☐

Same as working address

Payroll Address: It is your responsibility to provide accurate information with regards to the employer information. If you fail to provide accurate information, it could delay your benefits.

*

Street Address:

This field is required

Second Address:

*

City:

*

State, Territory or Province:

Zip:*


Employer phone number:

This field is required

Please select state, territory or province

This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)


In first section three digits are required. In second section three digits are required. In third section four digits are required. All sections are required

* (MM/DD/YYYY) 

First day of work:

< April 2011 >						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

This field is required. Correct Date Format: MM/DD/YYYY Last date can't be less then First date

* (MM/DD/YYYY) 

Last day of work :

< April 2011 >						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

This field is required. Correct Date Format: MM/DD/YYYY Last date can't be less then First date

<p>* Separation reason: CLICK ON THIS BOX TO CHOOSE REASON FOR SEPARATION FROM EMPLOYER</p>	<div>Lack of Work</div>	<p>This field is required—REDUCE TO Four Options-Lack of Work; Voluntary Quit, Discharge, Other -Response...requires box for brief description</p>																																																																	
<p>* Comments on separation reason required for any reason other than Layoff/Lack of Work. Please give us what the last incident was that led to your separation:</p>	<div></div>	<p>This field is required 210 characters 1000 characters max</p> <p><i>IN PHASE 2 ENHANCEMENTS WILL ALLOW FOR A DETAILED Q&A FACT FINDING STATEMENT</i></p>																																																																	
<p>* Type of work or job title:</p>	<div></div>	<p>This field is required</p> <p>This field is required This field is required Must be a positive money value Please enter both dollars and cents. Example: 107.40 PER HOUR, DAY, WEEK, MONTH, YEAR</p>																																																																	
<p>* Rate/Frequency of Pay:</p>	<div>per</div> <div></div>																																																																		
<p>* Were you told by this employer that you would be recalled to your job?</p>	<div><input type="radio"/> Yes <input type="radio"/> No</div>	<p>This field is required If yes, proceed to next question</p>																																																																	
<p>* Please, enter your recall date:</p>	<div></div>	<table border="1"> <tr> <td><</td> <td colspan="7">April 2011</td> <td>></td> </tr> <tr> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> <td></td> </tr> <tr> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td></td> </tr> <tr> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td></td> </tr> </table> <p>This field is required Correct Date Format: MM/DD/YYYY Last date can't be less then First date</p>	<	April 2011							>	Sun	Mon	Tue	Wed	Thu	Fri	Sat		27	28	29	30	31	1	2		3	4	5	6	7	8	9		10	11	12	13	14	15	16		17	18	19	20	21	22	23		24	25	26	27	28	29	30		1	2	3	4	5	6	7	
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<p>* Do you need to enter another employer?</p>	<div><input type="radio"/> Yes <input type="radio"/> No</div>	<p>This field is required</p>																																																																	
<p>* Unable to complete 18</p>	<div><input type="radio"/> Yes <input type="radio"/> No</div>	<p>This field is required</p>																																																																	

months of employment
history?

Back

Continue

IN PHASE TWO – BENEFIT RIGHTS INTERVIEW WILL BE INSERTED HERE—

Applicant Certification

To submit your completed application to the Unemployment Compensation Division, click on the SUBMIT button below.

If you would like to review the information you have provided before submitting your application, press the BACK button below.

By submitting your application:

- You certify the information on the application is true, correct, and complete.
- You declare, under penalty of perjury, that the information you provided regarding your citizenship and/or alien status is true, correct, and complete.
- You acknowledge that making false statements or withholding facts to gain or increase benefits is a criminal offense under the Unemployment Compensation law.
- You acknowledge that you are responsible to read the Unemployment Compensation for West Virginians Handbook that will be mailed to you with a packet of other information.

IMPORTANT: If a confirmation page does not appear on your screen after you click the SUBMIT button, your application was not processed and the information you provided was deleted. Please contact the WORKFORCE West Virginia Interstate Office at 304 558-3340.

SUBMIT

This confirmation sheet currently pops up following "Submit"

Confirmation

The application process is now complete. PRINT THIS CONFIRMATION PAGE for your records by using your browser's print button.

This page serves as confirmation that your application for Unemployment Compensation benefits has been received by Workforce West Virginia and is

being processed. If there is any missing information, or if any additional information is needed to process your claim, you will be contacted by the WORKFORCE West Virginia Interstate Claims Office.

SSN DISPLAYS

CLAIMANT FIRST LAST NAME DISPLAYS

ADDRESS ENTERED DISPLAYS

FILING DATE AND TIME DISPLAYS

You will receive a packet of information that should aid you in understanding your Unemployment Compensation claim and guide you in applying for your continued benefits. You should receive an Unemployment Compensation Monetary Determination (WVUC B-14-B/T4). If you do not receive these mailings after 12 days, contact the interstate Claims Office at (304)-558-2657.

In order to receive benefits, you must be monetarily eligible and have a qualifying separation. (A financial determination that states you are monetarily eligible does not automatically qualify you for Unemployment Compensation benefits.)

In addition, you must file biweekly claims for the weeks you are totally or partially unemployed. The first eligible week on your new claim is the waiting week. You must file a claim for, and get credit for, a valid waiting week before you will receive any benefit payments. NOTE: The waiting week is never paid. As such, your first benefit payment will be for only one week of benefits.

Your first Biweekly claim will be for the first week beginning Sunday, _____ and ending Saturday _____ and the second week begins Sunday, _____ and ends Saturday, _____ and must be filed during the week of Sunday, _____.

You have four options for filing your bi-weekly claims:

1. Internet filing is available Sunday, 12:01AM through Friday 5:00 PM at www.wvuc.org
2. Telephone filing is available Sunday, 12:01AM through Friday, 5:00pm at 1-800-379-1032 (option 1) NOTE: When successfully filed on Sunday between 12:01AM and 4:59PM your check will be mailed out to you on Monday morning, except for Monday Holidays or if it is being held by an issue.
3. Paper forms filed by mail, should be mailed to: Workforce West Virginia PO Box 2761, Charleston, WV 25330-2761
4. Paper forms may be faxed to 304-558-1195

		<input type="radio"/> Yes <input checked="" type="radio"/> No
E-mail Address:	<input type="text"/>	
E-mail Address	<input type="text"/>	Confirmation box must match above

Would like the ability to add additional page explaining what if any additional information is required such as

- *COPY OF ALIEN AUTHORIZATION WITH DEADLINE AND DATE TO PROVIDE INFORMATION.*

ADDITIONAL CLAIM

~~—Welcome to the WORKFORCE West Virginia Unemployment Compensation Internet Claims Filing System. This web site uses Internet technology to automate and streamline the processing of Unemployment Compensation Claims.~~

~~This site permits the filing of an additional claim for Unemployment Compensation via the Internet. An **ADDITIONAL claim MUST be filed any time an individual stops filing due to having had ADDITIONAL full-time employment, or works during a week in full-time employment.** If during the time that an individual returns to work and then again becomes unemployed he/she is to use this application to file again on the claim that has already been established.~~

You CANNOT use this Internet claims system if:

- **You live in or have a West Virginia mailing address** (*info –link to office addresses*)
- **You are receiving Low Earnings Report from your employer** (*info—Mail your Low Earnings Report to your nearest office –link to local office addresses. If residing out of state mail to Interstate Claims office address ...PO Box 2657, Charleston, WV 25330*)
- **You have not been totally separated from your present employer**

If any of the above is true, you must contact 304 558-2657

You must have the following information available in order to complete this application:

- Your Social Security Number
- The four (4) digits Personal Identification Number (PIN) that you chose yourself when you established your initial claim.
- Verify your complete address including zip code
- The employer's complete name, address, zip code, telephone number, and date of employment for the last employer for whom you went to work at the time you stopped filing your continuous claims
- A telephone number where you can be reached
- Your alien registration number, if you are not a U.S. citizen

How to use this application

- All fields marked by red asterisk (*) are required
- When you have finished entering data in a field, use the TAB key to move to the next field. If you want to go back to a previous field, hold the SHIFT key and press TAB.
- When you encounter a NEXT button, clicking this will either bring up the next section or display where errors were found in the section you just completed.
- You may scroll up and down within the current section. If you wish to return to a previous section, use the BACK button found at the bottom of the current section.
- Upon completion of all entry, you must click the SUBMIT button for your claim to be officially submitted.

Next

*

Do you currently reside and/or receive your mail in the state of West Virginia?

☐ Yes ☒ No

This field is required

Back

Next

You cannot file a claim using this Internet site if you live in West Virginia. You must report to the nearest Unemployment Compensation Office in West Virginia.

West Virginia local offices and telephone numbers

The law prescribes penalties for false statements made in connection with this claim. I certify under penalty of law that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the Privacy Act of 1974 (P.L. 93-579). I authorize my employers to release all information requested in connection with my claim for unemployment compensation. I am furnishing my Social Security Number (SSN) as required for the Deficit Reduction Act (DEFRA) (P.L. 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purposes of income and eligibility and verification.

I understand that my SSN will be verified with the Social Security Administration Office.

IF I DECLINE TO GIVE YOUR AGENCY MY SOCIAL SECURITY NUMBER, THEN MY CLAIM FOR UNEMPLOYMENT COMPENSATION WILL NOT BE PROCESSED.

*

Social Security Number (SSN):
or Claimant ID (CID)
number

 - -

*HIDDEN X'D OUT
Needs to have ability
to accept alpha and
numeric information*

*

Confirm SSN or CID
number:

 - -

*HIDDEN X'D OUT-
needs to have ability
to accept alpha and
numeric information*

*

Personal Identification
Number(PIN):

PIN field is required
Must be 4 digit
number.

*

Confirm PIN:

HIDDEN X'D OUTPIN
confirmation field is

required Must be 4
digit number. PIN
differs, please re-
enter

We are unable to assist with filing your additional claim because your PIN number does not match the one on our records. Please call 304-558-2657 for assistance during normal business hours, Monday through Friday, excluding state and federal holidays.

Personal Data

*	First Name:		This field is required
	Middle Initial:		
*	Last Name:		This field is required
	If you changed your last name since filing your last claim, enter your previous last name:		
Mailing Address			
	Are you using the same mailing address as when you filed your last claim with this office?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
*	Street or PO BOX		This field is required
*	City:		This field is required
*	State:	<div style="border: 1px solid black; padding: 2px;">FLORIDA</div> <div style="border: 1px solid black; width: 10px; height: 15px; text-align: center; line-height: 15px;">▼</div>	Please select state OR Province if Canada
	Zip:*		Allow for Canadian zip This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
Residence Address			
*	Same as mailing address:	<input checked="" type="radio"/> Yes <input type="radio"/> No	This field is required
	Are you at the same residence address as when you filed your last claim with this office?	<input type="radio"/> Yes <input type="radio"/> No	

* Street Address:	<input type="text"/>	This field is required
* City:	<input type="text"/>	This field is required
* State:	--Please select-- <input type="button" value="v"/>	Please select state OR PROVINCE IF CANADA
Zip:*	<input type="text"/>	This field is required MUST BE ABLE TO INSERT CANADIAN ZIPU.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
(*) Phone Number where you may be reached:	<input type="text"/> <input type="text"/> <input type="text"/>	In first section three digits are required. In second section three digits are required. In third section four digits are required. Phone or Cell Phone Number Required All sections are required
(*) Cell Alternate Phone Number (area code included):	<input type="text"/> <input type="text"/> <input type="text"/>	<i>CURRENTLY REQUIRED CHANGE TO NOT A REQUIRED FIELD</i> In first section three digits are required. In second section three digits are required. In third section four digits are required. All sections are required
E-mail Address:	<input type="text"/>	Wrong e-mail format
E-mail Address	<input type="text"/>	Confirmation box..must match above
* Unemployment Compensation is a taxable benefit. Do you elect to have Federal Income Tax in the amount of 10% of your gross weekly benefit deducted?	<input type="radio"/> Yes <input checked="" type="radio"/> No	This field is required

*
Are you required to pay Child Support through a Child Support Enforcement Agency? ☐ Yes ☒ No This field is required

*
What state collects this support? --Please select-- Required if YES to prior question. Please select state

Back
Continue

Eligibility Information

*
Have you claimed, received, or applied for unemployment compensation in the past 12 months? ☐ Yes ☒ No This field is required

*
Please, enter date of application Next two are required only if yes to this question

< April 2011 >						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

*
Please, enter state that would have issued or did issue payments --Please select-- This field is required

*
Have you started receiving any type of pension, retirement or have you received a lump sum payment from an employer for whom you worked since last filing your Unemployment Compensation claim? ☐ Yes ☒ No Correct Date Format: MM/DD/YYYY Last date can't be less than First date

Name of the employer paying the pension/retirement pay? This field is required

Did you work for this employer in the last eighteen (18) months? ☐ Yes ☒ No Required if yes to above question

Did this employer contribute funds to the pension or retirement plan? ☐ Yes ☒ No If yes, proceed

Required if yes to above question proceed to

Payment Amount, monthly or lump
sum (before taxes) amount

\$

next question

If left blank give
message...

*

Are you attending ~~any or~~ planning
~~to attend any~~ schooling and/or
training program of any type at this
time?

☐ Yes ☐ No

*This field is required.
If yes response--*

What is the name of the school?

What is the program you are
enrolled in?

Beginning and ending date of the
current semester or session

Is the program entirely on-line
classes?

☐ Yes ☐ No

If yes....

Can you do at

☐ Leisure ☐ Only at specific Times

Is this training financed with a Pell
Grant?

☐ Yes ☐ No

Is this training being assisted
through a Workforce Investment
office in the state you reside?

☐ Yes ☐ No

Have you ever worked Full-Time
while attending school?

☐ Yes ☐ No

*Action differs vs. yes
or no response*

Yes - Please explain when you
worked full time and worked in
detail

No- Are you willing to drop or
rearrange your schooling for full-
time employment

☐ Yes ☐ No

Are you ~~attending or~~ planning to
attend any schooling and/or
training program of any type? ~~at~~
~~this time?~~

☐ Yes ☐ No

*If yes...proceed to
next question)*

Do you have the program
information and starting date for
the school or training?

☐ Yes ☐ No

*If yes proceed to next
question. If no
response is:*

Additional information will be needed regarding your school or training once the program and starting date is secured. You must contact our office at 304-558-2657 to receive instructions on how the schooling will affect your eligibility for benefits.

*

Have you applied for or did

☐ Yes ☐ No

you begin receiving any type of Social Security benefits since last filing a claim?

*

OASI

OASI (including widows pension), DISABILITY, Other

If other provide a box for further information beside of area

When did you apply for the benefits

MMDDYYYY

Please provide the date benefits will begin, if known.

Optional

When you retire prior to eligibility for full-retirement age the Social Security Administration places a limit on the amount of earnings you can have before your Social Security benefits are reduced. Do you plan to limit your income to prevent your Social Security from being reduced?

☐ Yes ☒ No

If yes, new box

If you plan to limit your income, please explain

Continue to next three questions if payment is DISABILITY

Have you been told by your physician that you are no longer able to work full-time?

☐ Yes ☒ No

If yes, proceed to next question

Date you became unable to work full-time.

MMDDYYYY

Have you worked full-time since your physician advised you were unable to work?

☐ Yes ☒ No

Are there any conditions under which you may not be able and available to work?

☒ Yes ☐ No

If yes, proceed to next question

Please explain:

Have you refused any work since your last job?

☒ Yes ☐ No

If yes, proceed to next question

Please explain:

Are you engaged in self-employment?

☒ Yes ☐ No

If yes, proceed to next question

Date you began working in self-employment

Please describe the self-employment you are engaged in (type of work & details of the work performed).

Were you working in this self-employment while employed full-time by your separating employer?

☐ Yes ☒ No

Number of hours each week you are devoting to self-employment.

Does this self-employment affect your being able and available for all shifts in your occupation?

☐ Yes ☒ No

If yes,

Please explain

You must report all hours and gross wages earned from self-employment in the week in which the work is performed. If at any time you work full time in self-employment you are no longer considered unemployed, regardless of whether or not you have income from the self employment

*

Are you working for any employer or in any type of employment or self-employment on a commission basis?

☐ Yes ☒ No

This field is required
If yes,

Please provide the name of the employer and the type of work being performed

*

Are you operating a farm?

☐ Yes ☒ No

This field is required

*

Are you performing any work for which you receive food, rent, etc

☐ Yes ☒ No

Required field. If yes...

Please explain

*

Are you the sole owner of a business?

☐ Yes ☒ No

This field is required
If yes..

Name of the business

Number of hours devoted to the business each week

<p>* Are you a partner in a partnership? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>			This field is required
<p>Name of the business <input type="text"/></p>			
<p>Number of hours devoted to the business each week <input type="text"/></p>			
<p>* Are you a member of a Limited Liability Company (LLC)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>			This field is required
<p><i>How does/did the company report for federal income tax purposes on Federal Income Tax Form 8832?</i> <input type="text"/></p>			If yes,
<p><i>How long has the company been in business?</i> <input type="text"/></p>			Drop down box...sole proprietorship, partnership or corporation
<p><i>Please give your title held with the LLC</i> <input type="text"/></p>			
<p><i>Has the company filed a statement of withdrawal or been administratively dissolved?</i> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>			If yes move to next question. If no,
<p><i>Provide a statement on the number of hours you are devoting to the LLC</i> <input type="text"/></p>			
<p>* Are you an officer of a corporation? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>			This field is required
<p>* Please, enter office held: <input type="text"/></p>			This field is required
<p><i>How many hours do you devote to the corporation each week as an officer?</i> <input type="text"/></p>			
<p><i>Is the corporation still in business?</i> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>			

Back

Continue

Employment Information

Please give us the last employer information since you stopped filing.

* Employer Name:		<input type="text"/>	This field is required
Doing Business As Second Name if different:		<input type="text"/>	
Jobsite Address			
* Street Address:		<input type="text"/>	This field is required
Second Address:		<input type="text"/>	
* City:		<input type="text"/>	This field is required
* State:		<input type="text" value="--Please select--"/>	Please select state
Zip:*		<input type="text"/>	This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
<input type="checkbox"/> Same as working address			
Payroll Address			
* Street Address:		<input type="text"/>	This field is required
Second Address:		<input type="text"/>	
* City, :		<input type="text"/>	This field is required
* State, Territory or Province:		<input type="text" value="--Please select--"/>	Please select state
Zip:*		<input type="text"/>	This field is required Allow Canadian Zip U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
Employer phone number:		<input type="text"/> <input type="text"/> <input type="text"/>	In first section three digits are required. In second section three digits are required. In third section four digits are required. All sections are required

*

First day of work:


 (MM/DD/YYYY) 

April 2011						
<						>
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

This field is required
Correct Date Format:
MM/DD/YYYY Last date
can't be less then First
date

*

Last day of work :

 (MM/DD/YYYY) 

April 2011						
<						>
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

This field is required
Correct Date Format:
MM/DD/YYYY Last date
can't be less then First
date

*





Separation reason:
CLICK ON THIS BOX TO
CHOOSE REASON FOR
SEPARATION FROM
EMPLOYER

*This field is required—
REDUCE TO Four Options-
Lack of Work; Voluntary
Quit, Discharge, Other –
Response..requires box for
brief description*

*

Comments on separation
reason required for any
reason other than Layoff/Lack
of Work. Please give us what
the last incident was that led
to your separation:

EXPAND FIELD—Currently
this field is required 210
characters max. Needs to
be expanded

*Phase 2 will expand to add
detailed Fact Finding
statements*


*

Type of work or job title:

This field is required

*

Rate/Frequency of Pay:

 per 

This field is required This
field is required Must be a
positive money value
Please enter both dollars
and cents. Example:
107.40

*

Were you told by this employer that you would be recalled to your job?

☐ Yes ☐ No

This field is required

*

Please, enter your recall date:

April 2011						
≤						≥
Sun	Mon	Tue	Wed	Thu	Fri	Sat
<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>1</u>	<u>2</u>
<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>
<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>
<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>

This field is required
Correct Date Format:
MM/DD/YYYY Last date
can't be less then First
date

*

Do you need to enter another employer?

☐ Yes ☐ No

This field is required

Back

Continue

Applicant Certification

To submit your completed application to the Unemployment Compensation Division, click on the SUBMIT button below.

If you would like to review the information you have provided before submitting your application, press the BACK button below.

By submitting your application:

- You certify the information on the application is true, correct, and complete.
- You declare, under penalty of perjury, that the information you provided regarding your citizenship and/or alien status is true, correct, and complete.
- You acknowledge that making false statements or withholding facts to gain or increase benefits is a criminal offense under the Unemployment Compensation law.
- You acknowledge that you are responsible to read the Unemployment Compensation for West Virginians Handbook that will be mailed to you with a packet of other information.

IMPORTANT: If a confirmation page does not appear on your screen after you click the SUBMIT button, your application was not processed and the information you provided was deleted. Please contact the WORKFORCE West Virginia Interstate Office at 304 558-3340.

This confirmation sheet currently pops up following "Submit"

Confirmation

The application process is now complete. PRINT THIS CONFIRMATION PAGE for your records by using your browser's print button.

This page serves as confirmation that your application for Unemployment Compensation benefits has been received by Workforce West Virginia and is being processed. If there is any missing information, or if any additional information is needed to process your claim, you will be contacted by the WORKFORCE West Virginia Interstate Claims Office.

SSN DISPLAYS

CLAIMANT FIRST LAST NAME DISPLAYS

ADDRESS ENTERED DISPLAYS

FILING DATE AND TIME DISPLAYS

You will receive a packet of information that should aid you in understanding your Unemployment Compensation claim and guide you in applying for your continued benefits. You should receive an Unemployment Compensation Monetary Determination (WVUC B-14-B/T4). If you do not receive these mailings after 12 days, contact the interstate Claims Office at (304)-558-2657.

In order to receive benefits, you must be monetarily eligible and have a qualifying separation. (A financial determination that states you are monetarily eligible does not automatically qualify you for Unemployment Compensation benefits.)

In addition, you must file biweekly claims for the weeks you are totally or partially unemployed. The first eligible week on your new claim is the waiting week. You must file a claim for, and get credit for, a valid waiting week before you will receive any benefit payments. NOTE: The waiting week is never paid. As such, your first benefit payment will be for only one week of benefits.

Your first Biweekly claim will be for the first week beginning Sunday, _____ and ending Saturday _____ and the second week begins

Sunday, _____ and ends Saturday, _____ and must be filed during the week of Sunday, _____.

You have four options for filing your bi-weekly claims:

1. Internet filing is available Sunday, 12:01AM through Friday 5:00 PM at www.wvuc.org
2. Telephone filing is available Sunday, 12:01AM through Friday, 5:00pm at 1-800-379-1032 (option 1) NOTE: When successfully filed on Sunday between 12:01AM and 4:59PM your check will be mailed out to you on Monday morning, except for Monday Holidays or if it is being held by an issue.
3. Paper forms filed by mail, should be mailed to: Workforce West Virginia PO Box 2761, Charleston, WV 25330-2761
4. Paper forms may be faxed to 304-558-1195

PROVIDE OPTION TO EMAIL CONFIRMATION TO CLAIMANT.

ADDITIONAL INFO PROVIDED HERE INCLUDING ANY ADDITIONAL INFORMATION NEED TO PROCESS CLAIM

REOPENED CLAIM



—Welcome to the WORKFORCE West Virginia Unemployment Compensation Internet Claims Filing System. This web site uses Internet technology to automate and streamline the processing of Unemployment Compensation Claims.

