

Plain language repository

The following is an evolving repository of claimant notices that were collaboratively developed by the U.S. Department of Labor and specific state UI agencies. USDOL and various states worked together to craft notices that use plain language and content strategy best practices, and USDOL is making these documents publicly available to states who are interested in getting plain-language inspiration for their own notices. This repository will continue to evolve – the OUIIM Plain Language team will add new documents and resources as they become available.

Please note: The U.S. Department of Labor's engagement with the development of these documents was limited to implementing plain language and content strategy best practices. Any state UI agency wishing to use language contained in this repository retains full responsibility for ensuring the accuracy and legal sufficiency of any provisions and instructions issued.

For more information about USDOL's plain language framework, read our [case study on plain language claimant notices](#).

Notice header

Primary Header: **UNEMPLOYMENT INSURANCE BENEFITS**

Secondary Header examples: **Your Benefit Amount Decision, Notice of Denial, Notice of Approval, Notice of Overpayment**

(We recommend clear headers that specify to the claimant what benefits this letter refers to, given the possibility of individuals receiving letters from different agencies. We use secondary headers to further clarify the status or content of a given section – for example, "Notice of Denial" or "Notice of Approval." Headers should act as landmarks for notices.)

Monetary determination (eligible)

Your Benefit Amount Decision

Good news: our records show that you've earned enough to be eligible for Unemployment Insurance (UI) benefits.

Your claim starts on [MM/DD/YYYY] and ends on [MM/DD/YYYY]. You told us your last day of work was [MM/DD/YYYY]. If you meet all other eligibility requirements, you may be paid the following:

- Maximum benefit amount: \$_____
- Weekly benefit amount: \$_____
- Weekly dependency allowance for [x] dependents (money to support dependents): \$_____
- Your potential weekly benefits total: \$_____. This is your weekly benefit amount and dependency allowance.

Your claim will be valid for one year. If you choose to have taxes deducted, are working part time, or have other deductible income, your total weekly amount may be less than shown above.

How we calculated your benefits amount

Your weekly benefit amount is [Insert how your state calculates WBA, for example: X% of the average of your wages from your two highest-earning quarters] – see the table below for more details. The minimum weekly benefit amount a person may receive in [STATE] is [\$Minimum Benefit Amount] and the maximum weekly benefit amount is [\$Max Benefit Amount]. The total maximum benefit amount is the maximum you can receive during a claim year; it's [X]times the weekly benefit amount or XX% of your base period wages shown in the table below, whichever is less. These amounts don't include a dependency allowance. Your weekly benefits amount stays the same throughout your benefit year.

We calculated your benefit amount using the wages you earned during the regular base period, as shown in the table below. An X means you earned wages during a certain quarter, but they were used for a previous claim.

Employer name	Quarter 1: [Month – Month Year]	Quarter 2: [Month – Month Year]	Quarter 3: [Month – Month Year]	Quarter 4: [Month – Month Year]	Total
[Employer]	[\$Q1 Earnings]	[\$Q2 Earnings]	[\$Q3 Earnings]	[\$Q4 Earnings]	[\$Total Earnings for Employer]
Totals:	[\$Q1 Earnings Total]	[\$Q2 Earnings Total]	[\$Q3 Earnings Total]	[\$Q4 Earnings Total]	[\$Total Earnings]

Submit Feedback

Submit Feedback

Submit Feedback

Feedback

The base period is the period of time we look at to see if you've earned enough wages to be eligible for benefits. Normally, your base period includes the first four of the last five calendar quarters before your claim's start date. Dependent children 18 years old or younger may be eligible for a dependency allowance. Children with disabilities over the age of 18 may also qualify. You can receive an allowance for up to [XX] dependents and your allowance is equal to [XX]% of your weekly benefit amount for each dependent. There is a \$[XX] minimum per dependent. Learn more about dependency allowance at: [enter URL here].

Other information

If any of the information in this notice is incorrect (or if there's missing information), you can appeal the decision. Visit [insert URL here] or write to the address listed at the top of the form. You must start your appeal within [XX] days of your [MM/DD/YYYY] decision date.

If you have any existing overpayments or get any overpayments in the future, the Department may deduct those repayments from your benefits.

To learn more about [state name]'s UI benefits, visit [insert informational URLs here].

Monetary determination (eligible - alternate base period)

Your Benefit Amount Decision

Good news: our records show that you've earned enough to be eligible for Unemployment Insurance (UI) benefits.

Your claim starts on [MM/DD/YYYY] and ends on [MM/DD/YYYY]. You told us your last day of work was [MM/DD/YYYY]. If you meet all other eligibility requirements, you may be paid the following:

- Maximum benefit amount: \$_____
- Weekly benefit amount: \$_____
- Weekly dependency allowance for [x] dependents (money to support dependents): \$_____
- Your potential weekly benefits total: \$_____. This is your weekly benefit amount and dependency allowance.

Your claim will be valid for one year. If you choose to have taxes deducted, are working part time, or have other deductible income, your total weekly amount may be less than shown above.