—This site permits the filing of a reopened claim for Unemployment Compensation via the

~~Internet: A REOPEN claim MUST be filed if a claimant any time an individual stops filing and then wants to file again with no intervening employment in between the time that he/she filed their the last continuous week of unemployment. and the time of re-filing this claim then this application should be used.~~

You CANNOT use this Internet claims system if:

- **You live in or have a West Virginia mailing address** (*info –link to office addresses*)
- **You are receiving Low Earnings Report from your employer** (*info—Mail your Low Earnings Report to your nearest office –link to local office addresses. If residing out of state mail to Interstate Claims office address ...PO Box 2657, Charleston, WV 25330*)
- **You have not been totally separated from your present employer**

If any of the above is true, you must contact 304 558-3340 2657

You must have the following information available in order to complete this application:

- Your Social Security Number
- The four (4) digits Personal Identification Number (PIN) that you chose yourself when you established your initial claim.
- Verify your complete mailing address including zip code
- A telephone number where you can be reached
- Your alien registration number, if you are not a U.S. citizen

How to use this application

- All fields marked by red asterisk (*) are required
- When you have finished entering data in a field, use the TAB key to move to the next field. If you want to go back to a previous field, hold the SHIFT key and press TAB.
- When you encounter a NEXT button, clicking this will either bring up the next section or display where errors were found in the section you just completed.
- You may scroll up and down within the current section. If you wish to return to a previous section, use the BACK button found at the bottom of the current section.
- Upon completion of all entry, you must click the SUBMIT button for your claim to be officially submitted.

Next

Do you currently reside and receive your mail in the state of West Virginia?

☐ Yes ☒ No

This field is required

*

Have you worked for any employers since last filing for continued weeks on this unemployment compensation claim?

☒ Yes ☐ No

This field is required

If yes response to question above... Due to the fact that you have worked since last filing your continued weeks, you need to go to the main menu again and click on the circle for filing an additional claim.

Social Security Number

The law prescribes penalties for false statements made in connection with this claim. I certify under penalty of law that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the Privacy Act of 1974 (P.L. 93-579). I authorize my employers to release all information requested in connection with my claim for unemployment compensation. I am furnishing my Social Security Number (SSN) as required for the Deficit Reduction Act (DEFRA) (P.L. 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purposes of income and eligibility and verification.

I understand that my SSN will be verified with the Social Security Administration Office.

IF I DECLINE TO GIVE YOUR AGENCY MY SOCIAL SECURITY NUMBER, THEN MY CLAIM FOR UNEMPLOYMENT COMPENSATION WILL NOT BE PROCESSED.

*

Social Security Number (SSN) or Claimant Identification (CID) number:

 - -

Needs to have ability to accept alpha and numeric information

*

Confirm SSN or CID number:

 - -

X'd Out
Needs to have ability to accept alpha and numeric information

*

Personal Identification Number(PIN):

PIN field is required
Must be 4 digit number.

*

Confirm PIN:

PIN confirmation field is required be 4 digit number. PIN differs, please re-enter X'd out

IF PIN NUMBER ERRORS: We are unable to assist with filing your additional claim because your PIN number does not match the one on our records. Please call 304-558-2657 for assistance during normal business hours, Monday through Friday, excluding state and federal holidays.

Personal Data

*

First Name:

This field is required

Middle Initial:

* Last Name: <input type="text"/>		This field is required
If you changed your last name since filing your last claim, enter your previous last name: <input type="text"/>		
Mailing Address		
Are you using the same mailing address as when you filed your last claim with this office? <input type="radio"/> Yes <input type="radio"/> No		If no, continue to next question. If yes, skip ahead to residence address
* Street or PO BOX <input type="text"/>		This field is required
* City: <input type="text"/>		This field is required
* State, Territory or Province: <input type="text" value="--Please select--"/>		Please select state
Zip:* <input type="text"/>		This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)
Residence Address		
* Same as mailing address: <input type="radio"/> Yes <input type="radio"/> No		This field is required If no, continue to next question If yes, skip to phone number
* Are you at the same residence address as when you filed your last claim with this office? <input type="radio"/> Yes <input type="radio"/> No		
* Street Address: <input type="text"/>		This field is required
* City: <input type="text"/>		This field is required
* State: <input type="text" value="--Please select--"/>		Please select state

Zip:*

This field is required U.S. Zip format must be DDDDD or DDDDD-DDDD, Canadian: ADA DAD (A - letter, D - number from 0 to 7)

*Phone Number where you may be reached:

In first section three digits are required. In second section three digits are required. In third section four digits are required. Phone or Cell Phone Number Required All sections are required

(*)
Alternate Cell Phone Number (area code included):

Not A REQUIRED FIELD In first section three digits are required. In second section three digits are required. In third section four digits are required. All sections are required

E-mail Address:

*

Unemployment Compensation is a taxable benefit. Do you elect to have Federal Income Tax in the amount of 10% of your gross weekly benefit deducted?

☐ Yes ☐ No

This field is required

*

Are you required to pay Child Support through a Child Support Enforcement Agency?

☐ Yes ☐ No

This field is required

*

What state collects this support?

Please select state

Eligibility Information

*

Have you claimed, received, or applied for

☐ Yes ☐ No

This field is required

unemployment
compensation in
the past 12
months?

*

Please, enter date
of application



May 2011						
<						>
Sun	Mon	Tue	Wed	Thu	Fri	Sat
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Last date can't be less then
First date

*

Please, enter state
that would have
issued or did issue
payments

Please select state

*

Have you started
receiving any type
of pension,
retirement or have
you received a
lump sum
payment from an
employer for
whom you worked
since last filing
your
Unemployment
Compensation
claim?

☐ Yes ☐ No

This field is required

If yes, please
explain the type of
payment Drop down box:

*

Have you applied for or did
you begin receiving any type
of Social Security benefits
since last filing a claim?

☐ Yes ☐ No

*

OASI (including widows
pension), DISABILITY,
Other

If other provide a box for
further information beside
of area

When did you apply for the benefits	<input type="text"/>	MMDDYYYY
Please provide the date benefits will begin, if known.	<input type="text"/>	Optional
When you retire prior to eligibility for full-retirement age the Social Security Administration places a limit on the amount of earnings you can have before your Social Security benefits are reduced. Do you plan to limit your income to prevent your Social Security from being reduced?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, new box
If you plan to limit your income, please explain	<input type="text"/>	Continue to next three questions if payment is DISABILITY
Have you been told by your physician that you are no longer able to work full-time?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, proceed to next question
Date you became unable to work full-time.	<input type="text"/>	MMDDYYYY
Have you worked full-time since your physician advised you were unable to work?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Are there any conditions under which you may not be able and available to work?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, proceed to next question
Please explain:	<input type="text"/>	
Have you refused any work since your last job?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, proceed to next question
Please explain:	<input type="text"/>	
Are you engaged in self-employment?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, proceed to next question
Date you began working in self-employment	<input type="text"/>	
Please describe the self-employment you are engage in (type of work & details of the work performed).	<input type="text"/>	
Were you working in this self-employment while employed full-time by your separating employer?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Number of hours each week
you are devoting to self
employment.

Does this self-employment
affect your being able and
available for all shifts in your
occupation?

☐ Yes ☒ No

If yes,

Please explain

You must report all hours and gross wages earned from self-employment in the week in which the work is performed. If at any time you work full time in self-employment you are no longer considered unemployed, regardless of whether or not you have income from the self employment

*

Are you working for any
employer or in any type of
employment or self-
employment on a commission
basis?

☐ Yes ☒ No

This field is required
If yes,

Please provide the name of the
employer and the type of work
being performed

*

~~Are you operating a farm?~~

~~☐ Yes ☒ No~~

~~This field is required~~

*

Are you performing any work
for which you receive food,
rent, etc

☐ Yes ☒ No

Required field. If yes...

Please explain

*

Are you the sole owner of a
business?

☐ Yes ☒ No

This field is required
If yes..

Name of the business

Number of hours devoted to
the business each week

*

Are you a partner in a
partnership?

☐ Yes ☒ No

This field is required

Name of the business

Number of hours devoted to
the business each week

*

Are you a member of a Limited

☐ Yes ☒ No

This field is required

Liability Company (LLC)?

If yes,

How does/did the company
report for federal income tax
purposes on Federal Income
Tax Form 8832?

Drop down box...sole
proprietorship, partnership
or corporation

How long has the company
been in business?

Please give your title held with
the LLC

Has the company filed a
statement of withdrawal or
been administratively
dissolved?

☒ Yes ☐ No

If yes move to next
question. If no,

Provide a statement on the
number of hours you are
devoting to the LLC

*

Are you an officer of a
corporation?

☐ Yes ☒ No

This field is required

*

Please, enter office held:

This field is required if yes
above

How many hours do you
devote to the corporation each
week as an officer?

Is the corporation still in
business?

☐ Yes ☒ No

[Back](#)[Continue](#)

Applicant Certification

To submit your completed application to the Unemployment Compensation Division, click on the SUBMIT button below.

If you would like to review the information you have provided before submitting your application, press the BACK button below.

By submitting your application:

- You certify the information on the application is true, correct, and complete.
- You declare, under penalty of perjury, that the information you provided regarding your citizenship and/or alien status is true, correct, and complete.
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- You acknowledge that you are responsible to read the Unemployment Compensation for West Virginians Handbook that will be mailed to you with a packet of other information.

IMPORTANT: If a confirmation page does not appear on your screen after you click the SUBMIT button, your application was not processed and the information you provided was deleted. Please contact the WORKFORCE West Virginia Interstate Office at 304 558-3340.

□

This confirmation sheet currently pops up following "Submit"

Confirmation

The application process is now complete. PRINT THIS CONFIRMATION PAGE for your records by using your browser's print button.

This page serves as confirmation that your application for Unemployment Compensation benefits has been received by Workforce West Virginia and is being processed. If there is any missing information, or if any additional information is needed to process your claim, you will be contacted by the WORKFORCE West Virginia Interstate Claims Office.

SSN DISPLAYS

CLAIMANT FIRST LAST NAME DISPLAYS

ADDRESS ENTERED DISPLAYS

FILING DATE AND TIME DISPLAYS

You will receive a packet of information that should aid you in understanding your Unemployment Compensation claim and guide you in applying for your continued benefits. You should receive an Unemployment Compensation Monetary Determination (WVUC B-14-B/T4). If you do not receive these mailings after 12 days, contact the interstate Claims Office at (304)-558-2657.

In order to receive benefits, you must be monetarily eligible and have a qualifying separation. (A financial determination that states you are monetarily eligible does not automatically qualify you for Unemployment Compensation benefits.)

In addition, you must file biweekly claims for the weeks you are totally or partially unemployed. The first eligible week on your new claim is the waiting week. You must file a claim for, and get credit for, a valid waiting week before you will receive any benefit payments. NOTE: The waiting week is never paid. As such, your first benefit payment will be for only one week of benefits.

Your first Biweekly claim will be for the first week beginning Sunday, _____ and ending Saturday _____ and the second week begins Sunday, _____ and ends Saturday, _____ and must be filed during the week of Sunday, _____.

You have four options for filing your bi-weekly claims:

1. Internet filing is available Sunday, 12:01AM through Friday 5:00 PM at www.wvuc.org
2. Telephone filing is available Sunday, 12:01AM through Friday, 5:00pm at 1-800-379-1032 (option 1) NOTE: When successfully filed on Sunday between 12:01AM and 4:59PM your check will be mailed out to you on Monday morning, except for Monday Holidays or if it is being held by an issue.
3. Paper forms filed by mail, should be mailed to: Workforce West Virginia PO Box 2761, Charleston, WV 25330-2761

4. Paper forms may be faxed to 304-558-1195

PROVIDE OPTION TO EMAIL CONFIRMATION OF CLAIM FILING

PROVIDE ANY ADDITIONAL INFORMATION NEED TO PROCESS CLAIM

EXHIBIT B – Continued Claims

126



Welcome to the **WORKFORCE West Virginia Unemployment Compensation Division**
Web Application.

☐ Direct Deposit **NEW** To sign up for Direct Deposit

- ☒ To claim a week of benefits
- ☐ If you are a claimant and want specific information about your claim
- ☐ For general information on Unemployment Benefits
- ☐ If you own a business or plan on starting a business
- ☐ For local claim office location and hours
- ☐ For the amount of benefits you may be paid per week
- ☐ To file an initial West Virginia claim for Unemployment benefits from out of state

FOR NON-WEST VIRGINIA RESIDENTS ONLY

☐ To file an initial West Virginia claim for Unemployment Benefits from out of state. *a claim for Unemployment Benefits from out of state.*

Have you filed an unemployment claim with West Virginia in the last 12 months? YES NO

IF NO --- GO TO NEW CLAIM (below)

IF YES – FOLLOW UP QUESTION

*Did you stop filing for benefits due to ☐ employment
☐ or for other reasons (such as illness, lack of
transportation, imprisonment, etc.)*

*If employment ---go to Additional claim (below)
If other--- go to Reopened claim (below)*

NEW Claim

Claimant wants to establish a new benefit year

To establish a new unemployment claim with West Virginia effective Sunday of the current week. Note: If you initially filed your claim with another state and your claim requires backdating, file your claim by phone at 1-800-379-1032 Monday-Friday 9AM TO 3PM eastern standard time

ADDITIONAL Claim

Claimant has a claim established, but stopped filing because of intervening *additional* employment

A claim is already established, but you stopped filing because of additional employment, from which you have now separated.

REOPENED Claim

Claimant has a claim established, but stopped filing for reason other than intervening employment and wants to now reopen his/her claim again

A claim is already established, but you stopped filing for reasons other than additional employment (ex: illness); OR You moved from West Virginia since last filing and need to change your address and filing office to the office that handles out of state resident claims.

WORK FORCE

West Virginia
USA

SSN:
PIN:

Back

Continue

Move this screen to display after selecting the option "To Claim a Week of Benefits".

This screen currently shows after the screen asking if the address has changed.



Your benefit year ends _____. If you are still unemployed when your benefit year ends, contact your local office for instructions on how to file a new claim.

If your benefit year has ended, you must file a new claim with your local office. Benefits are not payable until a new claim has been filed and eligibility has been established. Filing weeks using this system will **NOT** open a new claim for you.

NEW SCREEN - Display immediately after the log-in page.



Have you changed your address since your last filing?

☐ Yes

☒ No

Continue

Exit

If response is No, continue to next screen.

If response is Yes, display following message and terminate the session:

If you have changed your address since you last filed, you must contact your local office to report your address change prior to filing this claim. Thank you for using the WorkForce West Virginia automated system. Good-bye.

WORK FORCE

West Virginia
USA

You are claiming unemployment benefits for the week ending 5/19/2012.
The following questions pertain to the week ending 5/19/2012.

Were you able to work and available for work each day of the week?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
Enter the number of days during the week that you were not available for work	<input type="text"/>	Please select an answer You have entered an invalid number of workdays. You must enter a number between 1 and 7
Did you actively seek full-time work during the week?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
How many job contacts did you make for the benefit week? If you returned to work this week, please enter 1.	<input type="text"/>	Please enter correct data Please enter a number
Did you refuse any work or fail to report for a job interview?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
Did you attend school or training?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
Did you apply for a pension, retirement pay or social security benefits?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
Are you receiving a pension, retirement pay, or social security benefits?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer
Did the amount of your pension, retirement pay, or social security benefits change?	<input type="radio"/> Yes <input type="radio"/> No	Please select an answer

Did you work during the week, including self employment?

☐ Yes ☐ No

Please select an answer

Enter your total earnings for the benefit week.

NOTE: Your earnings must be reported when they are earned, in dollars and cents. For example, if you are reporting earnings in the amount of \$107.40 during the week, you would enter 107.40

\$

Enter the number of hours you worked during the benefit week

Did you work all the hours of work available to you?

☐ Yes ☐ No

Please select an answer

Did you quit or were you fired from a job?

☐ Yes ☐ No

Please select an answer

Did you receive a bonus, wages in lieu of notice, holiday pay, or vacation pay?

☐ Yes ☐ No

Please select an answer

Have you returned to full-time work?

☐ Yes ☐ No

Please select an answer

Enter the date that you returned to work

NOTE: If you enter the date manually please enter the date in mm/dd/yyyy format. For example, if June 9, 2000 was your return to work date, enter 06/09/2000

May 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Please enter date
Please enter date in
mm/dd/yyyy format

Continue

IVR message currently displayed when a question is answered in a manner that would raise a potential issue. 133



Please contact your local claims office by telephone or in person for assistance in completing your claim for benefits.

Exit

During Phase 1, revise error message to state the following:



Please contact your local claims office by telephone or in person **immediately** for assistance in completing your claim for benefits. Do **NOT** wait until your next scheduled filing date.

Exit

A02 Statement to be implemented in Phase 2

WORK FORCE

West Virginia
USA

**You are claiming unemployment benefits for the week ending 5/19/12.
The following questions pertain to the week ending 5/19/12.**

Were you able to work and available for work each day of the week?



Yes



No

If Answer is Yes, continue to next question. If no, IVR currently provides message to contact local office & terminates session. Instead prompt #days not available.

Enter the number of days during the week that you were not available for work

4

IF # entered is 4 or greater, IVR currently provides message to contact local office & terminates session. Change process to insert drop down box to complete A02 (A/A) statement and allow the week to be filed, but not paid.

Continue

I WAS NOT AVAILABLE FOR WORK FROM _____ TO _____, BECAUSE

I HAVE BEEN ADVISED AND UNDERSTAND THAT I MUST BE ABLE, AVAILABLE AND SEEKING FULL-TIME WORK DURING EACH WEEK I CLAIM BENEFITS.

I (AM/AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. _(IF NOT, EXPLAIN)

WORK FORCE

West Virginia
USA

Did you actively seek full-time work during the week?

☐ Yes ☒ No

If Answer is Yes, continue to number of job contacts. If no, IVR currently provides message to contact local office & terminates session. Change process to insert drop down box to complete A13 (Work Search) statement and allow the week to be filed, but not paid.

How many job contacts did you make for the benefit week? If you returned to work this week, please enter 1.

0

If # entered is 0, IVR currently provides message to contact local office & terminates session. Change process to insert drop down box to complete A13 (Work Search) statement and allow the week to be filed, but not paid.

Continue

I DID NOT MAKE A WORK SEARCH DURING THE WEEK(S) ENDING _____, AND
_____, BECAUSE

THE REASON I DID NOT SEEK WORK (does/does not) STILL EXIST. (Explain in detail)

I UNDERSTAND THAT I MUST BE ABLE, AVAILABLE AND SEEKING FULL-TIME WORK DURING EACH WEEK I CLAIM BENEFITS.

WORK FORCE

West Virginia
USA

Did you refuse any work or fail to report for a job interview?

Yes No

If Answer is Yes, IVR currently provides message to contact local office and terminates session. Change process to insert drop down box displaying option to choose W01 (Job Refusal) or W02 (Failure to Report for Job Interview). After completion of statement, allow the week to be filed, but not paid.

Continue

(W02)

FAILED TO REPORT FOR JOB INTERVIEW

I WAS (REFERRED TO/ SCHEDULED FOR) A JOB INTERVIEW WITH _____

(NAME, ADDRESS, AND PHONE NUMBER OF THE EMPLOYER). I WAS TO (REPORT ON/(CONTACT THIS EMPLOYER BY) _____ (DATE) FOR A JOB INTERVIEW. THE JOB WAS AS A

_____ (TYPE OF WORK) AT \$____ PER HOUR FOR _____ HOURS PER DAY/WEEK. THE CLAIMANT WOULD BE REQUIRED TO TRAVEL _____ MILES TO THE WORK SITE.

I FAILED TO DO SO BECAUSE

(EXPLAIN IN DETAIL)

THE REFERRAL WAS MADE BY (JOB SERVICE OR NAME, TITLE & AGENCY EXTENDING REFERRAL _____.

I LAST WORKED ON _____. I PREVIOUSLY WORKED AS A _____ AT \$_____ PER (HR, WK, MO), AND TRAVELLED _____ MILES TO WORK

I HAVE/DO NOT HAVE EXPERIENCE/TRAINING IN THE WORK.

I AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK.

(W01)

WORK OFFER/JOB REFERRAL

I (WAS/ WAS NOT) OFFERED/ REFERRED TO) A JOB ON _____ WITH
 _____ (NAME & TITLE OF PERSON OFFERING WORK)
 _____. ADDRESS: _____
 _____. PHONE NO.: _____, AS A
 _____ AT \$ _____ PER (HR, DAY, WK, MO). THIS (WAS/WAS
 NOT) FULL-TIME WORK, AND I WOULD HAVE TO DRIVE _____ MILES EACH WAY. IF THIS
 WAS PART TIME WORK, HOW MANY HOURS PER DAY/PER WEEK WERE OFFERED? _____.
 THIS WAS (TEMPORARY/PERMANENT WORK?

I LAST WORKED ON _____, AS A _____ AT \$ _____ PER WK, MO), AND TRAVELLED
 _____ MILES TO WORK. MY JOB DUTIES WERE:

 (INCLUDE KNOWLEDGE, SKILLS, ABILITIES INVOLVED IN WORK). I WORKED _____ HOURS PER DAY/PER WEEK ON
 MY LAST JOB. IT WAS (TEMPORARY/PERMANENT WORK. I REFUSED THE JOB (OFFER/REFERRAL)
 BECAUSE _____.

IF YOU REFUSED THE OFFER/REFERRAL FOR PERSONAL REASONS UNDER YOUR CONTROL, WHAT
 ATTEMPTS DID YOU MAKE TO REMOVE THE RESTRICTIONS PERTAINING TO YOUR REFUSAL?

 I (HAVE/DO NOT HAVE)(EXPERIENCE/TRAINING IN THE WORK (OFFERED/REFERRED). IF YES, HOW MUCH EXPERIENCE
 DO YOU HAVE IN THE WORK OFFERED/REFERRED?

 THE POSITION (IS/IS NOT) VACANT DUE DIRECTLY TO A STRIKE, LOCKOUT, OR OTHER LABOR DISPUTE.

I (WOULD/WOULD NOT) BE REQUIRED TO JOIN A COMPANY UNION OR TO RESIGN OR REFRAIN FROM JOINING ANY
 BONA FIDE LABOR ORGANIZATION AS A CONDITION OF BEING EMPLOYED.

I AM SEEKING (TYPES OF WORK _____. I (DO/DO NOT) HAVE TRAINING OR EXPERIENCE IN
 THIS TYPE OF WORK. LOWEST PAY RATE ACCEPTABLE, \$ _____.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT, EXPLAIN IN DETAIL)

WORK FORCE

West Virginia

USA

Did you
attend school
or training?

☒ Yes ☐ No

If Answer is Yes, IVR currently provides message to contact local office and terminates session. Change process to insert drop down box displaying option to choose A12 (vocational Training) or A07 (Academic Training.) After completion of statement, allow the week to be filed, but not paid.

Continue

(A12)

VOCATIONAL TRAINING

I (am/ will) ATTEND _____(TYPE OF TRAINING) TRAINING AT _____
FROM _____ TO _____.
I AM IN TRAINING _____(days/weeks) AND _____(hours per week) THE TELEPHONE
NUMBER OF THE TRAINING FACILITY IS (_____) _____.

I UNDERSTAND THAT THE UNEMPLOYMENT OFFICE MUST HAVE VERIFICATION OF MY ATTENDANCE IN THE ABOVE TRAINING. ONCE VERIFICATION HAS BEEN RECEIVED, I UNDERSTAND THAT I MAY NOT BE REQUIRED TO MAKE A WORK SEARCH DURING THE TIME I'M IN TRAINING AND MAKING SATISFACTORY PROGRESS. I ALSO UNDERSTAND THAT IF I DISCONTINUE TRAINING OR FAIL TO MAKE SATISFACTORY PROGRESS, I MUST SEEK WORK AND CONTACT THE UNEMPLOYMENT OFFICE IMMEDIATELY.

IF THE CLASSES ARE EXTENDED BEYOND THE EXPECTED COMPLETION DATE, I UNDERSTAND I MUST PROVIDE VERIFICATION OF THIS FACT TO THE UNEMPLOYMENT OFFICE.

BY SIGNING BELOW, I AUTHORIZE THE SCHOOL NAMED ABOVE TO RELEASE INFORMATION CONCERNING MY SCHOOLING TO THE UNEMPLOYMENT COMPENSATION DIVISION.

I AM ATTENDING/WILL ATTEND _____ (NAME AND PHONE NUMBER OF COLLEGE) BEGINNING _____. I (AM/AM NOT) ENROLLED IN THIS PROGRAM THROUGH THE WORKFORCE INVESTMENT ACT (WIA). I HAVE/HAVE NOT RECEIVED A PELL GRANT TO COVER MY TUITION.

I AM CARRYING _____ CREDIT HOURS AND ATTEND CLASS ON _____ (SPECIFY DAYS AND HOURS). I'M IN CLASS _____ HOURS PER WEEK. I SPEND APPROXIMATELY _____ HOURS PER WEEK STUDY TIME OUTSIDE OF CLASS AND MY DRIVING TIME TO AND FROM SCHOOL AVERAGES _____ PER WEEK.

I NEED _____ HOURS TO GET A DEGREE IN _____.

THIS IS A (two/ four) YEAR DEGREE. IF TWO-YEAR DEGREE, I UNDERSTAND I MUST PROVIDE THIS OFFICE WITH A COPY OF REQUIRED COURSES FOR THIS DEGREE, AND VERIFICATION OF THE HOURS I ATTEND CLASS. THE CURRENT SEMESTER (begins/began) ON _____, 20____, AND WILL END ON _____, 20____.

I EXPECT TO COMPLETE SCHOOL BY _____.

I (AM/AM NOT) WILLING TO DROP THESE CLASSES FOR SUITABLE WORK. I WOULD DROP CLASSES FOR WORK IN THE FOLLOWING OCCUPATIONS, _____ I WILL ACCEPT WORK PAYING \$_____ PER (hr, day, wk, mo). MY NORMAL OCCUPATION IS _____, AND MY NORMAL WORK HOURS WERE FROM _____ TO _____. I WILL ACCEPT WORK PAYING _____ PER (hr, day, wk, mo). I MADE \$_____ PER (hr, day, wk, mo) ON MY LAST JOB.

I (DO/DO NOT) ADVISE PROSPECTIVE EMPLOYERS THAT I AM ATTENDING COLLEGE.

I (CAN/CANNOT) REARRANGE MY CLASSES. (if can rearrange, at what time and day is each class offered?) _____

I (HAVE/HAVE NEVER) ATTENDED SCHOOL AND WORKED FULL-TIME. IF YES, I did so during the year _____ and carried _____ credit hours while working.

I (AM/AM NOT) SEEKING FULL-TIME EMPLOYMENT. (if not, explain in detail)

BY SIGNING BELOW, I AUTHORIZE THE SCHOOL NAMED ABOVE TO RELEASE INFORMATION CONCERNING MY SCHOOLING TO THE UNEMPLOYMENT COMPENSATION DIVISION.

WORK FORCE

West Virginia
USA

Did you apply for a pension, retirement pay or social security benefits?

☒ Yes ☐ No

If Answer is Yes, IVR currently provides message to contact local office and terminates session. Change process to insert drop down box displaying option to choose A09 (Social Security Disability), A10 (Social Security Retirement) A06 (Retirement/Pension) or M22 (Pension/Lump Sum). After completion of statement, allow the week to be filed, but not paid.

Are you receiving a pension, retirement pay, or social security benefits?

☒ Yes ☐ No

If Answer is Yes, and claim reflects said information, IVR currently allows week to process. If information is not reflected on the claim, IVR provides message to contact local office and terminates session. Only in instances where information is not reflected on the claim, change process to insert drop down box displaying option to choose A09 (Social Security Disability), A10 (Social Security Retirement A06 (Retirement/Pension) or M22 (Pension/Lump Sum). After completion of statement, allow the week to be filed, but not paid.

Did the amount of your pension, retirement pay, or social security benefits change?

☐ Yes ☐ No

Continue

(A09)

SOCIAL SECURITY DISABILITY

I (APPLIED FOR/AM RECEIVING) DISABILITY SOCIAL SECURITY BENEFITS (ON/SINCE) 20 AND (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL- TIME WORK. (IF ABLE TO WORK, EXPLAIN WHY CLAIMANT FILED FOR SOCIAL SECURITY DISABILITY) (IF WORKING, HOW LONG HAS THE CLAIMANT BEEN WORKING IN FULL TIME COVERED EMPLOYMENT AND DRAWING DISABILITY SOCIAL SECURITY?)

I (HAVE/ HAVE NOT) BEEN TOLD BY MY DOCTOR THAT I AM UNABLE TO WORK. I UNDERSTAND THAT I MUST BE ABLE, AVAILABLE, AND SEEKING FULL-TIME WORK TO RECEIVE UNEMPLOYMENT BENEFITS. IF I AM DENIED DISABILITY SOCIAL SECURITY AND WANT TO CONTINUE MY UNEMPLOYMENT CLAIM, I WILL BRING IN A DOCTOR'S RELEASE THAT I AM ABLE TO WORK, AND A STATEMENT TO INCLUDE WHAT TYPE OF WORK I AM ABLE TO PERFORM AND LIMITATIONS IF ANY.

A RULING (HAS/ HAS NOT) BEEN MADE ON MY APPLICATION FOR SOCIAL SECURITY DISABILITY BENEFITS.

IF DENIED DISABILITY, I (DID/ DID NOT) APPEAL.

I (APPLIED FOR/AM RECEIVING) SOCIAL SECURITY RETIREMENT (ON /EFFECTIVE) _____, 20____, AND (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT AVAILABLE FOR WORK, EXPLAIN IN DETAIL) _____.

I (WILL/ WILL NOT) LIMIT MY INCOME TO THE AMOUNT ALLOWED BY THE SOCIAL SECURITY OFFICE. I (RECEIVE/ WILL RECEIVE) THE GROSS MONTHLY AMOUNT OF \$_____ ON _____, FOR THE MONTH OF _____. (SPECIFY IF ANY PORTION OF THIS BENEFIT IS BASED ON BENEFITS FROM CLAIMANT'S SPOUSE OR IF IT IS BASED ON SOLELY ON CLAIMANT'S CONTRIBUTION?) _____.

I (do/ do not) RECEIVE MEDICARE. (if medicare is received, the amount must be included in the gross monthly entitlement).

I UNDERSTAND THAT WHEN I RECEIVE MY AWARD LETTER FROM THE SOCIAL SECURITY ADMINISTRATION, I MUST BRING MY AWARD LETTER AND REPORT TO THE CLAIMS OFFICE IMMEDIATELY.

I UNDERSTAND THAT THE AMOUNT OF BENEFITS I RECEIVE MAY BE AFFECTED BY FUTURE COST OF LIVING ADJUSTMENTS.

BY SIGNING FORM WVUC-D-43, I GIVE THE SOCIAL SECURITY ADMINISTRATION PERMISSION TO RELEASE THIS INFORMATION TO THE UNEMPLOYMENT OFFICE.

(A06)

RETIREMENT/PENSION

I (APPLIED FOR / AM RECEIVING) RETIREMENT PENSION (ON _____) AND I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT AVAILABLE FOR WORK, EXPLAIN IN DETAIL) _____. I (RECEIVE/ WILL RECEIVE) THE GROSS AMOUNT OF \$_____ PER MONTH EFFECTIVE _____.

THIS PENSION (WAS/WAS NOT) CONTRIBUTED TO BY A BASE PERIOD EMPLOYER. THE NAME OF THE CONTRIBUTING EMPLOYER IS (PROVIDE NAME, ADDRESS AND TELEPHONE NO. OF CONTRIBUTING EMPLOYER) _____.

MY EMPLOYER CONTRIBUTED (THE TOTAL AMOUNT OR SPECIFY DOLLAR AMOUNT OR PERCENTAGE THE EMPLOYER CONTRIBUTED TO THE FUND) I (DID /DID NOT) CONTRIBUTE TO THE RETIREMENT FUND. (IF EMPLOYEE CONTRIBUTION WAS MADE, SPECIFY THE AMOUNT AND/OR PERCENTAGE) _____.

AS A CONDITION OF RECEIVING THIS PENSION, I (AM/AM NOT REQUIRED TO LIMIT THE AMOUNT OF INCOME I CAN EARN. (IF REQUIRED TO LIMIT INCOME, EXPLAIN THE CONDITIONS OF THE LIMITATIONS) _____.

I (HAVE PRESENTED/ OR WILL PRESENT IMMEDIATELY UPON RECEIPT) MY AWARD LETTER CONFIRMING THE GROSS AMOUNT AND EFFECTIVE DATE OF MY RETIREMENT PENSION.

I WILL NOTIFY THE LOCAL CLAIMS OFFICE IMMEDIATELY IF I RECEIVE A PENSION/ RETIREMENT CHECK BEFORE RECEIPT OF THE AWARD LETTER.

BY SIGNING BELOW, I AUTHORIZE THE PARTY RESPONSIBLE FOR PAYMENT OF MY RETIREMENT/PENSION (EMPLOYER, UNION, OR THIRD PARTY) TO RELEASE INFORMATION CONCERNING THE RETIREMENT/PENSION TO THE UNEMPLOYMENT COMPENSATION DIVISION.

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (a/AN) _____
FROM _____ TO _____, AT \$ _____ (hr, wk, mo)

I (received/will receive) A LUMP SUM PENSION FROM THIS EMPLOYER IN THE
AMOUNT OF \$ _____ ON _____ (DATE). MY WEEKLY BENEFIT AMOUNT
IS \$ _____.

I WILL PRESENT TO THE UNEMPLOYMENT CLAIMS OFFICE DOCUMENTATION PERTAINING
TO THE PAYMENT ON _____ (within four working days from today).

THIS PENSION FUND (was/was not) CONTRIBUTED TO BY A BASE PERIOD EMPLOYEE

I (will/ will not) (have/have not) (convert/converted) THIS TO A 401K OR OTHER
PENSION FUND.

I (am/am not) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

BY SIGNING BELOW, I AUTHORIZE THE PARTY RESPONSIBLE FOR PAYMENT OF MY
RETIREMENT/PENSION (EMPLOYER, UNION, OR THIRD PARTY) TO RELEASE INFORMATION
CONCERNING THE RETIREMENT/PENSION TO THE UNEMPLOYMENT COMPENSATION
DIVISION.

WORK FORCE

West Virginia
USA

Did you work during the week, including self employment?

☒ Yes ☐ No

Please select an answer

Enter your total earnings for the benefit week.

NOTE: Your earnings must be reported when they are earned, in dollars and cents. For example, if you are reporting earnings in the amount of \$107.40 during the week, you would enter 107.40

\$ 330.00

Enter the number of hours you worked during the benefit week

33

Current IVR allows the week to be filed and process if the individual answers 31 or less hours.

Continue

IVR system currently will only accept 31 hours or below. 32 or more hours results in a message to contact the local office and stops the claim filing process.

CHANGE TO THIS PROCESS

1. When Yes is answered, insert the following drop down box and allow the week(s) to be filed, but not paid.

Name of Employer	# Hours considered full-time by this Employer

2. If Yes is answered during the first week claimed, and claimant answers "No" to the question, "Have you returned to full-time work", allow both weeks to be filed, but not paid.
3. If Yes is answered during the first week claimed, and claimant answers "Yes" on the question, "Have you returned to full-time work", process only the first week. Display message "Further benefits cannot be paid beyond the return to work date" and terminate the session.

Based on information supplied, have IVR complete a R2 transaction on the mainframe and annotate the claim with the return to work date on the 30 screen.

Existing R2 screen on Mainframe APBS

RETURN-TO-WORK DATE: _____

EMPLOYMENT INFORMATION:

EMPLOYER ACCOUNT: _____

NAME: _____

ADDRESS: _____

A02 Statement previously discussed which to be implemented in Phase 2

WORK FORCE

West Virginia
USA

Did you work during the week, including self employment?

☒ Yes ☐ No

Enter your total earnings for the benefit week.

NOTE: Your earnings must be reported when they are earned, in dollars and cents. For example, if you are reporting earnings in the amount of \$107.40 during the week, you would enter 107.40

\$ 120.00

Enter the number of hours you worked during the benefit week

8

Did you work all the hours of work available to you?

☐ Yes ☒ No

If Answer is No, IVR currently provides message to contact local office & terminates session. Change process to insert drop down box to complete A02 statement . After completion of statement, allow the week to be filed, but not paid.

Continue

I WAS NOT AVAILABLE FOR WORK FROM _____ TO _____, BECAUSE

I HAVE BEEN ADVISED AND UNDERSTAND THAT I MUST BE ABLE, AVAILABLE AND SEEKING FULL-TIME WORK DURING EACH WEEK I CLAIM BENEFITS.

I (AM/AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. _(IF NOT, EXPLAIN)

WORK FORCE

West Virginia
USA

Did you quit
or were you
fired from a
job?



Yes



No

If Answer is Yes, IVR currently provides message to contact local office and terminates session. Change process to Insert drop down box to select quit or discharge. Based on answer, display menu for category of separation statements. (See Exhibit C for complete list of statements) After completion of statement, allow the week to be filed, but not paid.

WORK FORCE

West Virginia
USA

Did you receive a
bonus, wages in lieu
of notice, holiday
pay, or vacation pay?



Yes



No

If Answer is Yes, IVR currently provides message to contact local office and terminates session. Change process to insert drop down box displaying a table identifying types of payment and a numeric field to enter gross payments, along with an alpha field to enter the name of the employer. After completion of the table, allow the week to be filed.

[Continue](#)

Type Payment	Gross Payment	Name of Employer
Bonus		
Wages in Lieu of Notice		
Holiday Pay		
Vacation Pay		
REMARKS: DESCRIBE TYPE OF BONUS AND PAY PERIOD FOR WHICH WAGES IN LIEU OF NOTICE ARE BEING PAID.		

WORK FORCE

West Virginia
USA

Have you returned to full-time work?

☐ Yes ☐ No

Insert drop down box
if answer is yes.

Enter the date that you returned to work

*NOTE: If you enter the date manually please enter the date in
mm/dd/yyyy format. For example, if June 9, 2000 was your return
to work date, enter 06/09/2000*

June 2011						
<						>
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Please enter date
Please enter date in
mm/dd/yyyy format

Continue

Name of Employer	Address of Employer	Telephone Number

The current IVR brings up and requires week 2 be filed when the answer is "Yes" during first week claimed.

Change process so when "Yes" is answered on first week, process only the first week, display a message
"Further benefits cannot be paid beyond the return to work date", and terminate the session.

Based on information supplied, have IVR complete a R2 transaction on the mainframe and annotate the claim
with the return to work date on the 30 screen.

Existing R2 screen on Mainframe APBS

RETURN-TO-WORK DATE: _____

EMPLOYMENT INFORMATION:

EMPLOYER ACCOUNT: _____

NAME: _____

ADDRESS: _____

WORK FORCE

West Virginia^{USA}

You have successfully completed filing a claim for unemployment benefits for the week ending 7/7/2012.

Exit

Exhibit C

Separation Fact-Finding statements which are to be implemented in Phase 2.

SEPARATION STATEMENT MENU/SUB-TITLES

QUIT

- PERSONAL REASONS
 - EXPERIENCE OR TRAINING – STATEMENT Q03
 - PERSONAL PROBLEMS – STATEMENT Q05
 - TRANSPORTATION ISSUES – STATEMENT Q05
 - SEEKING OTHER EMPLOYMENT – STATEMENT Q05
 - TO RELOCATE TO ANOTHER AREA – STATEMENT Q05
 - DISLIKED JOB – STATEMENT Q05
 - OTHER – STATEMENT Q05
 - HEALTH REASONS – STATEMENT Q06
 - TO ATTEND SCHOOL – STATEMENT Q18
 - FAILED TO MAINTAIN CERTIFICATION – STATEMENT Q19
 - FAILED TO TAKE REQUIRED TEST – STATEMENT Q20
 - DIDN'T RETURN AFTER LEAVE OF ABSENCE – Q23
 - MILITARY SPOUSE – Q25
- EMPLOYER RELATED
 - LATE PAY – STATEMENT Q04
 - JOB RELOCATION – STATEMENT Q21
 - WORKING CONDITIONS – STATEMENT Q11
 - HIRING WORKING AGREEMENT CHANGED – STATEMENT Q07
 - FORCED RESIGNATION – STATEMENT Q31
 - ANTICIPATING LAYOFF – STATEMENT Q01
 - ACCEPTED SEPARATION PACKAGE FROM EMPLOYER – STATEMENT Q26
- WORK ENVIRONMENT
 - CONFLICT/PERSONALITY OR OTHER – STATEMENT Q08
 - DISCRIMINATION/HARASSMENT/ABUSE/HOSTILITY – STATEMENT Q02
 - LABOR DISPUTE - STATEMENT Q22

FACT FINDING MENU

FA151

Q01	ANTICIPATING DISCH/LAYOFF	Q31	FORCED RESIGNATION
Q02	DISCRIM/HARASSM'T/ABUSE/HOSTIL		
Q03	EXPERIENCE OR TRAINING		
Q04	LATE PAY		
Q05	GENERAL QUIT		
Q06	HEALTH REASONS		
Q07	HIRING/WORKING AGREEMT.CHANGED		
Q08	CONFLICT/PERSONALITY OR OTHER		
Q09	UNABLE TO FIND HOUSING		
Q11	WORKING CONDITIONS		
Q18	QUIT TO GO TO SCHOOL		
Q19	FAILED TO MAINTAIN CERTIFICATI		
Q20	FAILED TO TAKE TEST		
Q21	JOB RELOCATION		
Q22	LABOR DISPUTE		
Q23	LEAVE OF ABSENCE/FAIL TO RETN.		
Q25	MILITARY SPOUSE		
Q26	V.Q. SEP. PKG. ACCEPTED		
Q30	BLANK (NO PRIOR F-F) EMP.INFO.		

PF3=EXIT TO TEXT EDITOR WITHOUT SELECTING A FACT FINDING FORM
 PF7=SCROLL BACKWARD PF8=SCROLL FORWARD

07/11/2012

WORKFORCE West Virginia

STMT #01

4:10 P.M.

FACT FINDING - ANTICIPATING DISCH/LAYOFF

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT THIS EMPLOYMENT BECAUSE I WAS TOLD BY _____ (PROVIDE NAME & TITLE OF THE INDIVIDUAL) _____ THAT I WAS GOING TO BE (DISCHARGED/LAID OFF) _____. THE PERSON WHO TOLD ME THIS (DID/DID NOT) _____ HAVE THE AUTHORITY TO DISCHARGE/LAY OFF. WHEN WAS THE LAY OFF/ DISCHARGE ANTICIPATED? GIVE DATE AND THE REASON THIS ACTION WAS TO BE TAKEN.

I (DID/DID NOT) _____ HAVE A CHOICE RELATIVE TO REMAINING EMPLOYED. (COULD THE CLAIMANT HAVE REMAINED EMPLOYED BY MEETING SOME CONDITION SET BY THE THE EMPLOYER? IF SO, EXPLAIN IN DETAIL INCLUDING WHY THE CLAIMANT DID NOT MEET THIS CONDITION) _____

I (AM/AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT, EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE_____
DATE_____
INTERVIEWER'S SIGNATURE

07/11/2012
4:13 P.M.

WORKFORCE West Virginia
FACT FINDING - DISCRIM/HARASSM'T/ABUSE/HOSTIL

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A /AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE OF (DISCRIMINATION/ HARASSMENT
/ABUSE /HOSTILITY) _____. (WHAT WAS THE FINAL INCIDENT THAT CAUSED THE
CLAIMANT TO QUIT? EXPLAIN IN DETAIL) _____

THIS (HAD/ HAD NOT) _____ OCCURRED PREVIOUSLY. (IF PREVIOUS OCCURRENCE, GIVE
DETAILS, I.E., NAMES, DATES, ETC) _____

THIS (did/ did not) _____ OCCUR IN FRONT OF CO-WORKERS OR CUSTOMERS. _____ (if it
did, explain in detail) _____

I (did /did not) _____ DISCUSS THE PREVIOUS INCIDENT(S) WITH THE EMPLOYER.
(if discussed, give name/title of person/persons spoke with, dates, and
results-- what action did the employer take?) _____

I (am /am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. _____ (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:14 P.M.

WORKFORCE West Virginia
FACT FINDING - EXPERIENCE OR TRAINING

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A /AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) >

I QUIT MY JOB ON _____, BECAUSE I FELT I DID NOT HAVE SUFFICIENT
EXPERIENCE OR TRAINING TO PERFORM THE JOB. (EXPLAIN IN DETAIL) _____

THIS (DID /DID NOT) _____ CREATE A SAFETY HAZARD. (IF IT DID, EXPLAIN) _____

MY EMPLOYER (name/title) _____ (did /did not) _____ PROMISE TO PROVIDE TRAINING
WHEN I WAS HIRED. (if training was promised, what training was promised
and what training was provided?) _____

I (did /did not) _____ ATTEMPT TO RESOLVE THE SITUATION PRIOR TO QUITTING. (if
so, with whom did claimant speak, give dates and what action was taken) _____

THE EMPLOYER (did /did not) _____ TALK WITH ME ABOUT MY WORK PERFORMANCE. (if
the employer did, explain in detail) _____

I (am /am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:14 P.M.

WORKFORCE West Virginia
FACT FINDING - LATE PAY

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, DUE TO (NOT BEING PAID /NOT BEING PAID
TIMELY /BEING PAID WITH CHECKS RETURNED FOR INSUFFICIENT FUNDS) _____. THIS PAY
WAS DUE ON _____. I (HAVE /HAVE NOT) _____ RECEIVED THIS
PAY. (IF RECEIVED, WHEN WAS IT PAID?) I (DID/ DID NOT) _____ DISCUSS THIS
PROBLEM WITH MY EMPLOYER. (IF DISCUSSED WITH THE EMPLOYER, WHEN AND
WHAT WERE THE RESULTS? EXPLAIN) _____

THE EMPLOYER (NAME/TITLE) _____ (REFUSED TO PAY/ DELAYED PAYMENT) _____ BECAUSE

THIS (had/ had not) _____ OCCURRED BEFORE. (if so, explain listing dates of
occurrences, give specific date(s) check(s) due & dates received) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:14 P.M.