How we calculated your benefits amount

Your weekly benefit amount is [Insert how your state calculates WBA, for example: X% of the average of your wages from your two highest-earning quarters] – see the table below for more details. The minimum weekly benefit amount a person may receive in [STATE] is [\$Minimum Benefit Amount] and the maximum weekly benefit amount is [\$Max Benefit Amount]. The total maximum benefit amount is the maximum you can receive during a claim year; it's [X] times the weekly benefit amount or XX% of your base period wages shown in the table below, whichever is less. These amounts don't include a dependency allowance. Your weekly benefit amount stays the same throughout your benefit year.

We calculated your benefit amount using the wages you earned during the regular base period, as shown in the table below. An X means you earned wages during a certain quarter, but they were used for a previous claim.

Employer name	Quarter 1: [Month – Month Year]	Quarter 2: [Month – Month Year]	Quarter 3: [Month – Month Year]	Quarter 4: [Month – Month Year]	Quarter 5: [Month – Month Year]	Total
[Employer]	[\$Q1 Earnings]	[\$Q2 Earnings]	[\$Q3 Earnings]	[\$Q4 Earnings]	[\$Q5 Earnings]	[\$Total Earnings for Employer]
Totals:	[\$Q1 Earnings Total]	[\$Q2 Earnings Total]	[\$Q3 Earnings Total]	[\$Q4 Earnings Total]	[\$Q5 Earnings Total]	[\$Total Earnings]

The base period is the period of time we look at to see if you've been paid enough wages to be eligible for benefits. Normally, your base period includes the first four of the last five calendar quarters before your claim's start date. Dependent children 18 years old or younger may be eligible for a dependency allowance. Children with disabilities over the age of 18 may also qualify. You can receive an allowance for up to [XX] dependents and your allowance is equal to [XX]% of your weekly benefit amount for each dependent. There is a \$[XX] minimum per dependent. Learn more about dependency allowance at: [enter URL here].

Other information

If any of the information in this notice is incorrect (or if there's missing information), you can appeal the decision. Visit [insert URL here] or write to the address listed at the top of the form. You must start your appeal within [XX] days of your [MM/DD/YYYY] decision date.

If you have any existing overpayments or get any overpayments in the future, the Department may deduct those repayments from your benefits.

To learn more about [state name]'s UI benefits, visit [insert informational URLs here].

Monetary determination (ineligible)

Your Benefit Amount Decision

YOUR BENEFIT AMOUNT DECISION

Our records show that you did not earn enough to be eligible for Unemployment Insurance (UI) benefits.

Your claim is based on the wages you earned during the regular or alternate base period (shown below). Unfortunately, you didn't earn enough in either period to qualify for benefits. If any of the information in this notice is incorrect (or if there's missing information), you can appeal the decision.

Your claim starts on [MM/DD/YYYY] and ends on [MM/DD/YYYY]. This claim will be valid for one year. If you use all of your benefits before the end of your benefit year, you must wait until [MM/DD/YYYY] to file a new claim. If you're still unemployed or working reduced hours when your claim expires, you may file a claim for a new benefit year.

How we calculated your benefits amount

Your weekly benefit amount is [Insert how your state calculates WBA, for example: X% of the average of your wages from your two highest-earning quarters] – see the table below for more details. The minimum weekly benefit amount a person may receive in [STATE] is [\$Minimum Benefit Amount] and the maximum benefit amount is [\$Max Benefit Amount]. The maximum benefit amount is the maximum you can receive during a claim year and is [X] times the weekly benefit amount. These amounts don't include a dependency allowance. Your weekly benefits amount stays the same throughout your benefit year.

We calculated your benefit amount using the wages you earned during the regular base period, as shown in the table below. An X means you earned wages during a certain quarter, but they were used for a previous claim.

Employer name	Quarter 1: [Month – Month Year]	Quarter 2: [Month – Month Year]	Quarter 3: [Month – Month Year]	Quarter 4: [Month – Month Year]	Total
[Employer]	[\$Q1 Earnings]	[\$Q2 Earnings]	[\$Q3 Earnings]	[\$Q4 Earnings]	[\$Total Earnings for Employer]
Totals:	[\$Q1 Earnings Total]	[\$Q2 Earnings Total]	[\$Q3 Earnings Total]	[\$Q4 Earnings Total]	[\$Total Earnings]

The base period is the period of time we look at to see if you've been paid enough wages to be eligible for benefits. Normally, your base period includes the first four of the last five calendar quarters before your claim's start date. Dependent children 18 years old or younger may be eligible for a dependency allowance. Children with disabilities over the age of 18 may also qualify. You can receive an allowance for up to [XX] dependents and your allowance is equal to [XX]% of your weekly benefit amount for each dependent. There is a [\$XX] minimum per dependent. Learn more about dependency allowance at: [enter URL here].

Other information

If any of the information in this notice is incorrect (or if there's missing information), you can appeal the decision. Visit [insert URL here] or write to the address listed at the top of the form. You must start your appeal within [XX] days of your [MM/DD/YYYY] decision date.