WORKFORCE West Virginia
FACT FINDING - GENERAL QUIT

Q05 156
STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A /AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, DUE TO (PERSONAL PROBLEMS / LACK OF
TRANSPORTATION / SEEKING OTHER EMPLOYMENT/ RELOCATING/ DISLIKING MY JOB/
OTHER) _____. (WHAT WAS THE FINAL INCIDENT THAT CAUSED THE CLAIMANT TO QUIT?
EXPLAIN) _____

I (DID /DID NOT) _____ GIVE THE EMPLOYER A REASON FOR QUITTING. (IF REASON
given employer, explain in detail) _____

THE CIRCUMSTANCES CAUSING THE QUIT (do /do not) _____ STILL EXIST. (if so
when did the circumstances change?) _____

(if circumstances still exist, is there an availability issue? if yes,
explain in detail) _____

I (am/am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

I (did/did not) _____ ATTEMPT TO RESOLVE THE SITUATION PRIOR TO QUITTING.
(explain what attempts were made, dates and results/if no attempt was
made, explain why) _____ (give name & title of person(s) talked with) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:14 P.M.

WORKFORCE West Virginia
FACT FINDING - HEALTH REASONS

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A /AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I HAD TO QUIT THIS EMPLOYMENT BECAUSE OF A HEALTH PROBLEM. MY WORK
AGGRAVATED MY HEALTH PROBLEM. (EXPLAIN) _____

I (DID /DID NOT) NOTIFY MY EMPLOYER ON _____ THAT I WAS LEAVING
EMPLOYMENT BECAUSE OF A HEALTH PROBLEM. (ADVISE HIM/HER LAW REQUIRES
EMPLOYER BE NOTIFIED PRIOR TO LEAVING THE JOB, WITHIN 2 BUSINESS DAYS
AFTER LEAVING THE JOB OR AS SOON AS PRACTICABLE).

MY PHYSICIAN (DID /DID NOT) ADVISE ME THAT THE WORK (DID /WOULD) AFFECT
OR WORSEN MY HEALTH IF I CONTINUED WORKING. I (DO /DO NOT) HAVE A
STATEMENT FROM MY PHYSICIAN ADVISING THE EFFECT THE WORK (HAS /HAD) ON
MY HEALTH. I (HAVE /HAVE NOT) PRESENTED WRITTEN DOCUMENTATION ON
(DATE) FROM A LICENSED PHYSICIAN WITHIN 30 DAYS OF LEAVING THE JOB
TO THE LOCAL OFFICE. (ADVISE HIM/HER THE LAW ALLOWS 30 DAYS BUT FEDERAL
REQUIREMENTS ONLY ALLOW 21 DAYS TO ISSUE DEPUTY DECISION TIMELY). (IF THE
CLAIMANT HAS CERTIFICATION FROM HIS/HER PHYSICIAN OF THIS FACT, ADVISE
HIM/HER TO PRESENT IT TO THE LOCAL OFFICE WITHIN FOUR WORKING DAYS.) _____

I (CAN /CANNOT) DO THIS TYPE OF WORK NOW.

I (DO /DO NOT) HAVE TRAINING OR EXPERIENCE IN OTHER TYPE(S) OF WORK.
(SPECIFY EXPERIENCE/TRAINING, IF ANY) _____

I AM WILLING TO ACCEPT \$ _____ PER HOUR FOR THIS WORK.

I (HAVE /HAVE NOT) BEEN RELEASED AS ABLE TO WORK. (IF ABLE, SPECIFY
WHEN RELEASED) I (HAVE PRESENTED /WILL PRESENT) A DOCTOR'S STATEMENT
SHOWING THE DATE I MAY RETURN TO WORK. (IF RESTRICTIONS EXIST, EXPLAIN) _____

I WILL PRESENT THIS DOCTOR'S STATEMENT ON OR BEFORE _____, 20____.
(ADVISE CLAIMANT TO PRESENT THIS DOCUMENT TO THE LOCAL OFFICE WITHIN FOUR
WORKING DAYS) _____

I (AM /AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:15 P.M.

WORKFORCE West Virginia
FACT FINDING - HIRING/WORKING AGREEMENT.CHANGED

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE OF A VIOLATION OF MY
(HIRING /WORKING) AGREEMENT. I WAS TOLD BY (NAME AND TITLE) _____, AT THE
TIME OF HIRE, THAT I WAS TO PERFORM THE FOLLOWING (LIST DUTIES) _____

MY HOURS WERE TO BE _____ MY RATE OF PAY WAS TO
BE \$ _____. ON _____, MY (DUTIES/ HOURS/ WAGES) WERE CHANGED TO

DO YOU HAVE A WRITTEN CONTRACT OR AGREEMENT SPECIFYING DUTIES, HOURS,
WAGES? IF YES, PRESENT A COPY AT THE LOCAL OFFICE WITHIN FOUR WORKING DAYS.
SPECIFY DATE _____, 20____.

(IF HOURS REDUCED, WAS CLAIMANT HIRED FOR FULL-TIME, PART-TIME OR AS
NEEDED HOURS?) _____ (WAS THIS A TEMPORARY OR PERMANENT CHANGE, IF TEMPORARY
GIVE START AND ENDING DATES OF THE CHANGE(S) _____.

I DISCUSSED THIS ON (SPECIFY DATE(S)) _____ WITH MY EMPLOYER (NAME(S) AND
TITLE(S)) _____ AND WAS TOLD

I (AM/ AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:15 P.M.

WORKFORCE West Virginia
FACT FINDING - CONFLICT/PERSONALITY OR OTHER

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE OF A (PERSONALITY OR
SPECIFY OTHER) _____ CONFLICT WITH (THE EMPLOYER/ SUPERVISOR/ FOREMEN/
CO-WORKER, GIVE NAME/TITLE) _____. (WHAT WAS THE FINAL INCIDENT THAT CAUSED
THE CLAIMANT TO QUIT? EXPLAIN IN DETAIL) _____

THIS HAS BEEN A PROBLEM SINCE _____, 20____.

I (did/ did not) _____ ATTEMPT TO RESOLVE THE SITUATION PRIOR TO QUITTING.
(explain what attempts were made, dates and results / if no attempt was
made, explain why) _____ (name & title of person(s) talked with) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

Q09

160

07/11/2012
4:15 P.M.

WORKFORCE West Virginia
FACT FINDING - UNABLE TO FIND HOUSING

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE I WAS UNABLE TO FIND AFFORDABLE
HOUSING. I (WAS/ WAS NOT) _____ RESPONSIBLE FOR OBTAINING SUITABLE HOUSING.
(EXPLAIN) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE_____
DATE_____
INTERVIEWER'S SIGNATURE

07/11/2012
4:15 P.M.

WORKFORCE West Virginia
FACT FINDING - WORKING CONDITIONS

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, DUE TO WORKING CONDITIONS.
(WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT TO QUIT? EXPLAIN IN
DETAIL THE WORKING CONDITIONS) _____

THERE (IS/ IS NOT) _____ A COMPANY POLICY PERTAINING TO THESE CIRCUMSTANCES.
THE COMPANY POLICY STATES THAT _____

THE POLICY (WAS/ WAS NOT) _____ ENFORCED. THESE CONDITIONS HAVE EXISTED SINCE
_____. I (DID/ DID NOT) _____ DISCUSS THIS WITH
MY EMPLOYER (NAME/TITLE) _____. (IF DISCUSSED WITH THE EMPLOYER SHOW WITH
WHOM, DATES AND _____ RESULTS) _____

(WAS THERE A GRIEVANCE POLICY/PROCEDURE WITH THIS EMPLOYER? DID CLAIMANT
FOLLOW THIS PROCEDURE & WHAT WERE THE RESULTS? IF NOT FILED, WHY NOT? IF A
MEMBER OF A UNION, WAS A COMPLAINT FILED WITH THE UNION?) _____

THESE CONDITIONS (WERE/ WERE NOT) _____ IN VIOLATION OF (FEDERAL/ STATE) _____
SAFETY STANDARDS. I (DID/ DID NOT) _____ FILE A COMPLAINT WITH THE APPROPRIATE
AGENCY. (GIVE DATE IF FILED, WITH WHOM AND THE RESULT; IF NOT FILED, WHY
WAS COMPLAINT NOT FILED?) _____

I (AM/ AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:16 P.M.

WORKFORCE West Virginia
FACT FINDING - QUIT TO GO TO SCHOOL

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____, 20____, TO _____, 20____, AS (A/ AN) _____, AT \$_____ PER (HR, DAY, WK, MO) _____.

I QUIT THIS EMPLOYMENT ON _____, 20____, TO GO TO SCHOOL AT (SPECIFY THE NAME OF THE SCHOOL OR PROGRAM) _____.

I (DID /DID NOT) GO TO SCHOOL. (IF CLAIMANT DID NOT ATTEND, EXPLAIN WHY) _____

I BEGAN THIS CLASS ON _____, 20____. I (AM/ AM NOT) STILL ATTENDING THESE CLASSES.

(IF CLAIMANT IS STILL IN ATTENDANCE, TAKE AVAILABILITY STATEMENT ON SCHOOL/TRAINING) _____

I (AM /AM NOT) AVAILABLE FOR FULL-TIME EMPLOYMENT. (IF NOT AVAILABLE, EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:16 P.M.

WORKFORCE West Virginia
FACT FINDING - FAILED TO MAINTAIN CERTIFICATI

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A /AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

AS A CONDITION OF REMAINING EMPLOYED, I WAS AWARE THAT I WAS TO MAINTAIN MY CERTIFICATION AS _(A /AN)_. I FAILED TO DO THIS BECAUSE _(EXPLAIN IN FULL DETAIL)

I (HAVE/ HAVE NOT) RECERTIFIED FOR WORK IN THIS FIELD. (IF NOT, WHY NOT? EXPLAIN)

I do (do /do not) HAVE TRAINING OR EXPERIENCE IN OTHER OCCUPATIONS.
 (if yes, specify occupation and wage willing to accept) _____

I (am/am not) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not, explain)

CLAIMANT'S SIGNATURE

DATE _____

INTERVIEWER'S SIGNATURE

07/11/2012
4:16 P.M.

WORKFORCE West Virginia
FACT FINDING - FAILED TO TAKE TEST

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A /AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

WHEN HIRED, I UNDERSTOOD A CONDITION OF EMPLOYMENT WAS THAT I WOULD
TAKE A TEST FOR _____, BY _____, 20____. I DID NOT TAKE THIS
TEST BECAUSE (EXPLAIN IN DETAIL THE REASONS) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:16 P.M.

WORKFORCE West Virginia
FACT FINDING - JOB RELOCATION

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE ON (DATE) _____
THE JOB WAS BEING MOVED TO A NEW LOCATION. I WAS WORKING IN (LOCATION) _____
AND (WAS/ WAS TO BE) MOVED TO (LOCATION) _____. I WAS DRIVING A DISTANCE OF _____
MILES EACH WAY TO THE OLD LOCATION. THE DRIVING DISTANCE TO THE NEW
JOB SITE WAS _____ EACH WAY. THE RATE OF PAY AT THE NEW LOCATION WAS
\$ _____ (HR, DAY, WK, MO) _____. THE EMPLOYER (WOULD /WOULD NOT) PAY EXPENSES
OR PROVIDE TRANSPORTATION.

I (DID/DID NOT) WORK UNTIL THE LAST WORKING DAY AT THE OLD LOCATION. IF
NOT, EXPLAIN WHY NOT.

I DID NOT WISH TO WORK AT THE NEW LOCATION BECAUSE _____

IT (IS/ IS NOT) CUSTOMARY IN MY OCCUPATION TO CHANGE LOCATION. I (HAVE/
HAVE NOT) CHANGED LOCATIONS BEFORE WHILE WORKING FOR THIS EMPLOYER.

I AM WILLING TO TRAVEL _____ MILES FOR SUITABLE EMPLOYMENT.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:17 P.M.

WORKFORCE West Virginia
FACT FINDING - LABOR DISPUTE

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE _____

I (DID/ DID NOT) NOTIFY THE EMPLOYER. (IF SO, WHEN AND NAME OF PERSON
NOTIFIED. WHAT WAS THE MEANS OF NOTIFICATION?) _____

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:17 P.M.

WORKFORCE West Virginia
FACT FINDING - LEAVE OF ABSENCE/FAIL TO RETN.

STMT. #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS ON A LEAVE OF ABSENCE DUE TO (PERSONAL REASONS/ ILLNESS/ ETC.) _____
FROM _____ TO _____, AND I WAS TO RETURN TO WORK ON
(DATE) _____. I DID NOT RETURN BECAUSE (EXPLAIN FULLY) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:18 P.M.

WORKFORCE West Virginia
FACT FINDING - MILITARY SPOUSE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A / AN) _____
FROM _____ TO _____, AT \$ _____ (HR, DAY, WK, MO) _____.

I QUIT MY JOB ON _____, BECAUSE MY (SPOUSE/FIANCE/SIGNIFICANT
OTHER/PARTNER) WAS TRANSFERRED FROM THE MILITARY BASE AT
(CITY/STATE) TO _____ (CITY/STATE). THE TRANSFER WAS EFFECTIVE
ON _____.

I TOLD MY EMPLOYER I WAS LEAVING EMPLOYMENT BECAUSE _____
_____. (REASON GIVEN).

I (DID / DID NOT) WORK UNTIL THE REASSIGNMENT DATE. (if not, explain in
detail the reason why).

I (DID/ DID NOT) ACCOMPANY MY (SPOUSE/FIANCE/SIGNIFICANT OTHER/PARTNER) ON
THE EFFECTIVE DATE OF THE REASSIGNMENT. IF NOT, I (WILL / WILL NOT) BE
RELOCATING WITH MY _____ (SPOUSE/FIANCE/SIGNIFICANT OTHER/PARTNER). I
STAYED BEHIND BECAUSE _____ (give detailed
reason) AND ANTICIPATE RELOCATING BY _____. I WILL NOTIFY MY
LOCAL OFFICE OF MY CHANGE IN RESIDENCE ON OR BEFORE _____ (four
working days).

I WILL PROVIDE MILITARY DOCUMENTATION OF THE REASSIGNMENT (transfer order,
permanent change of station (PCS), offer letter, or other correspondence)
OR BEFORE _____ (four working days).

I WILL ALSO PRESENT A COPY OF MY MARRIAGE LICENSE ON OR BEFORE _____
(four working days).

I (AM / AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

I HAVE BEEN ADVISED AND UNDERSTAND THAT I MUST BE ABLE, AVAILABLE, AND
SEEKING FULL-TIME WORK DURING EACH WEEK I CLAIM BENEFITS.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012

WORKFORCE West Virginia

STMT #01

4:18 P.M.

FACT FINDING - V.Q. SEP. PKG. ACCEPTED

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS A _____ FROM
_____, 19____, TO _____, 20____.

I WAS OFFERED A VOLUNTARY (RETIREMENT /LAY OFF TRANSITION PACKAGE)_. THIS
WAS OFFERED TO (ALL/SOME)_____ EMPLOYEES WHO WORKED THERE.

TO BE OFFERED THE VOLUNTARY _____ PACKAGE, AN EMPLOYEE HAD TO
(EXPLAIN REQUIREMENTS) _____

I (would /would not)_____ HAVE REMAINED AN EMPLOYEE IF I REFUSED THE VOLUNTARY
PACKAGE.

I (would/would not)_____ HAVE SUFFERED SUBSTANTIAL LOSS IF I REMAINED
EMPLOYED AND DID NOT ACCEPT THE VOLUNTARY _____ PACKAGE BECAUSE
(explain how clmt would have suffered a substantial loss by not accepting
the package and why the package was accepted) _____

THE TERMS OF THE PACKAGE INCLUDE (continuation of salary, benefits, bonus,
etc.)_____. I WILL PRESENT A COPY OF THIS AGREEMENT.

I (am/ am not)_____ ABLE AND AVAILABLE AND SEEKING WORK AT THIS TIME. (if
not able or available, explain) _____

(if retirement, show effective date of retirement and gross amount of
retirement benefits weekly, monthly or yearly)_____.

CLAIMANT'S SIGNATURE_____
DATE_____
INTERVIEWER'S SIGNATURE

Q30 170

07/11/2012
4:19 P.M.

WORKFORCE West Virginia
FACT FINDING - BLANK (NO PRIOR F-F) EMP.INFO.

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

____ (INFORMATION FROM EMPLOYER AND/OR OTHER SOURCE WHEN NO PRIOR FACT-FINDING
HAS BEEN TAKEN AND THERE IS NOT A STATEMENT TO WHICH THIS CAN BE
ATTACHED)

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:19 P.M.

WORKFORCE West Virginia
FACT FINDING - FORCED RESIGNATION

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS GIVEN THE OPTION TO QUIT OR BE DISCHARGED. I WAS GIVEN THIS OPTION
BY (NAME AND TITLE) _____. I CHOSE TO (QUIT/BE DISCHARGED) _____. THE DISCHARGE
(WAS/WAS NOT) _____ TO BE EFFECTIVE IMMEDIATELY. IF THE DISCHARGE WAS NOT
EFFECTIVE IMMEDIATELY HOW MUCH LONGER COULD THE CLAIMANT HAVE CONTINUED
WORKING?

THE FINAL INCIDENT CAUSING THIS OPTION WAS (EXPLAIN IN DETAIL) _____. THERE
(IS/IS NOT) _____ A POLICY CONCERNING (THE REASON FOR THE OPTION) _____. I
(WAS/WAS NOT) _____ AWARE OF THE POLICY. THE EMPLOYER (DOES/DOES NOT) _____ HAVE A
HANDBOOK/WRITTEN POLICY. IF YES, I (DID/DID NOT) _____ RECEIVE A COPY. I
(ADMIT/DENY) _____ THAT I DID THIS.

I (HAD/HAD NOT) _____ RECEIVED PREVIOUS (WRITTEN/VERBAL) _____ WARNINGS
CONCERNING THIS. (IF WRITTEN WARNING, PROVIDE THE DATE GIVEN). THE
WRITTEN WARNING (DID/DID NOT) _____ STATE I WOULD BE DISCHARGED IF THIS
OCCURRED AGAIN.

I (AM/AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL)

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

SEPARATION STATEMENT MENU/SUB-TITLES

DISCHARGE

- WORK RELATED
 - CUSTOMER COMPLAINTS -- STATEMENT D03
 - DRUG/ALCOHOL USE ON THE JOB -- STATEMENT D04
 - FALSIFICATION OF RECORDS, TIME, APPLICATION -- STATEMENT D07
 - JOB PERFORMANCE -- STATEMENT D09
 - POOR ATTITUDE -- STATEMENT D25
 - NEGLECT OF DUTY -- STATEMENT D26
 - SUSPENDED WITH/WITHOUT PAY -- STATEMENT D27
 - THEFT -- DESTRUCTION OF PROPERTY -- STATEMENT D29
 - VIOLATION OF POLICY OR RULE -- STATEMENT D30
- ATTENDANCE RELATED
 - TARDINESS/ABSENTEEISM -- STATEMENT D28
 - OFF WORK DUE TO INJURY OR ILLNESS -- STATEMENT D40
- EMPLOYEE RELATED
 - ABUSE OF ANOTHER -- STATEMENT D01
 - CONFLICT WITH CO-WORKERS -- STATEMENT D02
- LICENSE/CERTIFICATE TESTING RELATED
 - FAILED TO PASS REQUIRED TEST -- STATEMENT D06
 - LOST DRIVER'S LICENSE -- STATEMENT D10
 - FAILED TO MAINTAIN REQUIRED LICENSE/CERTIFICATE -- STATEMENT D11
- WORK ENVIRONMENT
 - DISCRIMINATION/HARASSMENT/ABUSE/HOSTILITY -- STATEMENT Q02
 - CONFLICT WITH EMPLOYER -- STATEMENT D31
- RESIGNATION VERSUS DISCHARGE RELATED
 - DISCHARGED PRIOR TO EFFECTIVE DATE OF RESIGNATION -- STATEMENT D37
 - FORCED RESIGNATION -- STATEMENT QD41
- EMPLOYMENT CONTINGENT UPON MILITARY SPOUSE ASSIGNMENT -- STATEMENT D20
- DUE TO OFF-DUTY CONDUCT -- STATEMENT D33

F A C T F I N D I N G M E N U

FA

D01	ABUSE OF ANOTHER	D35	BLANK (NO PRIOR F-F) EMP.INFO.
D02	CONFLICT WITH FELLOW EMPLOYEES	D37	DISC PRIOR TO EFF DTE OF RESIG
D03	CUSTOMER COMPLAINTS	D40	OFF WORK/INJRY/ILLNESS-DISCHG
D04	DRUG/ALCOHOL USE	D41	FORCED RESIGNATION
D06	FAILED REQUIRED WORK TEST		
D07	FALSIFY:RECORDS, TIME, APPLICATI		
D08	GENERAL		
D09	JOB PERFORMANCE		
D10	LOST DRIVERS LICENSE		
D11	MAINTAINING/LIC/CERTIFICATION		
D20	MILITARY SPOUSE		
D25	POOR ATTITUDE		
D26	NEGLECT OF DUTY		
D27	SUSPENSION		
D28	TARDINESS/ABSENTEEISM		
D29	THEFT, DESTRUCTION OF PROPERTY		
D30	VIOLATION OF POLICY/RULE		
D31	CONFLICT WITH EMPLOYER		
D33	OFF-DUTY CONDUCT		

PF3=EXIT TO TEXT EDITOR WITHOUT SELECTING A FACT FINDING FORM
PF7=SCROLL BACKWARD PF8=SCROLL FORWARD

07/11/2012
4:23 P.M.

WORKFORCE West Virginia
FACT FINDING - ABUSE OF ANOTHER

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A /AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ FOR (ABUSE OF
PATIENTS/ CHILDREN/ ETC.) _____. (WHAT WAS THE FINAL INCIDENT THAT CAUSED
THE CLAIMANT TO BE DISCHARGED?) _____

I (ADMIT/ DENY) _____ THAT I DID THIS. (EXPLAIN IN DETAIL WHAT HAPPENED) _____

WERE THERE ANY WITNESSES TO THIS ACTION? IF YES, LIST THEIR NAMES. HAD THIS
OCCURRED BEFORE? IF YES, EXPLAIN IN DETAIL.

I (HAD/ HAD NOT) _____ RECEIVED PRIOR (WRITTEN/ VERBAL) _____ WARNINGS CONCERNING
THIS. (IF WRITTEN WARNING, WHEN WAS IT GIVEN) _____ THE WRITTEN WARNING (DID/
DID NOT) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (AM/ AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:23 P.M.

WORKFORCE West Virginia
FACT FINDING - CONFLICT WITH FELLOW EMPLOYEES

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME, TITLE/POSITION) _____ FOR (FIGHTING/
ABUSIVE LANGUAGE/ BEING ARGUMENTATIVE, ETC.) _____.

I (ADMIT/ DENY) THAT I DID THIS. (EXPLAIN IN DETAIL WHAT HAPPENED) _____

WERE YOU ON THE CLOCK OR AT THE WORK SITE WHEN THE INCIDENT OCCURRED? IF
NOT AT THE WORK SITE, WHERE DID THE INCIDENT OCCUR? WERE THERE ANY
WITNESSES? IF YES, LIST THEIR NAMES.

I (HAD/ HAD NOT) RECEIVED PRIOR (WRITTEN/ VERBAL) WARNINGS CONCERNING
THIS. (IF WRITTEN WARNING, PROVIDE DATE GIVEN) THE WRITTEN WARNING
(DID/ DID NOT) STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:23 P.M.

WORKFORCE West Virginia
FACT FINDING - CUSTOMER COMPLAINTS

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK. MO) _____.

I WAS DISCHARGED BY _____ (NAME, TITLE/POSITION) _____
BECAUSE OF CUSTOMER COMPLAINTS. (WHAT WAS THE FINAL INCIDENT CAUSING THE
CLAIMANT TO BE DISCHARGED?) _____

I (WAS/ WAS NOT) _____ AWARE OF THE COMPLAINTS MADE. THE CUSTOMER(S)
COMPLAINED BECAUSE _____

DID ANYONE WITNESS THE INCIDENT THAT CAUSED THE COMPLAINT? IF YES, LIST
THEIR NAMES.

WERE THEIR PRIOR CUSTOMER COMPLAINTS? IF YES, WHAT WERE THE PREVIOUS
COMPLAINTS? LIST THE DATES THE COMPLAINTS OCCURRED?

I HAVE _____ YEARS OF EXPERIENCE IN THIS FIELD AND I (DID/ DID NOT) _____ DO
WHAT THE CUSTOMER(S) SAID. (EXPLAIN) _____

I (DID/ DID NOT) _____ DO THE JOB TO THE BEST OF MY ABILITY. (IF NOT, WHY?) _____

I (DID/ DID NOT) _____ RECEIVE A PRIOR (VERBAL AND/OR WRITTEN) _____ WARNING
CONCERNING CUSTOMER COMPLAINTS. (IF RECEIVED, PROVIDE DATE GIVEN) _____

THE WRITTEN WARNING (DID /DID NOT) _____ STATE THAT I WOULD BE DISCHARGED IF
THE ACT OCCURRED AGAIN.

I (AM /AM NOT) _____ ABLE, AVAILABLE, AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:23 P.M.

WORKFORCE West Virginia
FACT FINDING - DRUG/ALCOHOL USE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME & TITLE OR POSITION) _____ FOR USE OF (DRUGS/
ALCOHOL) _____ WHILE (ON/ OFF) _____ (COMPANY PROPERTY/ JOB) _____. (EXPLAIN IN DETAIL
WHAT HAPPENED) _____

THERE (WAS/ WAS NOT) A (DRUG/ALCOHOL) TEST CONDUCTED. (IF A TEST WAS
GIVEN, WHAT WERE THE RESULTS--EXPLAIN IN DETAIL) _____

I (DID/DID NOT) TEST POSITIVE FOR (DRUGS\ALCOHOL) _____. THERE (IS/IS NOT) _____
A COMPANY POLICY ON THE USE OF DRUGS OR ALCOHOL. IF YES, WHAT IS THE
POLICY?

WERE YOU ON MEDICATION WHEN YOU TOOK THE TEST? IF YES, WHAT WAS THE
MEDICATION? WAS IT PRESCRIPTION MEDICINE? WAS IT PRESCRIBED TO YOU? DID YOU
ADVISE THE PERSON GIVING THE TEST THAT YOU WERE ON THE MEDICATION?

DRUG TESTING FOR MY OCCUPATION (IS/IS NOT) _____ MANDATED BY (STATE/FEDERAL) _____
SAFETY REGULATIONS.

I (WAS/ WAS NOT) IMPAIRED WHEN REQUESTED TO HAVE THE TEST. I (WAS/ WAS
NOT) GIVEN A CITATION OR CHARGED WITH AN ILLEGAL OFFENSE. (IF CHARGED, WAS
A COURT HEARING HELD? WAS THERE A CONVICTION? EXPLAIN.) _____
I (DID/ DID NOT) COMMIT THE ACT.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:24 P.M.

WORKFORCE West Virginia
FACT FINDING - FAILED REQUIRED WORK TEST

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME & TITLE/POSITION) _____ FOR (FAILING OR FAILING
TO TAKE) _____ A REQUIRED (TYPE OF TEST) _____ TEST. (EXPLAIN IN DETAIL) _____

I (was/ was not) _____ AWARE AT THE TIME OF HIRE THAT TAKING THE TEST WAS A
JOB REQUIREMENT.

I (did/ did not) _____ RECEIVE A (verbal/ written) _____ WARNING THAT FAILURE TO
TAKE THE TEST WOULD RESULT IN DISCHARGE. (if written warning given, give
date and did warning state claimant would be discharged for another
occurrence?) _____

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:24 P.M.

WORKFORCE West Virginia
FACT FINDING - FALSIFY:RECORDS,TIME,APPLICATI

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$_____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME & TITLE/POSITION) _____ FOR FALSIFICATION
OF (TIME CARD, WORK APPLICATION, CHARTS, ORDER FORMS, OTHER) _____.

I (ADMIT/ DENY) THIS ACTION. (WHAT WAS THE FINAL INCIDENT CAUSING THE
CLAIMANT TO BE DISCHARGED? EXPLAIN IN DETAIL) _____

DID ANYONE WITNESS THIS ACTION? IF YES, GIVE NAME AND TITLE.

HAD THIS OCCURRED BEFORE? IF YES, GIVE DATES OF OCCURRENCES.

I (HAD/ HAD NOT) RECEIVED PRIOR (WRITTEN/ VERBAL) WARNINGS CONCERNING
THIS. (IF WRITTEN WARNING, PROVIDE DATE GIVEN) . THE WRITTEN WARNING
(DID/ DID NOT) STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:24 P.M.

WORKFORCE West Virginia
FACT FINDING - GENERAL

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$_____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED FROM THIS EMPLOYMENT BY (NAME & TITLE/POSITION) _____
BECAUSE (WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT TO BE
DISCHARGED? EXPLAIN IN DETAIL) _____

I (HAD/ HAD NOT) RECEIVED PREVIOUS (WRITTEN/VERBAL) WARNINGS CONCERNING
THIS. (if written warning, provide date given) _____. THE WRITTEN WARNING
(did/ did Not) STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (did/ did not) DO THE JOB TO THE BEST OF MY ABILITY. (if did not,
explain) _____.

I (am/ am not) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:24 P.M.

WORKFORCE West Virginia
FACT FINDING - JOB PERFORMANCE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____. MY JOB DUTIES WERE
_____. I (WAS/WAS NOT) _____ WORKING ON A
PROBATIONARY BASIS.

I WAS DISCHARGED BY (NAME & TITLE/POSITION) _____ BECAUSE I COULD
NOT MEET THE JOB PERFORMANCE STANDARDS SET BY THE EMPLOYER. (EXPLAIN WHY
STANDARDS NOT MET AND SPECIFY WHICH STANDARDS WERE NOT MET) _____

THE FINAL INCIDENT CAUSING THE DISCHARGE WAS (EXPLAIN IN DETAIL) _____

I FEEL MY WORK (WAS/WAS NOT) _____ BELOW COMPANY STANDARDS. (EXPLAIN) _____

TRAINING (WAS/WAS NOT) _____ NECESSARY FOR ME TO PROPERLY PERFORM MY JOB.
(IF TRAINING WAS REQUIRED, WAS IT GIVEN? EXPLAIN) _____

I HAVE _____ YEARS OF EXPERIENCE IN THIS FIELD. I (WAS/WAS NOT) _____ TOLD HOW
TO IMPROVE.

I (DID/ DID NOT) _____ PERFORM THE WORK TO THE BEST OF MY ABILITY. (IF NOT,
WHY NOT? EXPLAIN WHY STANDARDS WERE NOT MET) _____

MY JOB DUTIES
(HAD/HAD NOT) CHANGED. (EXPLAIN) _____

I (HAD/HAD NOT) _____ PERFORMED THE WORK SATISFACTORILY IN THE PAST.
(EXPLAIN) _____

IF PERFORMED SATISFACTORILY IN THE PAST, WHEN DID THE JOB PERFORMANCE
BEGIN TO DECLINE? WHY?

I (DID/ DID NOT) _____ RECEIVE A PRIOR (VERBAL/ WRITTEN) _____ WARNING CONCERNING
MY WORK. (IF WRITTEN/VERBAL WARNING GIVEN, PROVIDE DATE AND REASON) _____.
THE WARNING (DID/ DID NOT) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED
AGAIN.

I (AM/ AM NOT) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:25 P.M.

WORKFORCE West Virginia
FACT FINDING - LOST DRIVERS LICENSE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$_____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME & TITLE/POSITION) _____ BECAUSE I LOST MY DRIVER'S
LICENSE AS A RESULT OF (TRAFFIC VIOLATIONS / TOO MANY ACCIDENTS / DUI) _____.
I HAD (ACCIDENT(S) / VIOLATION(S) WHILE EMPLOYED. (IF ACCIDENT)
I (WAS/ WAS NOT) _____ ISSUED A CITATION OR CHARGED. THE LAST INCIDENT
OCCURRED ON _____. (EXPLAIN) _____.

I (WAS/WAS NOT) _____ OPERATING THE EMPLOYER'S VEHICLE, OR BEING COMPENSATED
FOR USE OF A PRIVATE VEHICLE, WHEN THE VIOLATION OCCURRED.

MY LICENSE (HAS/HAS NOT) _____ BEEN REINSTATED. IF THE LICENSE HAS NOT BEEN
REINSTATED HOW WILL THE CLAIMANT GET TO WORK?

DID YOU HAVE A VALID LICENSE AT THE TIME OF HIRE? IF NOT, WAS YOUR EMPLOYER
AWARE OF THIS?

WHAT DATE WERE YOU NOTIFIED THAT YOU HAD LOST YOUR LICENSE? DID YOU TELL
YOUR EMPLOYER?

I WILL BE SEEKING WORK AS _____. I (HAVE/DO NOT HAVE
TRAINING/EXPERIENCE) _____ IN THIS OCCUPATION.

I (DID/ DID NOT) _____ RECEIVE A PRIOR (VERBAL/ WRITTEN WARNING) _____. (IF
WRITTEN WARNING GIVEN, PROVIDE DATE) _____. THE WRITTEN WARNING (DID/ DID
NOT) _____ STATE THAT I WOULD BE DISCHARGED IF THE ACT OCCURRED AGAIN.

I (AM/ AM NOT) _____ ABLE, AVAILABLE, AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:25 P.M.

WORKFORCE West Virginia
FACT FINDING - MAINTAINING/LIC/CERTIFICATION

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____, TO _____,
20____, AS (A /AN) _____ AT \$____ (HR, DAY, WK, MO) _____.

MY EMPLOYMENT WAS TERMINATED BECAUSE I HAVE NOT RENEWED OR OBTAINED A
(LICENSE/ CERTIFICATION) WHICH IS A REQUIREMENT FOR CONTINUATION OF
EMPLOYMENT. I (WAS /WAS NOT) AWARE OF THIS REQUIREMENT.

I (DID/DID NOT) MAKE A GOOD FAITH EFFORT TO OBTAIN THE LICENSE/
CERTIFICATION. (EXPLAIN) _____

I (DID /DID NOT) REFUSE TO TAKE THE NECESSARY STEPS TO SECURE
CERTIFICATION/LICENSING. (EXPLAIN) _____

I (DO/DO NOT) NOW HAVE THIS (LICENSE/CERTIFICATION) _____

IF YOU DO NOT HAVE THIS LICENSE/CERTIFICATION WHAT OTHER TYPE(S) OF WORK
ARE YOU SEEKING? WHAT PAY RATE WILL YOU ACCEPT?

I (DID /DID NOT) RECEIVE A (VERBAL/ WRITTEN) WARNING THAT FAILURE TO
TAKE THE TEST WOULD RESULT IN DISCHARGE. (IF WRITTEN WARNING GIVEN,
INDICATE THE DATE IT WAS GIVEN) _____.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

I AM SEEKING WORK AS _____ AND AM WILLING TO ACCEPT \$_____ PER
(HR/ DAY/ WK/ MO) _____.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

D20184

07/11/2012
4:25 P.M.

WORKFORCE West Virginia
FACT FINDING - MILITARY SPOUSE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I (DID/ DID NOT) HAVE A CHOICE OF REMAINING EMPLOYED BECAUSE MY
EMPLOYMENT (WAS/ WAS NOT) CONTINGENT UPON MY SPOUSE REMAINING AT THE
MILITARY BASE.

I (AM /AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:26 P.M.

WORKFORCE West Virginia
FACT FINDING - POOR ATTITUDE

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ AND ACCUSED OF
HAVING A POOR ATTITUDE. MY EMPLOYER FELT MY ATTITUDE WAS POOR BECAUSE _____

_____(WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT TO BE DISCHARGED?
EXPLAIN IN DETAIL) _____

I (HAD/ HAD NOT) _____ RECEIVED PRIOR (WRITTEN/VERBAL) _____ WARNINGS CONCERNING
MY ATTITUDE. (IF VERBAL/WRITTEN WARNINGS GIVEN, PROVIDE DATE/S AND
number of times warned) _____. THE (verbal /written) WARNING(s) _____ (did /did
not) _____ SPECIFY THAT DISCIPLINARY ACTION OR DISCHARGE WOULD OCCUR IF THIS
OCCURRED AGAIN.

I (am /am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

DZ6186

07/11/2012
4:26 P.M.

WORKFORCE West Virginia
FACT FINDING - NEGLECT OF DUTY

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____. MY JOB DUTIES WERE _____

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ FOR (FAILURE TO
COMPLETE WORK/ LEAVING WORK AREA/ SLEEPING ON JOB/ WASTING TIME/OTHER) _____.
(WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT TO BE DISCHARGED?
EXPLAIN IN DETAIL) _____

I (ADMIT/ DENY) _____ THAT I DID THIS. (EXPLAIN WHAT HAPPENED) _____

I (had/ had not) _____ RECEIVED PRIOR (written/ verbal) _____ WARNINGS CONCERNING
THIS. (if written warning given, provide date) _____. THE WRITTEN WARNING
(did/ did not) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

D27 187

07/11/2012

WORKFORCE West Virginia

STMT #01

4:26 P.M.

FACT FINDING - SUSPENSION

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____. THE LAST DAY/DATE I
ACTUALLY WORKED WAS ON _____, _____, 20____.

I WAS SUSPENDED FROM EMPLOYMENT BY _____ (NAME & TITLE/POSITION) _____
_(WITH/ WITHOUT)_____ PAY FROM _____ TO _____, BECAUSE

_____(WHAT WAS THE FINAL INCIDENT CAUSING THE SUSPENSION? EXPLAIN) _____

I (had/ had not) _____ RECEIVED PRIOR _____ (written/ verbal) _____ WARNINGS CONCERNING
THIS.

MY RETURN TO WORK DEPENDS UPON _____ (work being available/ passing test, etc) _____.
(explain) _____

I (did /did not) _____ COMMIT THIS ACT.

THE COMPANY POLICY CONCERNING THIS STATED, _____

_____. THIS POLICY _____ (was/ was not) _____ ENFORCED.

I (did/ did not) _____ RECEIVE A PRIOR _____ (verbal/written) _____ WARNING
CONCERNING THIS ACT. (if written warning given, provide date) _____. THE
WRITTEN WARNING (did/ did not) _____ STATE I WOULD BE DISCHARGED IF THIS
OCCURRED AGAIN.

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. _____ (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:26 P.M.

WORKFORCE West Virginia
FACT FINDING - TARDINESS/ABSENTEEISM

D28 188
STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY (NAME & TITLE/POSITION) _____ BECAUSE OF
(TARDINESS/ ABSENTEEISM) _____. I WAS (TARDY/ ABSENT) _____ DAY(S)
DURING THE PAST YEAR. THE LAST DAY I WAS (TARDY/ ABSENT) _____ WAS
_____. I WAS (TARDY(HOW LATE?)/ ABSENT) _____ BECAUSE

(WHAT WAS THE FINAL INCIDENT CAUSING
THE CLAIMANT'S DISCHARGE? EXPLAIN) _____

_____(does reason for absence raise an availability issue? explain in detail)_____

I (did/ did not) _____ CALL TO REPORT MY (tardiness/ absence) _____. (explain) _____

_____(was someone else there who could have called in for you? who?) _____

_____(if absent, did the claimant intend on returning to work?) _____

_____(explain the employer's policy regarding reporting an absence/
tardiness) _____.

I (had/ had not) _____ RECEIVED PRIOR (written/ verbal) _____ WARNINGS CONCERNING
THIS. (if written warning, provide date given) _____. THE WRITTEN
WARNING (did/ did not) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED
AGAIN.

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:26 P.M.

WORKFORCE West Virginia
FACT FINDING - THEFT, DESTRUCTION OF PROPERTY

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ BECAUSE I WAS
ACCUSED OF (TAKING/ DESTROYING) _____ (EQUIPMENT, MATERIAL, ETC). EXPLAIN _____

I (DID/ DID NOT) COMMIT THIS ACT. (WAS THIS A DELIBERATE ACT ON THE
CLAIMANT'S PART?) _____ (EXPLAIN THE CLAIMANT'S SIDE IF DIFFERENT FROM THE
EMPLOYER'S) _____

I (was/ was not) CHARGED, CITED OR ARRESTED FOR THIS OFFENSE. (if so,
which and why?) _____

This was witnessed by _____

I (had/ had not) RECEIVED PRIOR (written/ verbal) WARNINGS CONCERNING
THIS. (if written warning given, provide date) _____. THE WRITTEN WARNING
(did/ did not) STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (am/ am not) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:26 P.M.

WORKFORCE West Virginia
FACT FINDING - VIOLATION OF POLICY/RULE

D30 190
STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A /AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ FOR VIOLATION OF
A COMPANY POLICY (SPECIFY THE POLICY/RULE) _____

_____(WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT'S DISCHARGE? EXPLAIN)_____

I (WAS /WAS NOT) _____ AWARE OF THE POLICY. THE EMPLOYER (DOES HAVE/ DOES
NOT HAVE) _____ A HANDBOOK/WRITTEN POLICY. (IF YES) I (DID/ DID NOT) _____
RECEIVE A COPY.

I (admit/ deny) _____ THAT I DID THIS. (explain what happened) _____

I (had/ had not) _____ RECEIVED PRIOR (written/ verbal) _____ WARNINGS CONCERNING
THIS. (if written warning, provide date given) _____. THE WRITTEN WARNING
(did/ did not) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:27 P.M.

WORKFORCE West Virginia
FACT FINDING - CONFLICT WITH EMPLOYER

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED BY _____ (NAME & TITLE/POSITION) _____ FOR (INSUBORDINATION /
COMPETING WITH EMPLOYER/ CRITICISM/ ABUSIVE LANGUAGE) _____.

_____(WHAT WAS THE FINAL INCIDENT CAUSING THE CLAIMANT'S DISCHARGE? EXPLAIN)_____

I (ADMIT /DENY) _____ THAT I DID THIS. (EXPLAIN WHAT HAPPENED) _____

THERE (were/ were not) _____ WITNESSES. (if yes, names of witnesses) _____

I (had/ had not) _____ RECEIVED PRIOR (written /verbal) _____ WARNINGS CONCERNING
THIS. (if written warning, provide date) _____. THE WRITTEN WARNING (did /did
not) _____ STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I (am/ am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

D33192

07/11/2012
4:27 P.M.

WORKFORCE West Virginia
FACT FINDING - OFF-DUTY CONDUCT

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/ AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS DISCHARGED FROM THIS EMPLOYMENT BY _____ (NAME & TITLE/POSITION) _____
BECAUSE _____

THIS OCCURRED WHILE OFF-DUTY AND (WAS/ WAS NOT) _____ JOB RELATED. (IF JOB
RELATED, HOW? EXPLAIN) _____

THIS (did/ did not) _____ OCCUR ON COMPANY PROPERTY.

THIS ACT (did /did not) _____ AFFECT MY ABILITY AND OR CAPACITY TO PERFORM MY
JOB DUTIES. (if so, how? explain) _____

THIS ACT (did / did not) _____ POSE A RISK TO THE EMPLOYER'S PROPERTY OR SAFETY
AND IT (did /did not) _____ HAVE AN ADVERSE EFFECT ON THE EMPLOYER'S BUSINESS
INTERESTS. (if so, how? explain) _____

I (had /had not) _____ RECEIVED PREVIOUS (written/ verbal) _____ WARNINGS
CONCERNING THIS. (if written warning given, provide date) _____. THE
WRITTEN WARNING (did /did not) _____ STATE I WOULD BE DISCHARGED IF THIS
OCCURRED AGAIN.

I (am /am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

D35193

07/11/2012
4:27 P.M.

WORKFORCE West Virginia
FACT FINDING - BLANK (NO PRIOR F-F) EMP.INFO.

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

_____(INFORMATION FROM EMPLOYER AND/OR OTHER SOURCE WHEN NO PRIOR FACT-FINDING
HAS BEEN TAKEN AND THERE IS NOT A STATEMENT TO WHICH THIS CAN BE
ATTACHED)

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:27 P.M.

WORKFORCE West Virginia
FACT FINDING - DISC PRIOR TO EFF DTE OF RESIG

STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A /AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I SUBMITTED MY RESIGNATION ON _____, 20____, TO BE EFFECTIVE ON _____
20____. I WAS RESIGNING BECAUSE _____.

_____(DOES REASON FOR RESIGNATION RAISE AN AVAILABILITY ISSUE? IF SO,
EXPLAIN) _____

I WAS DISCHARGED BY (name & title/position) _____ PRIOR TO THE
EFFECTIVE DATE OF MY RESIGNATION. I (was/ was not) _____ PAID THROUGH THE
PERIOD OF THE NOTICE.

I WAS DISCHARGED PRIOR TO THE EFFECTIVE DATE OF MY RESIGNATION BECAUSE
_____.

I (admit /deny) _____ I DID THIS.

I (had/ had not) _____ RECEIVED PRIOR (written/ verbal) _____ WARNINGS CONCERNING
THE REASON FOR THE DISCHARGE. (if written warning given, provide date) _____
THE WRITTEN WARNING (did/ did not) _____ STATE I WOULD BE DISCHARGED IF THIS
OCCURRED AGAIN.

I (am /am not) _____ ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain) _____

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:27 P.M.

WORKFORCE West Virginia
FACT FINDING - OFF WORK/INJRY/ILLNESS-DISCHG

D40195
STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS A _____, FROM _____, 20____, TO _____, 20____. I LAST WORKED ON _____, 20____. I WAS DISCHARGED WHILE OFF WORK. I WAS OFF WORK BECAUSE _____.

I WAS UNDER DOCTOR'S CARE UNTIL _____. I _____ (DID /DID NOT) _____ RECEIVE OR APPLY FOR WORKER'S COMPENSATION BENEFITS.

I _____ (DID/ DID NOT) _____ CONTACT THE EMPLOYER WHILE OFF WORK. _____ (IF YES, HOW OFTEN/DATES. IF NO, WHY NOT?) _____. WHAT IS THE POLICY REGARDING CONTACTING THE EMPLOYER WHILE OFF WORK?

I _____ (HAVE/HAVE NOT) _____ RECEIVED _____ (WRITTEN/VERABL) _____ WARNINGS CONCERNING MISSING WORK. IF YES, HOW MANY WARNINGS AND WHEN DID YOU RECEIVE THEM?

I _____ (WILL PRESENT/ HAVE PRESENTED) _____ A DOCTOR'S RELEASE SHOWING I WAS RELEASED AS ABLE TO WORK ON _____. I WILL PRESENT THIS DOCUMENT ON OR BEFORE _____, _____ (USE DATE OF FOUR WORKING DAYS FROM DATE OF STATEMENT) _____.

I _____ (DID/ DID NOT) _____ CONTACT MY EMPLOYER AT THE TIME I WAS RELEASED TO RETURN TO WORK. _____ (IF NOT, WHY NOT?) _____.

ARE YOU ABLE TO PERFORM THIS TYPE OF WORK NOW? IF NO, WHAT TYPE(S) OF WORK CAN YOU PERFORM? _____. DO YOU HAVE TRAINING OR EXPERIENCE IN THIS WORK? WHAT PAY RATE ARE YOU WILLING TO ACCEPT?

I _____ (AM/ AM NOT) _____ AVAILABLE AND SEEKING FULL-TIME EMPLOYMENT. _____ (IF NOT, EXPLAIN) _____.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

07/11/2012
4:28 P.M.

WORKFORCE West Virginia
FACT FINDING - FORCED RESIGNATION

D41196
STMT #01

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER FROM _____ TO _____
AS (A/AN) _____ AT \$ _____ (HR, DAY, WK, MO) _____.

I WAS GIVEN THE OPTION TO QUIT OR BE DISCHARGED. I CHOSE TO QUIT/BE
DISCHARGED. THE DISCHARGE (WAS/WAS NOT) TO BE EFFECTIVE IMMEDIATELY. IF
THE DISCHARGE WAS NOT EFFECTIVE IMMEDIATELY HOW LONG COULD THE CLAIMANT
HAVE CONTINUED WORKING?

IF THE DISCHARGE WAS NOT EFFECTIVE IMMEDIATELY WHY DID THE CLAIMANT STOP
WORKING?

I WAS GIVEN THIS OPTION BY (PROVIDE NAME AND TITLE OF INDIVIDUAL) _____.

THE FINAL INCIDENT CAUSING THIS OPTION WAS (EXPLAIN IN DETAIL) _____. THERE
IS/IS NOT A POLICY CONCERNING (THE REASON FOR THE OPTION) _____. I WAS/WAS
NOT AWARE OF THE POLICY. THE EMPLOYER (DOES/DOES NOT) HAVE A
HANDBOOK/WRITTEN POLICY. (IF YES) I (DID/DID NOT) RECEIVE A COPY. I
ADMIT/DENY THAT I DID THIS.

I (HAD/HAD NOT) RECEIVED PREVIOUS (WRITTEN/VERBAL) WARNINGS CONCERNING
THIS. (IF WRITTEN WARNING, PROVIDE THE DATE GIVEN). THE WRITTEN WARNING
DID/DID NOT STATE I WOULD BE DISCHARGED IF THIS OCCURRED AGAIN.

I AM/AM NOT ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT, EXPLAIN
IN DETAIL)

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

Exhibit D

Non-Separation Fact-Finding statements which are to be implemented in Phase 2.

NON-SEPARATION STATEMENTS**ABLE & AVAILABLE**

A02 – GENERAL

A13 – WORK SEARCH

WORK OFFER/REFERRAL

W01 – WORK OFFER/JOB REFERRAL

W02 – FAILED TO REPORT FOR JOB INTERVIEW

RETIREMENT/PENSION

A06 – RETIREMENT/PENSION

A09 – SOCIAL SECURITY DISABILITY

A10 – SOCIAL SECURITY/RETIREMENT

M22 – PENSION/LUMP SUM

TRAINING

A07 – SCHOOL ATTENDANCE

A12 – VOCATIONAL TRAINING

05/26/2012
3:04 P.M.

WORKFORCE West Virginia
FACT FINDING - GENERAL

STMT #01 199

A02

SSN: - - - NAME:
LO: ERP ? NO

I (WAS/ WAS NOT) AVAILABLE FOR WORK FROM TO
, BECAUSE

I HAVE BEEN ADVISED AND UNDERSTAND THAT I MUST BE ABLE, AVAILABLE AND
SEEKING FULL-TIME WORK DURING EACH WEEK I CLAIM BENEFITS.

I (AM/AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN)

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:07 P.M.

WORKFORCE West Virginia
FACT FINDING - RETIREMENT/PENSION

200
STMT #01

A06

SSN: - - - NAME:
LO: - - - ERP ? NO

I (APPLIED FOR / AM RECEIVING) RETIREMENT PENSION (ON _____)
AND I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT
AVAILABLE FOR WORK, EXPLAIN IN DETAIL)
I (RECEIVE/ WILL RECEIVE) THE GROSS AMOUNT OF \$ _____ PER MONTH
EFFECTIVE _____.

THIS PENSION (WAS/WAS NOT) CONTRIBUTED TO BY A BASE PERIOD EMPLOYER.
THE NAME OF THE CONTRIBUTING EMPLOYER IS (PROVIDE NAME, ADDRESS AND
TELEPHONE NO. OF CONTRIBUTING EMPLOYER) _____

MY EMPLOYER CONTRIBUTED (THE TOTAL AMOUNT OR SPECIFY DOLLAR AMOUNT OR
PERCENTAGE THE EMPLOYER CONTRIBUTED TO THE FUND) I (DID /DID NOT)
CONTRIBUTE TO THE RETIREMENT FUND. (IF EMPLOYEE CONTRIBUTION WAS MADE,
SPECIFY THE AMOUNT AND/OR PERCENTAGE) _____

AS A CONDITION OF RECEIVING THIS PENSION, I (AM/AM NOT REQUIRED TO LIMIT
THE AMOUNT OF INCOME I CAN EARN. (IF REQUIRED TO LIMIT INCOME, EXPLAIN
THE CONDITIONS OF THE LIMITATIONS) _____

I (HAVE PRESENTED/ OR WILL PRESENT IMMEDIATELY UPON RECEIPT) MY AWARD
LETTER CONFIRMING THE GROSS AMOUNT AND EFFECTIVE DATE OF MY RETIREMENT
PENSION.

I WILL NOTIFY THE LOCAL CLAIMS OFFICE IMMEDIATELY IF I RECEIVE A PENSION/
RETIREMENT CHECK BEFORE RECEIPT OF THE AWARD LETTER.

BY SIGNING BELOW, I AUTHORIZE THE PARTY RESPONSIBLE FOR PAYMENT OF MY
RETIREMENT/PENSION (EMPLOYER, UNION, OR THIRD PARTY) TO RELEASE INFORMATION
CONCERNING THE RETIREMENT/PENSION TO THE UNEMPLOYMENT COMPENSATION
DIVISION.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:06 P.M.

WORKFORCE West Virginia
FACT FINDING - SCHOOL ATTENDANCE

201
STMT #01

A07

SSN: - - - NAME:
LO: ERP ? NO

I (AM ATTENDING / WILL ATTEND) (NAME AND PHONE NUMBER OF COLLEGE) BEGINNING . I (AM/AM NOT) ENROLLED IN THIS PROGRAM THROUGH THE WORKFORCE INVESTMENT ACT (WIA). (IF SCHOOLING IS THROUGH WIA NO WORK SEARCH IS REQUIRED)

I AM CARRYING CREDIT HOURS AND ATTEND CLASS (SPECIFIC DAYS AND HOURS) I'M IN CLASS HOURS PER WEEK. I SPEND APPROXIMATELY HOURS PER WEEK STUDY TIME OUTSIDE OF CLASS AND MY DRIVING TIME TO AND FROM SCHOOL AVERAGES PER WEEK.

I NEED HOURS TO GET A DEGREE IN THIS IS A (two/ four) YEAR DEGREE. IF TWO-YEAR DEGREE, I UNDERSTAND I MUST PROVIDE THIS OFFICE WITH A COPY OF REQUIRED COURSES FOR THIS DEGREE, AND VERIFICATION OF THE HOURS I ATTEND CLASS. THE CURRENT SEMESTER (begins/began) ON , 20 , AND WILL END ON , 20 .

I EXPECT TO COMPLETE SCHOOL BY .

I (am/ am not) WILLING TO DROP THESE CLASSES FOR SUITABLE WORK. I WOULD DROP CLASSES FOR WORK IN THE FOLLOWING OCCUPATIONS, . I WILL ACCEPT WORK PAYING \$. PER (hr, day, wk, mo) . MY NORMAL OCCUPATION IS , AND MY NORMAL WORK HOURS WERE FROM TO . I WILL ACCEPT WORK PAYING PER (hr, day, wk, mo) . I MADE \$. PER (hr, day, wk, mo) ON MY LAST JOB. I (do/do not) ADVISE PROSPECTIVE EMPLOYERS THAT I AM ATTENDING COLLEGE.

I (can/ cannot) REARRANGE MY CLASSES. (if can rearrange, at what time and day is each class offered?)

I (have/ have never) ATTENDED SCHOOL AND WORKED FULL-TIME. (if claimant has done so, specify when they did so and how many credit hours were carried while working)

I (am/ am not) SEEKING FULL-TIME EMPLOYMENT. (if not, explain in detail)

BY SIGNING BELOW, I AUTHORIZE THE SCHOOL NAMED ABOVE TO RELEASE INFORMATION CONCERNING MY SCHOOLING TO THE UNEMPLOYMENT COMPENSATION DIVISION.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:05 P.M.

WORKFORCE West Virginia
FACT FINDING - SOCIAL SECURITY DISABILITY

STMT #01 202

Am

SSN: - - - NAME:
LO: ERP ? NO

I (APPLIED FOR/AM RECEIVING) DISABILITY SOCIAL SECURITY BENEFITS
(ON/SINCE) _____, 20____, AND (AM/ AM NOT) ABLE, AVAILABLE
AND SEEKING FULL-TIME WORK. (IF ABLE TO WORK, EXPLAIN WHY CLAIMANT FILED
FOR SOCIAL SECURITY DISABILITY) (IF WORKING, HOW LONG HAS THE CLAIMANT
BEEN WORKING IN FULL TIME COVERED EMPLOYMENT AND DRAWING DISABILITY
SOCIAL SECURITY?)

I (HAVE/ HAVE NOT) BEEN TOLD BY MY DOCTOR THAT I AM UNABLE TO WORK. I
UNDERSTAND THAT I MUST BE ABLE, AVAILABLE, AND SEEKING FULL-TIME WORK TO
RECEIVE UNEMPLOYMENT BENEFITS. IF I AM DENIED DISABILITY SOCIAL SECURITY
AND WANT TO CONTINUE MY UNEMPLOYMENT CLAIM, I WILL BRING IN A DOCTOR'S
RELEASE THAT I AM ABLE TO WORK, AND A STATEMENT TO INCLUDE WHAT TYPE OF
WORK I AM ABLE TO PERFORM AND LIMITATIONS IF ANY.

A RULING (HAS/ HAS NOT) BEEN MADE ON MY APPLICATION FOR SOCIAL SECURITY
DISABILITY BENEFITS.

IF DENIED DISABILITY, I (DID/ DID NOT) APPEAL.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:43 P.M.

WORKFORCE West Virginia
FACT FINDING - SOCIAL SEC. RETIREMENT

STMT #01²⁰³

Alo

SSN: - - - NAME:
LO: ERP ? NO

I (APPLIED FOR/AM RECEIVING) SOCIAL SECURITY RETIREMENT (ON /EFFECTIVE) _____
_____, 20____, AND (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING
FULL-TIME WORK. (IF NOT AVAILABLE FOR WORK, EXPLAIN IN DETAIL) _____

I (WILL/ WILL NOT) LIMIT MY INCOME TO THE AMOUNT ALLOWED BY THE SOCIAL
SECURITY OFFICE. I (RECEIVE/ WILL RECEIVE) THE GROSS MONTHLY AMOUNT OF
\$_____ ON _____, FOR THE MONTH OF _____. (SPECIFY IF ANY
PORTION OF THIS BENEFIT IS BASED ON BENEFITS FROM CLAIMANT'S SPOUSE OR IF
IT IS BASED ON SOLELY ON CLAIMANT'S CONTRIBUTION?) _____

I (do/ do not) RECEIVE MEDICARE. (if medicare is received, the amount
must be included in the gross monthly entitlement).

I UNDERSTAND THAT WHEN I RECEIVE MY AWARD LETTER FROM THE SOCIAL SECURITY
ADMINISTRATION, I MUST BRING MY AWARD LETTER AND REPORT TO THE CLAIMS
OFFICE IMMEDIATELY.

I UNDERSTAND THAT THE AMOUNT OF BENEFITS I RECEIVE MAY BE AFFECTED BY
FUTURE COST OF LIVING ADJUSTMENTS.

BY SIGNING FORM WVUC-D-43, I GIVE THE SOCIAL SECURITY ADMINISTRATION
PERMISSION TO RELEASE THIS INFORMATION TO THE UNEMPLOYMENT OFFICE.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:36 P.M.

WORKFORCE West Virginia
FACT FINDING - VOCATIONAL TRAINING

STMT #01 204
Aia

SSN: - - - NAME:
LO: ERP ? NO

I (AM/ WILL) ATTEND (TYPE OF TRAINING) TRAINING AT _____
FROM TO
I AM IN TRAINING (DAYS/WEEKS) AND (HOURS PER WEEK) THE TELEPHONE
NUMBER OF THE TRAINING FACILITY IS () .

I UNDERSTAND THAT THE UNEMPLOYMENT OFFICE MUST HAVE VERIFICATION OF MY ATTENDANCE IN THE ABOVE TRAINING. ONCE VERIFICATION HAS BEEN RECEIVED, I UNDERSTAND THAT I MAY NOT BE REQUIRED TO MAKE A WORK SEARCH DURING THE TIME I'M IN TRAINING AND MAKING SATISFACTORY PROGRESS. I ALSO UNDERSTAND THAT IF I DISCONTINUE TRAINING OR FAIL TO MAKE SATISFACTORY PROGRESS, I MUST SEEK WORK AND CONTACT THE UNEMPLOYMENT OFFICE IMMEDIATELY.

IF THE CLASSES ARE EXTENDED BEYOND THE EXPECTED COMPLETION DATE, I UNDERSTAND I MUST PROVIDE VERIFICATION OF THIS FACT TO THE UNEMPLOYMENT OFFICE.

BY SIGNING BELOW, I AUTHORIZE THE SCHOOL NAMED ABOVE TO RELEASE INFORMATION CONCERNING MY SCHOOLING TO THE UNEMPLOYMENT COMPENSATION DIVISION.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:26 P.M.

WORKFORCE West Virginia
FACT FINDING - WORK SEARCH

STMT #01 205
A13

SSN: - - - NAME:
LO: ERP ? NO

I DID NOT MAKE A WORK SEARCH DURING THE WEEK(S) ENDING ____ __, 19__, AND
____ __, 19__, BECAUSE _____

THE REASON I DID NOT SEEK WORK ____ (DOES/ DOES NOT) STILL EXIST. (EXPLAIN IN
DETAIL) _____

I UNDERSTAND THAT I MUST BE ABLE, AVAILABLE AND SEEKING FULL-TIME WORK
DURING EACH WEEK I CLAIM BENEFITS.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:03 P.M.

WORKFORCE West Virginia
FACT FINDING - WORK OFFER/JOB REFERRAL

STMT #01206

W01

SSN: - - - NAME:
LO: ERP ? NO

I (WAS/ WAS NOT) (OFFERED/ REFERRED TO) A JOB ON WITH
(NAME & TITLE OF PERSON
OFFERING WORK) ADDRESS:
PHONE NO.: , AS A
AT \$ PER (HR, DAY, WK,
MO) THIS (WAS/ WAS NOT) FULL-TIME WORK, AND I WOULD HAVE TO DRIVE
MILES EACH WAY. IF THIS WAS PART TIME WORK, HOW MANY HOURS PER DAY/
PER WEEK WERE OFFERED? WAS THIS TEMPORARY OR PERMANENT WORK?

THE REFERRAL WAS MADE BY (JOB SERVICE OR NAME, TITLE & AGENCY EXTENDING
REFERRAL).

I LAST WORKED ON , AS A AT \$ PER (HR,
WK, MO), AND TRAVELLED MILES TO WORK. MY JOB DUTIES WERE
(INCLUDE KNOWLEDGE, SKILLS, ABILITIES INVOLVED IN WORK). I WORKED
HOURS PER DAY/PER WEEK ON MY LAST JOB. IT WAS (TEMPORARY/PERMANENT) WORK.
I REFUSED THE JOB (OFFER/REFERRAL) BECAUSE
(IF YOU REFUSED THE
OFFER/REFERRAL FOR PERSONAL REASONS UNDER YOUR CONTROL, WHAT ATTEMPT DID
YOU MAKE TO REMOVE THE RESTRICTIONS PERTAINING TO YOUR REFUSAL?)

(DOES FAILURE TO REPORT RAISE AN AVAILABILITY ISSUE? IF SO, EXPLAIN)

I (HAVE/DO NOT HAVE) (HOW MUCH?) EXPERIENCE/TRAINING IN THE WORK
(OFFERED/REFERRED).

THE POSITION (IS/IS NOT) VACANT DUE DIRECTLY TO A STRIKE, LOCKOUT, OR
OTHER LABOR DISPUTE.

I (WOULD/WOULD NOT) BE REQUIRED TO JOIN A COMPANY UNION OR TO RESIGN OR
REFRAIN FROM JOINING ANY BONA FIDE LABOR ORGANIZATION AS A CONDITION OF
BEING EMPLOYED.

I AM SEEKING (TYPES OF WORK). I (DO/DO NOT) HAVE TRAINING OR
EXPERIENCE IN THIS TYPE OF WORK. LOWEST PAY RATE ACCEPTABLE, \$.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF NOT,
EXPLAIN IN DETAIL)

FOR DEPARTMENTAL USE ONLY:
THE PREVAILING WAGE FOR THIS OCCUPATION IN THIS LABOR MARKET AREA IS
\$ PER (HR,WK,MO). DEPUTY SIGNATURE DATE

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:27 P.M.

WORKFORCE West Virginia
FACT FINDING - FAILED TO REPT. FOR JOB INTERV

STMT #01207
W02

SSN: - - - NAME:
LO: ERP ? NO

I WAS (REFERRED TO/ SCHEDULED FOR) A JOB INTERVIEW WITH (NAME, ADDRESS AND PHONE NUMBER OF THE EMPLOYER). I WAS TO (REPORT ON) / (CONTACT THIS EMPLOYER BY) FOR A JOB INTERVIEW. THE JOB WAS AS A (TYPE OF WORK) AT \$ PER HOUR FOR HOURS PER DAY/WEEK. THE CLAIMANT WOULD BE REQUIRED TO TRAVEL MILES TO THE WORK SITE.

I FAILED TO DO SO BECAUSE (EXPLAIN IN DETAIL)

THE REFERRAL WAS MADE BY (JOB SERVICE OR NAME, TITLE & AGENCY EXTENDING REFERRAL).

I LAST WORKED ON . I PREVIOUSLY WORKED AS A AT \$ PER (HR, WK, MO), AND TRAVELLED MILES TO WORK.

I (HAVE/DO NOT HAVE) EXPERIENCE/TRAINING IN THE WORK.

I (AM/ AM NOT) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (IF THE REASON FOR THE FAILURE TO REPORT RAISES AN AVAILABILITY ISSUE EXPLAIN IN DETAIL).

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

05/26/2012
3:08 P.M.

WORKFORCE West Virginia
FACT FINDING - PENSION (LUMP SUM)

STMT #01 208
Ma

SSN: - - - NAME:
LO: ERP ? NO

I WAS EMPLOYED BY THE ABOVE EMPLOYER AS (A/ AN)
FROM TO , AT \$ (HR, WK, MO) .

I (RECEIVED/ WILL RECEIVE) A LUMP SUM PENSION FROM THIS EMPLOYER IN THE
AMOUNT OF \$ ON (DATE) . MY WEEKLY BENEFIT AMOUNT IS \$.

I WILL PRESENT TO THE UNEMPLOYMENT CLAIMS OFFICE DOCUMENTATION PERTAINING
TO THE PAYMENT ON (WITHIN FOUR WORKING DAYS FROM TODAY) .

THIS PENSION FUND (WAS/WAS NOT) CONTRIBUTED TO BY A BASE PERIOD EMPLOYER.
I (WILL/ WILL NOT) (HAVE/ HAVE NOT) (CONVERT/ CONVERTED) THIS TO A
401K OR OTHER PENSION FUND.

I (am/ am not) ABLE, AVAILABLE AND SEEKING FULL-TIME WORK. (if not,
explain in detail) .

BY SIGNING BELOW, I AUTHORIZE THE PARTY RESPONSIBLE FOR PAYMENT OF MY
RETIREMENT/PENSION (EMPLOYER, UNION, OR THIRD PARTY) TO RELEASE INFORMATION
CONCERNING THE RETIREMENT/PENSION TO THE UNEMPLOYMENT COMPENSATION
DIVISION.

CLAIMANT'S SIGNATURE

DATE

INTERVIEWER'S SIGNATURE

Exhibit E, Benefits Rights Interview Acknowledgement

By selecting below I understand and am aware of all of the following items required of me to meet the eligibility requirements to receive, or continue to receive, timely unemployment benefits from West Virginia.

I also understand that penalties, such as a fifty-two (52) week disqualification and repayment of the benefits, are provided for individuals who may false statements in order to receive unemployment benefits.

<input type="checkbox"/>	<i>I understand I must be either totally or partially unemployed during each week I file for benefits.</i>
<input type="checkbox"/>	<i>I understand I must register with my Job Service Office within the first six (6) weeks of my claim to receive un-interrupted weekly benefits.</i>
<input type="checkbox"/>	<i>I understand that failure on my part to complete the continued claim form correctly and file my weekly claims timely could delay payment of my benefits.</i>
<input type="checkbox"/>	<i>I understand that I must request you to deduct 10% Federal Income tax from my claim. If I do not ask, no taxes will be taken.</i>
<input type="checkbox"/>	<i>I understand that I must look for work each week, keep record of my job contacts and that the job contacts are subject to verification.</i>
<input type="checkbox"/>	<i>I understand that I can request a redetermination of my base period wages if all of my wages and/or employers are not on my Initial Claim Determination and Deputy's Decision.</i>
<input type="checkbox"/>	<i>I understand I must be able and available for work, have dependable transportation and be willing to accept any job offered for which I am suited.</i>
<input type="checkbox"/>	<i>I understand I must report any job offers I receive to my claims office and I must inform that office if I return to full time employment.</i>
<input type="checkbox"/>	<i>I understand I must report all work and gross earnings for each week I file, regardless of the amount. I am aware that these earnings must be reported <u>when earned</u>, not when I actually receive them. I also am aware that I must report <u>all</u> other types of monies I receive, such as a bonus, holiday pay, etc., the week in which I receive the money.</i>
<input type="checkbox"/>	<i>I understand I must report all separations from employment while filing for my benefits.</i>
<input type="checkbox"/>	<i>I understand if there is a voluntary quit from employment or discharge from employment, or an eligibility issue on my claim, the facts surrounding the issue will be reviewed and a written decision issued.</i>
<input type="checkbox"/>	<i>I understand I have the right to appeal any decisions issued on my claim. I further understand that my appeal must be filed within eight (8) days of the decision and I must continue to file my continued claims forms while the appeal is on-going.</i>

<input type="checkbox"/>	<i>I understand I must provide a four (4) digit personal identification number (PIN) and be able to provide this number to Workforce when making contact with them and I understand that I cannot share this number with anyone and that <u>I am responsible</u> for all activities associated with this PIN number and that if the security of the number is compromised I am to contact Workforce and provide a select a new PIN.</i>
<input type="checkbox"/>	<i>I understand that penalties, such as a fifty-two (52) week disqualification and repayment of the benefits, are provided for individuals who may false statements in order to receive unemployment benefits.</i>
<input type="checkbox"/>	<i>I understand that additional information can be found on the Workforce website that will answer most questions regarding filing; however, if there are any questions that cannot be answered by information supplied on-line, I understand I am responsible for contacting my local office to obtain information.</i>
<input type="checkbox"/>	<i>I understand that benefits are paid by debit card; however, I have the option of having my benefits direct deposited into my personal bank account. I understand that it is my responsibility to self-enroll for this program. I also understand that it is my responsibility to notify Workforce and update my information should there be changes.</i>

**Exhibit F
Reports****Watson, David W**

Sent: Thursday, February 23, 2012 9:05 PM
To: Watson, David W; Borgel, Mary T; Epling, Nancy J
Subject: CLAIMANTS WHO CANNOT FILE CONTINUED CLAIMS BY PHONE

ESPB110PP1

02/23/2012

CLAIMANTS WHO CANNOT FILE CONTINUED CLAIMS BY PHONE
BWES 02/11/2012 AND 02/18/2012

SSN	NAME	REASON
[REDACTED]	[REDACTED]	MUST RETURN D-127
[REDACTED]	[REDACTED]	MUST RETURN D-127
[REDACTED]	[REDACTED]	MUST RETURN D-127
[REDACTED]	[REDACTED]	MUST RETURN D-127

UNSUCCESSFUL ATTEMPTS TO CLAIM
WEEKS VIA THE TELEPHONE 02/26/2012

LOCAL OFFICE - BECKLEY UC

ESP130P1 PG 1

[REDACTED] L BWE: 02/18/2012
REFUSED WORK/FAILED TO REPORT TO INTERVIEW

CALLED: 10:43 P.M.

[REDACTED] BWE: 02/18/2012
NO JOB CONTACTS

CALLED: 1:01 P.M.

[REDACTED] BWE: 02/25/2012
DID NOT ACTIVELY SEEK FULLTIME WORK

CALLED: 9:18 P.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 9:09 A.M.

[REDACTED] BWE: N/A
NO MORE OUTSTANDING BENEFITS WEEKS TO CLAIM

CALLED: 6:51 P.M.

[REDACTED] BWE: 02/25/2012
RECEIVED AN UNREPORTED PENSION, RETIRE, SOC.

CALLED: 9:35 A.M.

[REDACTED] BWE: 02/18/2012
5 DAYS NOT ABLE AND AVAILABLE

CALLED: 6:19 A.M.

[REDACTED] BWE: 02/18/2012
ATTENDED A NON-REPORTED TRAINING

CALLED: 11:03 P.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 2:10 P.M.

[REDACTED] BWE: N/A
NO MORE OUTSTANDING BENEFITS WEEKS TO CLAIM

CALLED: 12:49 P.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 11:09 A.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 11:30 P.M.

[REDACTED] BWE: 02/18/2012
QUIT OR WAS FIRED FROM A JOB

CALLED: 6:41 P.M.

[REDACTED] BWE: 02/18/2012
QUIT OR WAS FIRED FROM A JOB

CALLED: 11:24 A.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 5:40 P.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 8:40 A.M.

[REDACTED] BWE: N/A
NO OUTSTANDING BENEFIT WEEKS TO CLAIM

CALLED: 8:09 P.M.

WORKFORCE WEST VIRGINIA
UNEMPLOYMENT COMPENSATION
UC TECHNICAL SUPPORT - CC 5106

REPORT ESPB120PP1
REPORT DATE - 05/21/2012

CONTINUED CLAIMS FILED BY TELEPHONE

SSN	ERROR MESSAGE
██████████	RTW DATE > BWE
██████████	PARTIAL BENEFIT WITH > 31 HRS WORKED IN WK
██████████	PARTIAL BENEFIT WITH > 31 HRS WORKED IN WK
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	RTW DATE > BWE
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	IVR WEEK NOT ON ABPS FILE OR ALREADY CLAIMED
██████████	RTW DATE > BWE
██████████	RTW DATE > BWE

WWW APPLICATIONS SUPPORT DOCUMENTATION	
Compliance and Enforcement Note Tracking System	
User's Guide TO - Telephone/Fax Contact Outgoing	Document Date 04-01-2008

99/99/9999 UC CAE	DATA ENTRY - TELEPHONE/FAX CONTACT OUTGOING	TO
ACCOUNT NUMBER: 9999999999		CONFIRM ACCOUNT NUMBER: 9999999999
CONTACT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		PHONE #: 9999999999
TITLE: 99	01 - OWNER 02 - OFFICER 03 - PARTNER 04 - ACCOUNTANT	OTHER TITLE: XXXXXXXXXXXXXXXXXXXX
CONTACT DESCRIPTION: 99	01 - EMPLOYER CONTACT 02 - REPRESENTATIVE CONTACT 03 - BUSY SIGNAL 04 - NO ANSWER	05 - PHONE # NOT IN SERVICE 06 - LEFT MESSAGE 07 - CALL WILL BE RETURNED 08 - OTHER
COMMENTS: _____ _____ _____		
PF1/PF13 MAIN MENU		NEXT TRANS: XX

03/27/2012 EMPLOYER PROFILE DATA

ACCOUNT:	FEIN:	EMPLOYER TYPE:	VIOLATOR LIST ELIGIBLE:
NAME:			
DBA NAME:			
BUSINESS ADDRESS:			FORM MAIL CODE
LINE 1:			CONTRIBUTION/WAGE:
LINE 2:			RATE STATEMENT:
CITY:	ST:	ZIP:	CHARGE STATEMENT:
MAILING ADDRESS:			REIMBURSABLE BILL:
LINE 1:			CLAIM SEP REQUEST:
LINE 2:			DECISION APPEAL:
CITY:	ST:	ZIP:	POTENTIAL CHARGE:
SUCCESSOR:	EFFECTIVE DATE:	INACTIVE DATE:	
PREDECESSOR:	LIABILITY DATE:	REOPEN DATE:	
FIELD AUDIT:	STATUS DATE:	SPLIT DATE:	
FIPS CODE:	CANCELLED DATE:	PHONE NUMBERS:	
CITY CODE:	NONCOLLECTIBLE PICKUP?	BUSINESS:	
NAICS:		PAYROLL:	
OWNERSHIP:		FAX:	
BALANCE DUE:			
PF1/PF13 MAIN MENU			NEXT TRANS:

03/27/2012 OUTSTANDING CONTRIBUTIONS/ASSESSMENTS/INTEREST/REPORTS

ACCOUNT:		NAME:							
	REPORT		TAX/BEN DUE						P
	ON FILE	RATE	ASSESS DUE	INTEREST	ADDITIONAL	TOTAL DUE			L S A
QTR			PENALTY DUE	DUE	INTEREST DUE				G T Y

TOTAL DUE FOR THIS ACCOUNT ON

PF1/PF13 MAIN MENU; PF2/PF14 MORE QUARTERS

NEXT TRANS:

03/27/2012

MONETARY AUDIT TRAIL

ACCOUNT:

NAME:

----- ENTERED DATA -----

QTR TOTAL WGS DUE DATE

JUDGMENT T

POSTMARK TAXABLE WGS R TOTAL WGS

RECEIVED DEBT WGS A STATUS CDE

ENTERED FUND WGS N LEGAL CDE

OPER ID PAYMT/CREDIT S BATCH NMBR

TAXABLE WGS	CONTRIB/ ASSESSMENTS PAID/DUE	INTEREST PAID/DUE
-------------	-------------------------------------	----------------------

CR

PN

DE

DR

FE

FR

PF1/PF13 MAIN MENU; PF7/PF19 BACKWARD; PF8/PF20 FORWARD

NEXT TRANS:

03/27/2012

SUCCESSOR/PREDECESSOR CHAIN INQUIRY

ACCOUNT WITHIN CHAIN:

ACCOUNT NUMBER	SUCC NUMBER	PRED NUMBER	INACTIVE DATE	LIABILITY DATE	NAME
-------------------	----------------	----------------	------------------	-------------------	------

PF1/PF13 MAIN MENU; PF2/PF14 NEXT 14 ACCOUNTS

NEXT TRANS:

05/11/2012

EMPLOYER RATE BOOK -

219

ACCOUNT: EMPLOYER TYPE:
NAME: SUCCESSOR:
MERIT YEAR: RATE CLASS: RATIO: PREDECESSOR:
EARN RATE: REPORT RATE: PERCENT: ACQUIRED:
LIABLE: INACTIVE: CANCELLED:
-----CONTRIBUTIONS-----
S QTR TAXABLE WAGES RATE NONCREDIT CREDIT CHARGES

-----TAXABLE PAYROLL-----
FY
FY
FY
AVERAGE:
OLD RESERVE BALANCE:
PAYMENTS CREDITED:
BENEFIT CHARGES:
NEW RESERVE BALANCE:
VOLUNTARY CONTRIBUTION:
NONCRED CONTRIB TO-DATE:
FY DEBIT BALANCE FORGIVEN:
FY NONCRED CONTRIB REDUCED:
FY CRED-NONCRED CONTRIB:
-----DELINQUENT QUARTERS-----
PF1/PF13 MAIN MENU; PF2/PF14 NEXT RATE YEAR
NEXT TRANS:

Exhibit H

Definitions

Initial Claims – There are three types of initial claims as follows.

1. New Claim. The first initial claim filed in person, by mail, by internet, telephone or other means to request a determination of entitlement to and eligibility for compensation which results in an agency generated document of an appealable monetary determination provided to the potential claimant.

2. Additional Claim. A subsequent initial claim filed during an existing benefit year due to new unemployment and when a break of one week or more has occurred in the claim series due to intervening employment. For each reported additional claim, a record must be maintained of the separating employer, the last day worked, and the reason for separation or unemployment. This record must be maintained in either a manual or computer files and be accessible for validation.

3. Reopened Claim. A subsequent initial claim filed during an existing benefit year due to new unemployment and when a break of one week or more has occurred in the claim series without intervening employment. This could arise due to illness, disqualification, unavailability, or failure to report for any reason other than job attachment.

Interstate Liable Claim. Individual filing a claim who resides outside West Virginia but has worked and earned wages inside the State. These claims are taken and paid for by the State where the individual worked and earned wages.

Weeks Claimed. Weeks covered by intrastate continued claims and interstate continued claims for which waiting period credit or payment of compensation is requested. However, when other deductible income exceeds the weekly benefit amount, it will be considered a week claimed.

Nonmonetary Determinations. A determination of eligibility issued based on facts related to an issue. An issue is an act, circumstance, or condition potentially disqualifying under state/federal law which had the potential to affect the claimant's past, present, or future benefit rights.

Nonmonetary Determination Issues include the following separation and/or non-separation issues:

- a. Voluntary Leaving Work.
- b. Discharge.
- c. Able - Available - Actively Seeking Work.
- d. Disqualifying or Deductible Income..
- e. Suitable Work Refusals.
- f. Reporting Requirements.
- g. Labor Disputes.
- h. Refusal of Referral to Profiling Services.
- i. Alien Legal Status.
- j. Professional Athlete Claimant.
- k. Educational Employee Claimant "Between" and "Within" Terms. l. Miscellaneous.

Separation issues - nonmonetary determinations for either voluntary leaving work or discharges.

Non-separation issues - all other nonmonetary determinations listed above.



State of West Virginia Office of Technology Policy: Information Security Issued by the CTO

Policy No: WVOT-PO1001

Issue Date: 01/18/07

Revised: 07.07.10

1.0 PURPOSE (Underlined terms are defined in Section 8.0 of document)

This policy, issued by the West Virginia Office of Technology (WVOT) establishes objectives and responsibilities for all West Virginia state government agencies, employees, vendors, and business associates, specifically the Executive, regarding information security and the protection of information resources.

2.0 SCOPE

This document applies to all employees with access to information and the systems that store, access, or process that information.

The intent of this policy is to explain the range of acceptable and unacceptable uses of State-provided information technology (IT) resources and is not necessarily all-inclusive. IT resources may include anything with a processor, communications capability, or data storage. (See appendix A, "Technology Usage Practices" for a list of examples.)

Questions about specific security-related uses which are not detailed in this policy should be directed to a supervisor or manager.

3.0 RELEVANT DOCUMENTS/MATERIAL

- 3.1 West Virginia Office of Technology (WVOT) Page
- 3.2 WVOT Web Site Home Page - IT Security Web Policies Issued by the Chief Technology Officer (CTO).
- 3.3 West Virginia Code §5A-6-4a – "Duties of the Chief Technology Officer Relating to Security of Government Information"
- 3.4 WVOT-PO1002 – "Acceptable Use of State-Provided Wireless Devices" policy

Policy: Information Security

State of West Virginia Office of Technology

Policy No: WVOT-PO1001 Issue Date: 01/18/07 Revised: 07.07.10

- 3.5 WVOT-PO1004 – “Acceptable Use of Portable Devices” policy
 - 3.6 WVOT-PO1008 – “Information Security Audit Program” policy
 - 3.7 WVOT-PO1014 – “Anti-Virus” policy
-

4.0 POLICY

- 4.1 All IT assets, including hardware, software, and data, are owned by the State, unless excepted by contractual agreement.
- 4.2 Users are required to comply with legal protection granted to programs and data by copyright and license. No unauthorized software will be installed on State systems. The WVOT or its equivalent will authorize all software installation.
- 4.3 Users will utilize, maintain, disclose, and dispose of all information resources, regardless of medium, according to law, regulation, and/or policy.
- 4.4 **Employees must have no expectation of privacy while using State-provided information resources (e.g. cell phones, Internet, etc.).**
- 4.5 The State reserves the right to filter Internet site availability, and monitor and review employee use as required for legal, audit, or legitimate authorized State operational or management purposes. Employees will be required to sign a policy Statement of Acknowledgement, which will recognize that the employee has read the document and will periodically review the WVOT policy and procedure for updates. Employees may be denied the use of information resources by refusing to sign.
- 4.6 All employees must adhere to rules regarding unacceptable uses of IT resources. (For a detailed list of unacceptable uses, see appendix A, “Technology Usage Practices”)

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State of West Virginia Office of Technology

Policy No: WVOT-PO1001 Issue Date: 01/18/07 Revised: 07.07.10

- 4.6.1 Employees must not download, attach, change, distribute, or install any software or inappropriate files, including streaming content, for non-business functions (e.g. downloading MP3 files and/or broadcast audio or video files).
- 4.6.2 Employees must not intentionally introduce a virus into a State-provided computer, or withhold information necessary for effective virus control procedures.
- 4.6.3 Employees must not send or share confidential information for unauthorized purposes.
- 4.6.4 Employees must not attach or use devices on the State network that are not owned by the State or authorized by the WVOT.
- 4.6.5 Employees must not redirect confidential or privileged State data to a non-State owned computing device or PDA without proper authorization.
- 4.6.6 Employees must not use unauthorized peer-to-peer networking or peer-to-peer file sharing.
- 4.6.7 Employees must NEVER execute programs or open e-mail attachments that: (1) have not been requested; or (2) come from an unknown source. If in doubt and lacking assurance from the sender, employees should contact the WVOT Service Desk for assistance.
- 4.6.8 Employees must never attempt to disable, defeat, or circumvent any security firewalls, proxies, web filtering programs, or other security controls.
- 4.6.9 Employees must not use IT resources to promote harassment or illegal discrimination on the basis of race, gender, national origin, age, marital status, religion, or disability.

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- 4.7 The WVOT, working with designated individuals, will develop procedures to protect information resources from accidental, unauthorized, or malicious access, disclosure, modification, or destruction.
- 4.8 Users must report any observation of attempted security or privacy violations to incident@wv.gov.
- 4.9 Users should immediately report all information security incidents to incident@wv.gov. Users must provide the following information, to the extent possible:
 - 4.9.1 Point of contact (name, phone, e-mail);
 - 4.9.2 Characteristics of incident;
 - 4.9.3 Date and time Incident was detected;
 - 4.9.4 Extent of impact;
 - 4.9.5 Nature of incident, if known (ex: unauthorized access, system breach or malfunction, data loss or exposure, defacement, other); and
 - 4.9.6 Any actions taken in response to the incident.
- 4.10 Confidential, private, personally identifiable information (PII) or sensitive data (i.e. credit card numbers, calling card numbers, logon passwords, health information, or other protected information), must be encrypted or disassociated from any individual prior to transmission through any public data communications infrastructure, such as a network or the Internet.
- 4.11 Employees must immediately contact incident@wv.gov upon receiving or obtaining confidential information to which the employee is not entitled (Note: the owner or sender of such information must also be notified) or becoming aware of any inappropriate use of State-provided IT resource.
- 4.12 Employees will contact an immediate supervisor if there is doubt concerning authorization to access any State-provided IT resource, or if

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questions arise regarding acceptable or unacceptable uses. If criminal activity is suspected or detected, reporting should occur up the supervisory or management chain without delay.

- 4.13 Access controls must be consistent with all state and federal laws and statutes, and will be implemented in accordance with this policy.
- 4.14 Appropriate controls must be established and maintained to protect the confidentiality of passwords used for authentication.
 - 4.14.1 All passwords are confidential and **must not** be shared under any circumstances.
 - 4.14.2 Employees are expected to use strong passwords, which must conform to established standards and will be changed at intervals designated by the CTO.
- 4.15 All access to computing resources will be granted on a need-to-use basis.
- 4.16 Individual users will be assigned unique userids.
- 4.17 Each employee must be accountable for securing his or her computer, and for any actions that can be identified to have originated from it.
- 4.18 The WVOT will provision network user accounts by adding, modifying, and deleting user access for customer agencies. Each agency will appoint a designated approval authority, who will authorize all access modifications for that agency.
 - 4.18.1 When an employee is terminated, the agency's designated approval authority must contact WVOT immediately to disable all access, unless otherwise approved in writing by appropriate management.
 - 4.18.2 When an employee transfers, WVOT will modify all access to accommodate new user roles and responsibilities according to instructions from the agency's designated approval authority.

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- 4.19 All Executive Branch employees will be required to complete mandatory online information security awareness or refresher training annually. New employees will be required to complete mandatory online training within the first week of employment as part of job orientation.
 - 4.20 The authorized head of each agency (agency head) must assure that all employees sign a confidentiality agreement upon hire and annually thereafter. This confirms that the employee has read, fully comprehends, and will abide by State policies and procedures regarding privacy and information security.
 - 4.21 The agency head must assure that all employees, and others who access computer systems, will receive sufficient training in policies and procedures, security requirements, correct use of information resources, and other administrative controls.
 - 4.22 The agency head must assure that all employees receive an appropriate background check (where applicable) consistent with legislative rule and West Virginia Division of Personnel policy.
-

5.0 STANDARD PRACTICES

5.1 Data/Information Assets

- 5.1.1 Information resources are designated for authorized purposes. The State has a right and a duty to review questionable employee activity. Only minimal personal use of State-provided IT resources is permitted (e.g. 10-15 minutes during break and/or lunch periods). This must not include any unauthorized uses (see appendix A) and must not interfere with the legitimate business of the State.
- 5.1.2 All information assets must be accounted for and have an assigned owner. Owners, custodians, and users of information resources must be identified and their responsibilities defined and documented.

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5.1.3 Each owner or custodian of information will determine and document classification based on the circumstances and the nature of the information, according to a classification scheme common to all State agencies. Classification should consider legal protections, privacy, sensitivity, and criticality to the functions of the business. (For more information see WVOT-PO1006 – "Data Classification.")

5.1.4 The owner or custodian will determine and document, and the agency Information Security Liaison (ISL) will ensure, the protective guidelines that apply for each level of information. They include, but may not be limited to the following:

- Access
- Use Within <Agency>
- Disclosure Outside <Agency>
- Electronic Distribution
- Disposal/Destruction

5.1.5 If, at any time equipment or media changes ownership or is ready for disposal, the user must alert the responsible technical staff to the potential presence of any confidential and/or sensitive data on said equipment or media.

5.2 Physical and Environmental Security

5.2.1 Information resource facilities will be physically secured by measures appropriate to their critical importance.

5.2.2 Security vulnerabilities will be determined, and controls will be established, to detect and respond to threats to facilities and physical resources.

5.2.3 Employees must guard against access to files and take precautions to protect IT devices when away from the workstation. This includes but may not be limited to the following:

- Logging off computer;

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- Locking computer; and/or
- Locking file cabinets and drawers.

5.2.3 Critical or sensitive data handled outside of secure areas will receive the level of protection necessary to ensure integrity and confidentiality.

5.2.4 Equipment will be secured and protected from physical and environmental damage.

5.2.5 Equipment used outside State premises will be given an equal or greater degree of security protection as that of on-site information resource equipment.

5.3 Information Security Administrators

5.3.4 The departmental head must assign the role of Information Security Administrator (ISA). The ISA must perform, contract, or delegate the necessary functions and responsibilities of the position as defined in this policy and the Governor's Executive Information Security Team (GEIST) charter. If necessary, the ISA may delegate duties to one or more Individuals (ex: ISL's) whose main function will be to assist in the protection of information resources within their agency.

5.3.5 The ISA will ensure that a risk management program will be implemented and documented, and that a risk analysis will be conducted periodically.

5.3.6 The ISA will oversee and ensure that cost effective contingency response and recovery plans will be maintained, providing for prompt and effective restoration of critical business functions in the event of any disruptive incident.

5.3.6.1 Procedures, guidelines, and mechanisms utilized during an information security incident, along with the roles and responsibilities of the incident management teams, must be established, documented, and periodically reviewed.

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This may include testing to make sure that all plans remain current, viable, and comprehensive.

- 5.3.6.2 Testing will be performed at intervals designated within CTO standards.
-

6.0 ENFORCEMENT

Any employee found to have violated this policy may be subject to disciplinary action up to and including dismissal. Disciplinary action will be administered by the employing agency and may be based on recommendations of the WVOT and the West Virginia Division of Personnel.

7.0 LEGAL AUTHORITY

Under the provisions of West Virginia Code §5A-6-4a *et seq.*, the Chief Technology Officer (CTO) is charged with securing State government information and the data communications infrastructure from unauthorized uses, intrusions, or other security threats. The CTO is granted both the authority and the responsibility to develop information technology policy, promulgate that policy, audit for policy compliance, and require corrective action where compliance is found to be unsatisfactory or absent.

This policy is one in a series of IT-related policies intended to define and enable the incorporation of appropriate practices into all activities using State-provided technology in the State of West Virginia.

To the extent that there are policies in place which provide less security than this policy, they will be superseded by this policy. In instances where existing state and federal laws and regulations are more restrictive than information security policies issued by the WVOT the more restrictive provisions will prevail.

This policy is consistent with the following federal and state authorities:

- W. Va. Code § 5A-6-4a
- NIST SP 800-14 and NIST SP 800-53

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- Omnibus Reconciliation Act of 1990, § 2201(c), 42 U.S.C. § 405(c)(2)(C)(viii)(I).
- Health Insurance Portability and Accountability Privacy Rule, 45 CFR 160 and 164
- Confidentiality of Substance Abuse Records, 42 U.S.C. 290dd-2; 42 CFR Part 2
- Gramm-Leach Bliley Act (GLBA), 15 U.S.C. § 6801, 16 CFR § 313
- Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*
- Driver's Privacy Protection Act, 18 U.S.C. § 2721
- Telemarketing Sales Rules, 16 CFR Part 310
- Executive Order No. 7-03 (March 25, 2003)
- Freedom of Information Act, W. Va. Code § 29B-1-1 *et seq.*
- Records Management and Preservation of Essential Records Act, W. Va. Code §§ 5A-8-21, 22
- State Health Privacy Laws, www.wvdhhr.org/hipaa/privacy.asp
- Confidentiality and Disclosure of Tax Returns and Return Information, W. Va. Code § 11-10-5d
- Uniform Motor Vehicle Records Disclosure Act, W. Va. Code 17A-2A-1 to 1

8.0 DEFINITIONS

- 8.1 Access— The ability to locate, gain entry to, and use a directory, file, or device on a computer system or over a network.
- 8.2 Access Controls – The enforcement of specified authorization rules based on positive identification of users and the systems or data they are permitted to access.
- 8.3 Authentication – The process of verifying the identity of a user.
- 8.4 Chief Information Security Officer (CISO) – Person designated by the CTO to oversee information security practices and initiatives for the Executive Branch of WV State government, excluding the constitutional officers.
- 8.5 Chief Technology Officer (CTO) – The person responsible for the State's information resources.

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- 8.6 Confidential Data – Information that is legally protected (ex: Protected Health Information) or otherwise deemed by a qualified expert to be unsuitable for open access.
- 8.7 Contractor – Anyone who has a contract with the State or one of its entities.
- 8.8 Custodian of Information – The person or unit assigned to supply services associated with the data.
- 8.9 Employee – Individuals retained and authorized on a temporary or permanent basis by the State of West Virginia to perform a service. For the purposes of information technology and security policy, the term "employee" shall include the following: contractors, subcontractors, contractors' employees, volunteers, county health department staff, business associates, and any other persons who are determined and notified by the WVOT to be subject to this policy. This definition does not create any additional rights or duties.
- 8.10 Information Assets – Any of the data, hardware, software, network, documentation, and personnel used to manage and process information.
- 8.11 Information Resources – All information assets, in all known formats.
- 8.12 Information Security – Those measures, procedures, and controls that provide an acceptable degree of safety for information resources, protecting them from accidental or intentional disclosure, modification, or destruction.
- 8.13 Information Security Administrator (ISA) – The person designated by the agency head to assure the agency's compliance with State information security policies and procedures. The ISA is the agency's internal and external point of contact for all information security matters.
- 8.14 Information Security Incident – An event characterized by unexpected and unwanted system behavior, breach, or unintended alteration of data.

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- 8.15 Information Security Liaison (ISL) - Employees assigned by the ISA to assist in the protection of information resources.
- 8.16 Information Technology (IT) - The technology involved with the transmission and storage of information, especially the development, installation, implementation, and management of computer systems and applications.
- 8.17 Medium - Any repository, including paper, used to record, maintain, or install information or data.
- 8.18 Owner of Information - The person(s) ultimately responsible for an application and its data viability.
- 8.19 Password - A string of characters known to a computer system or network and to a user who must enter the password in order to gain access to an information resource.
- 8.20 Personally Identifiable Information (PII) - Includes all protected and non-protected information that identifies, or can be used to identify, locate, or contact an individual.
- 8.21 Privacy Officer - The official responsible for facilitating the Executive Branch's integration of privacy principles, legal requirements, and privacy standards into department policies, procedures, and practices.
- 8.22 Procedure - A set of instructions or process steps prescribed in sufficient detail in order to understand how to meet a policy requirement. Procedures should document roles, methods, options, and examples necessary for a reader to understand how to comply with a policy.
- 8.23 Risk Analysis - The evaluation of system assets and their vulnerabilities to threats in order to identify what safeguards are needed.
- 8.24 Security Contact - These individuals include the ISA or the ISL.

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- 8.25 Threat – Includes any person, condition, or circumstance that endangers the security of information or information systems in the context of information security.
- 8.26 User – A person authorized to access an information resource.
- 8.27 User id – A unique “name” by which each user is identified to a computer system.
- 8.28 West Virginia Division of Personnel – A division of the Department of Administration established by West Virginia Code § 29-6-1 *et seq.*, which is responsible for the system of human resource management for operating agencies in the classified and classified-exempt service of West Virginia State government.
- 8.29 West Virginia Office of Technology (WVOT) – The division of the Department of Administration established by WV Code § 5A-6-4a, *et seq.*, which is led by the State’s CTO and designated to acquire, operate, and maintain the State’s technology infrastructure. The WVOT is responsible for evaluating equipment and services, and reviewing information technology contracts.
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Appendix A: Technology Usage Practices

State of West Virginia Office of Technology

Policy: Information Security

Acceptable/Unacceptable Use of State-provided Technology:

The information contained within this Appendix applies to the State of West Virginia Information Security policy.

Relevant Technologies

Include, but may not be limited to the following:

- a. Personal computers
- b. Personal Digital Assistants (PDA)
- c. Fax or copy machines with memory or hard drives
- d. Internet or Intranet
- e. E-mail and Enterprise Instant Messaging (EIM)
- f. Voice Mail
- g. Cell phones (including camera phones and smart phones with data communications and databases)
- h. Pagers
- i. Media including disk drives, diskette drives, optical disks (CD), tape drives, and USB drives (flash drives)
- j. Servers
- k. Printers

Unacceptable uses include, but are not limited to the following:

- a. Any use which violates local, state, or federal laws;
- b. Any use for commercial purposes, product advertisements, or "for-profit" **personal** activity;
- c. Any use for viewing, transmitting, receiving, saving, or printing sexually explicit material;
- d. Any use for promotion of political or religious positions or causes;
- e. Any use in relation to copyright infringement.

Appendix A: Technology Usage Practices

State of West Virginia Office of Technology

Policy: Information Security

- f. Any use in relation to participating in chain letters or unauthorized chat programs, or forwarding or responding to SPAM;
 - g. Any use for promoting the misuse of weapons or the use of devices associated with terrorist activities;
 - h. Any use related to pyramid selling schemes, multi-marketing schemes, or fundraising for any purpose unless agency sanctioned;
 - i. Any use for dispersing data to customers or clients without authorization;
 - j. Any use in relation to placing wagers or bets;
 - k. Any use that could be reasonably considered as disruptive to another's work;
1. Employees will not waste IT resources by intentionally doing one or more of the following:
 - a. Placing a program in an endless loop;
 - b. Printing unnecessary amounts of paper;
 - c. Disrupting the use or performance of State-provided IT resources or any other computer system or network; or
 - d. Storing unauthorized information or software on State-provided IT resources.
 2. Employees will not knowingly or inadvertently commit security violations. This includes doing one or more of the following:
 - a. Accessing or attempting to access records within or outside the State's computer and communications facilities for which the employee is not authorized; or bypassing State security and access control systems;
 - b. Copying, disclosing, transferring, examining, re-naming, or changing information or programs belonging to another user unless given express permission to do so by the user responsible for the information or programs;
 - c. Violating the privacy of individual users by reading e-mail or private communications without legal authority, or authorization based upon documented just cause;
 - d. Misrepresenting oneself or the State of West Virginia;
 - e. Making statements about warranty, express or implied, unless it is a part of normal job duties;
 - f. Conducting any form of network monitoring, such as port scanning or packet filtering unless expressly authorized by the WVOT; or
 - g. Transmitting through the Internet confidential data to include without limitation, credit card numbers, telephone calling cards numbers, logon passwords, and other parameters that can be used to access data without the use of encryption technology approved by the WVOT
 3. Employees will not commit security violations related to e-mail activity. This includes

doing one or more of the following:

- a. Sending unsolicited commercial e-mail messages, including the distribution of "junk mail" or other advertising material to individuals who did not specifically request such material;
- b. Unauthorized use for forging of e-mail header information;
- c. Solicitation of e-mail for any other e-mail address, other than that of the poster's account, with the intent to harass or to collect replies;
- d. Posting messages to large numbers of users (over 50) without authorization; or
- e. Posting from an agency e-mail address to newsgroups, blogs, or other locations without a disclaimer stating that the opinions expressed are strictly their own and not those of the State or the agency, unless posting is in the fulfillment of business duties.

Employee Responsibilities

Employees should conduct themselves as representatives of the State, and are responsible for becoming familiar with and abiding by all information security policies and guidelines.

- 1. Employees will only access files, data, and protected records if:
 - a. The employee owns the information;
 - b. The employee is authorized to receive the information; or
 - c. The information is publicly available.
- 2. Employees are prohibited from monopolizing systems, overloading networks with excessive data, or wasting computer time, connect time, bandwidth, disk space, printer paper, or other IT resources.
- 3. Employees are prohibited from transmitting personal information about themselves or someone else without proper authorization while using State-provided IT resources.
- 4. Employees must adhere to copyright law regarding the use of software, print or electronic information, and attributions of authorship. In certain instances, legal counsel can determine permissible uses.

ADMINISTRATIVE DIRECTIVE 4100.25**SUBJECT: Confidentiality of Personal Data**

All employees of WorkForce West Virginia (WFWV) are to maintain the confidentiality of all personal information on customers, vendors, employers and employees. This includes, but is not limited to name, address, social security number, telephone number, age, sex, ethnic background, user names, passwords, state vendor numbers, etc.

All staff will dispose of any physical documents containing confidential information in a proper manner. This will include, but is not limited to shredding, filing in secure containers, filing in permanent personnel files, sending documents to the Fiscal & Administrative Management (FAM) Mailroom and Records Processing Unit (MRPU) or the current records management vendor on the Statewide contract. The MRPU will provide safe and secure storage of confidential documents and, when necessary, shred them according to regulation. Local Offices having large volumes of documents that need to be shredded are to submit a form WFWV 4-222 (Green Sheet) "Request for Equipment, Supplies or Services" to obtain additional shredding services.

Work areas need to be secure. This includes locking confidential documents in secure storage containers, locking office doors when offices are unattended, returning sensitive documents to secure filing cabinets, and minimizing the use of social security numbers to that which is necessary or mandated.

All new employees are to sign the form WFWV 4-100.2 *Employee Privileged and/or Confidential Information Agreement* as part of the *New Employee Orientation*. Each year, employees will renew their commitment to maintain and protect confidential information. This form is available online and may be viewed at:

[http://intranet.state.wv.us/bep/pforms/FORM WFWV4-100.25 AD 4100 25 AckForm \(2\) REVISED FEB2011.doc](http://intranet.state.wv.us/bep/pforms/FORM WFWV4-100.25 AD 4100 25 AckForm (2) REVISED FEB2011.doc)

Once signed and witnessed by the immediate supervisor, the original form is to be sent to WFWV Human Resources to be maintained in the official personnel files. The employee and the supervisor should keep a copy of the signed agreement.

Any questions concerning this directive or forms are to be forwarded to Human Resources at (304) 558-2632.

Issued: November 2005

Revised: (February 2011) **March 30, 2012**

ADMINISTRATIVE DIRECTIVE 4100.26

SUBJECT: INFORMATION SECURITY INCIDENT RESPONSE PROCEDURES, STANDARDS AND GUIDELINES

1.0 PURPOSE

An information security incident is defined as an event that impacts, or has the potential to impact, the confidentiality, availability, or integrity of the confidential personally identifiable information (PII) collected and maintained by WorkForce West Virginia. This directive defines the steps WorkForce West Virginia employees must take to ensure that information security incidents are identified, contained, investigated, and remedied. It also provides a process for documentation, appropriate reporting internally and externally, and communication so organizational learning occurs. Finally, it establishes responsibility and accountability for all steps in the process of addressing security incidents. Procedures for redacting PII information may be found [here](#).

2.0 SCOPE

This directive applies to all WorkForce West Virginia employees, and anyone else having access to WorkForce information systems that store confidential information. It also applies to any and all resources owned or leased by WorkForce West Virginia which are used to store confidential WorkForce West Virginia information, or which, if lost, stolen, or compromised, could lead to unauthorized disclosure of confidential WorkForce West Virginia information. Therefore, temporary employees, contractors, and volunteers must comply with this directive. Employees of the Workforce Investment Boards working in Workforce offices, and employees of other agencies working in Workforce offices should be made aware of this process.

3.0 INCIDENT CLASSIFICATION

3.1 Defining Security Incidents

Any one or more of the following could be considered a security incident:

3.1.1 Unauthorized disclosure of PII;

3.1.2 Improper disposal of records, media or equipment containing PII;

- 3.1.3 Accidental or intentional transmission of PII to the wrong person, such as a file being e-mailed or faxed to the wrong person;
- 3.1.4 Loss of information confidentiality or information theft;
- 3.1.5 Compromise of information integrity, such as unauthorized modification;
- 3.1.6 Theft of, or damage to, physical assets including desktop computers, laptops, storage devices (flash drives), or storage media (CD's);
- 3.1.7 Misuse of services, information, or assets;
- 3.1.8 Overt threat, system interruption, or failure;
- 3.1.9 Infections of systems by unauthorized or hostile software;
- 3.1.10 Attempts at unauthorized access;
- 3.1.11 Unauthorized changes to organizational hardware or software configuration;
- 3.1.12 Unusual system behavior;
- 3.1.13 Denial of service (DoS) attack;
- 3.1.14 Responses to intrusion detection alarms.

3.2 Defining High Severity Security Incidents

A high severity security incident is one with high impact and a high threat, which can result in both high risk and great vulnerability to WorkForce West Virginia information or the State of West Virginia and their systems. Examples include any incident that is known or suspected to meet one or more of the following criteria:

- 3.2.1 Unauthorized access to, loss, or theft of a device known to store, process or transmit Legally Protected information (such as Health Information, Personally Identifiable Information, and information identified as being For Internal Agency Use Only (see WV Office of Technology Policy WVOT-PO1004, Acceptable Use of Portable Devices, Section 7.2 for a definition of Confidential Data));
- 3.2.2 Unauthorized access or change to an enterprise security device such as a firewall, intrusion detection system, or monitoring device;
- 3.2.3 Compromise, unauthorized configuration, or change of a networking device such as a router, switch, or server;

3.2.4 Disruption, denial of service, or loss of functionality of a critical system;

3.2.5 Interruption of network services;

3.2.6 An attack involving a significant number of WorkForce West Virginia systems.

3.3 Defining Low Severity Security Incidents

A low severity security incident is one that does not meet the foregoing high severity criteria, but may still have a negative impact on WorkForce West Virginia information or the State of West Virginia and their systems. Examples include, but are not limited to the following:

3.3.1 Any security incident that is restricted to a small number of non-critical computers or a single system such as a virus infection;

3.3.2 Common system failure with routine recovery;

3.3.3 Violations of applicable information security policies.

4.0 PROCEDURE

Specific procedures vary depending on the type of security incident. The following types of steps are typically involved in the investigation of a potential security breach:

1. Discovery
2. Documentation
3. Notification
4. Containment
5. Investigation
6. Resolution
7. Closure

4.1 When a security incident is discovered, employees must report it to their immediate supervisor or manager. Non-WorkForce employees should first contact the office manager, and, if the manager is not available, contact a WorkForce employee to start the reporting process.

4.2 Once notified of a security incident, supervisors or managers must immediately document and report the details of the incident using the Security Incident Report Form, available as Administrative Directive 4100.26a, and relay the information by telephone to their division director and the WorkForce West Virginia Security Officer. Contact information for the

WorkForce West Virginia Security Officer can be found in Appendix A. **A voice-mail message, e-mail message or fax is not sufficient notification; you must speak to the director and the WorkForce West Virginia Security Officer.** If the division director or the WorkForce West Virginia Security Officer cannot be reached by phone within one hour, you must contact their respective manager. The following information must be included in the report:

4.2.1 Point of contact information including name, phone number, and e-mail address;

4.2.2 Physical location of the incident;

4.2.3 Date and time the incident occurred;

4.2.4 Current status, specifically, is the incident ongoing or has it been contained?

4.2.5 Brief summary of the incident and any action taken;

4.2.6 Brief description of the impact of the incident and any action taken;

4.3 The WorkForce West Virginia Security Officer will coordinate the response to, and the resolution of, all IT security incidents. The WorkForce West Virginia Security Officer has the following responsibilities:

4.3.1 Process information security complaints or incidents reported by others;

4.3.2 Assess threats to WorkForce West Virginia resources;

4.3.3 Initiate formal investigations into reported security incidents;

4.3.4 Document security incidents;

4.3.5 Declare the severity level of each security incident, and determine the best response and recovery roles;

4.3.6 Coordinate incidents from discovery through resolution and closure;

4.3.7 Alert WorkForce West Virginia directors of active threats and incidents; communicating updates as appropriate

4.3.8 Contact the West Virginia Office of Technology (WVOT) Service Desk or the Computer Security Incident Response Team (CSIRT), if necessary, to enlist the help of technical staff to investigate, contain, or resolve the security incident;

4.3.9 Notify the WVOT Chief Information Security Officer (CISO), the Department of Commerce Privacy Officer, and the Chief Privacy Officer when an incident occurs. Note that filing the report using WorkForceIncident@wv.gov

notifies all appropriate parties simultaneously;

4.3.10 Conduct a post-incident assessment and modify or update incident response procedures as necessary;

4.3.11 Appoint incident response team members and others as appropriate for the incident;

4.3.12 Contact law enforcement officials, if necessary; and

4.3.13 When appropriate, initiate notification of the public or those clients whose Legally Protected Information was involved. All external notifications must be carried out in accordance with the West Virginia Consumer Credit and Protection Act, which can be found in the West Virginia Code, Chapter 46A, Article 2A-101 (§46A-2A-101). In summary, this means that improper release of personal information (first name, middle name or initial, last name) linked to a social security number, driver's license or state identification card number, any type of financial account number where such information is not publicly available, may require notification after proper investigation.

Should an event qualify as a high severity incident, the WorkForce West Virginia Security Officer or a member of the WVOT Security Team may take or direct immediate action to protect WorkForce West Virginia information or systems. This includes, but is not limited to the immediate and complete disconnection of a suspected compromised system from WorkForce West Virginia networks.

5.0 BUSINESS CONTINUITY

All WorkForce West Virginia units should maintain their Continuity of Operation Plan (COOP) and their Disaster Recovery Plan to conduct critical WorkForce West Virginia business without interruption during an incident investigation. Business continuity will not take precedence over the activities required to contain damage or preserve evidence. WorkForce West Virginia units will handle outages that result from actions to contain security incidents according to COOP/Disaster Recovery Plans.

6.0 ENFORCEMENT

Without an effective incident response process, corrective action may be delayed and harmful effects may be unnecessarily exacerbated. Proper communication allows WorkForce West Virginia to realize key learning opportunities to improve the security of information. Individuals who fail to comply with this directive may be subject to disciplinary action ranging from a warning, suspension of privileges, or dismissal from WorkForce West Virginia and prosecution under state or federal statutes depending on the circumstances of the incident.

7.0 DEFINITIONS

7.1 Chief Information Security Officer (CISO) – Person designated by the Chief Technology Officer (CTO) to oversee Information security practices and initiatives for the Executive Branch of West Virginia State government, excluding the constitutional officers.

7.2 Computer Security Incident Response Team (CSIRT) – A group of individuals who have been trained in computer security incident management, each having distinct response roles, and a familiarity with the fundamentals of gathering and handling evidence. Members of this team must be highly skilled; represent expertise within the various information systems belonging to the organization; be on call twenty-four hours a day, and be capable of responding within a nominal amount of time.

7.3 Denial of Service (DoS) Attack – An attack that prevents or impairs the authorized use of networks, systems, or applications by exhausting resources.

7.4 Personally Identifiable Information (PII) – Information that identifies, or can be used to uniquely indentify, locate, contact or impersonate a particular individual. Examples include: full name; telephone number; street address; social security number; e-mail address; vehicle registration plate number; driver's license number; credit card numbers; and wage information.

7.5 Security Incident – An event that impacts or has potential to impact the confidentiality, availability, or integrity of WorkForce West Virginia IT resources.

APPENDIX A

Contact Information

WorkForce West Virginia Security Officer
 RIA MIS Division
 112 California Avenue
 Charleston, West Virginia 25305
 Phone: (304) 558-2660
 Fax: (304) 558-1343

Email: WorkforcePrivacy@wv.gov

Effective: 06/01/2009

Revised: (02/08/11) 05/26/2012

Exhibit J

On-Line Forms

WORKFORCE West Virginia
UNEMPLOYMENT COMPENSATION DIVISION

NOTICE TO CLAIMANTS ATTENDING APPROVED TRAINING

Our records indicate that you are attending an approved training course and are not required to look for work while receiving unemployment compensation benefits. To ensure your continuing entitlement to these benefits, our agency requires proof that you are still participating and maintaining an acceptable level of achievement in the training program. Please have a representative of the educational or vocational institution you are attending complete and sign this form.

I certify that the individual referenced above is:

still attending training ☐

making satisfactory progress ☐

not attending training ☐

not making satisfactory progress ☐

If the individual is no longer in training, or not making satisfactory progress, please give date last attended or reason for failure to maintain satisfactory progress.

Comments: _____

Signature, title, and telephone number of school representative

Date

This form is to be returned when you submit your next continued claim form. FAILURE TO HAVE THIS COMPLETED AND RETURNED TIMELY MAY RESULT IN DELAY OR DENIAL OF YOUR BENEFITS.

REPORT OF SCHOOL OR TRAINING PROGRAM

NAME _____

SOCIAL SECURITY OR CLAIMANT ID NUMBER _____

NAME OF SCHOOL/TRAINING PROGRAM _____

ADDRESS _____

TYPE OF PROGRAM ENROLLED IN _____

IF SCHOOLING, WHAT IS YOUR SCHEDULE FOR THE CURRENT SCHOOL SEMESTER (DAYS AND HOURS OF ATTENDANCE) _____

START & END DATE OF CURRENT SEMESTER OR TRAINING PERIOD _____ TO _____

WILL YOU RECEIVE A DEGREE OR CERTIFICATE UPON COMPLETION OF THE SCHOOL OR TRAINING? YES OR NO
IF YES, TYPE _____

ANTICIPATED DATE OF COMPLETION? _____

IS THE TRAINING FINANCED THROUGH A STATE WORKFORCE PROGRAM? YES OR NO

IF YES, WHAT STATE _____

IS THE TRAINING FINANCED IN WHOLE OR IN PART THROUGH A PELL GRANT? YES OR NO

NOTE: IT MAY BE NECESSARY TO PROVIDE PROOF OF PELL GRANT TO THE OFFICE

1. Name the occupation in which you have had the most experience _____
2. Name ALL occupations in which you will accept work _____
3. LOWEST starting wage you will accept? _____ per _____ Your last wage? _____ per _____
4. Are there any hours, shifts, or days that you would NOT work? If Yes, list _____
5. Do you have any disability, illness, or injury that might keep you from accepting a job? ☐ Yes ☐ No
Explain: _____
6. Do you attend, (or are you planning to attend) school or training? _____ ☐ Yes ☐ No
7. What transportation do you have to travel to work? _____
8. How far will you travel each day to get to work? _____ miles
9. Have you: Failed to report for any scheduled interview, failed to accept a job referral, or refused any job offer? _____ ☐ Yes ☐ No
10. What has been your major problem in finding a job? _____
Have you registered for work in the state you reside? Yes or No Date registered _____

I certify that the above information is true and correct, and understand that the law provides penalties for giving false information to receive benefits.

Claimant's Signature _____ Date _____ Phone No. _____

CLAIMANT: DO NOT WRITE BELOW THIS LINE

(Local Office Use Only)

Transportation adequate? _____

Wage demand reasonable for labor market? _____

Follow-up needed on item(s) _____

Remarks _____

Claimant's Signature _____ Date _____

Certification: I have carefully reviewed this document. From the information provided, it appears that the claimant has met the eligibility requirements of the law. Any issues raised by the claimant's entries have been addressed on a fact-finding report.

Interviewer's Signature _____ Date _____