If you have any existing overpayments or get any overpayments in the future, the Department may deduct those repayments from your benefits.

To learn more about [state name]'s UI benefits, visit [insert informational URLs here].

Notice of denial (quit/discharge)

On [MM/DD/YYYY], the [STATE WORKFORCE AGENCY] scheduled a telephone interview with you to discuss your separation from [EMPLOYER NAME].

Based on available information it was determined you were (discharged for misconduct from/quit) your job [If a quit, input "without good cause"]. Beginning [DENIAL START DATE MM/DD/YYYY], you are **denied** unemployment insurance benefits under [STATE LAW CITATION – e.g. XX-XX of State Law Name]. To remove this disqualification, you will have to earn [\$X,XXX], which is [X times] your weekly unemployment insurance benefit amount. If your original benefit amount changes during the claim year, the required earnings needed to requalify for benefits will also change. You will be notified in writing if that happens.

Please keep copies of all your pay checks. Contact the [STATE WORKFORCE AGENCY] when you are ready to reopen or file a claim by calling [PHONE NUMBER] or file online at [WEBSITE].

Notice of denial (failure to follow RESEA instructions)

On [MM/DD/YYYY], the [STATE WORKFORCE AGENCY] scheduled a telephone interview with you to discuss your mandatory participation in the Reemployment Services and Eligibility Assessment (RESEA) Program.

Based on available information, beginning [DENIAL START DATE MM/DD/YYYY], you are **denied** unemployment insurance benefits under [STATE LAW CITATION – e.g. XX-XX of State Law Name]. To remove this disqualification and restart benefits, you **MUST** schedule and attend your RESEA appointment. [INSERT INSTRUCTIONS TO RESCHEDULE, for example: Please visit [WEBSITE URL] to schedule your RESEA appointment online.]

Notice of overpayment

According to [STATE LAW CITATION – e.g. XX-XX of State Law Name], **you must repay [\$XXX]** because you received benefits for the weeks

listed below before [STATE WORKFORCE AGENCY] disqualified you for benefits (see denial above). This amount represents the benefits you were paid before taxes or deductions (gross benefit amount) and may be different from the actual amount you received (net benefit amount).

- [WEEKS APPLIED INCLUDING WAITING WEEK IF APPLICABLE]

You will receive a detailed bill for the overpayment. Please send your payment via [WHAT MEANS: CHECK, ONLINE PORTAL, ETC]:

[STATE WORKFORCE AGENCY ADDRESS IF APPLICABLE]

Per [STATE LAW CITATION – e.g. XX-XX of State Law Name], you are responsible for the overpayment above. [STATE WORKFORCE AGENCY] is authorized to recover overpayments from any lottery winnings, personal income tax refunds, or future unemployment insurance benefits. For assistance with your overpayment, please contact [CONTACT INFORMATION].

Notice of appeal

If you disagree with this decision, you may appeal it in writing within [X] days of the mailing date, which is [APPEAL DUE DATE MM/DD/YYYY]. For your appeal, please include your name, the decision number noted above, address, and the reason for your appeal.

You can submit your appeal in the following ways:

- Online: [WEBSITE URL]
- Mail: [ADDRESS]
- Fax: [PHONE NUMBER]

IMPORTANT: If you do appeal, you must continue to certify for all the weeks that you are eligible for payment while your appeal is pending, even if you are totally or partially unemployed. If you win your appeal and you have not certified for payments, you may experience a delay or denial of payments for the weeks you failed to certify.

If you do not appeal, this decision is final, which means you must follow the instructions in the Notice of Denial if you'd like to restart benefits and you **MUST** repay the overpayment.

For complete information regarding [STATE LAW CITED THROUGHOUT NOTICE], please see [WEBSITE URL].

Notice of administrative penalty

Issue: You've withheld facts or made untrue statements.

[Insert claimant personalization here]

Under [State Name – State Law], you've been charged with an administrative penalty of [x] weeks for intentionally withholding facts or making false statements to get UI benefits. This means you need to continue submitting your weekly certification forms for the next [X] weeks, but you will not receive your payments until you have served all of your penalty weeks. You can continue submitting your weekly claim forms at [Insert URL here].

(Conditional if true) Because of the false statements you've made, you received an overpayment of [\$XX] and are responsible for a fine of [\$XX], which is [fine calculation] or your total benefit amount. You must pay this fine by [MM/DD/YYYY] and can pay it by [insert payment methods].

Notice of overpayment charge

We're writing to let you know that we have charged you with an overpayment of [\$XX] plus a penalty charge of [\$XX] for the following reasons:

- [Insert reasons here. For example: Discharge due to absence (you were let go from your job because of excessive absences)]

We're assigning you a penalty charge because [insert reason here]. We calculated your penalty charge by [insert penalty charge calculation here].

You need to pay back this overpayment to [State] by [MM/DD/YYYY]. Please see the notice we sent you on [MM/DD/YYYY] for more information about your overpayment debt.

Details of your overpayment debt					
Benefit week ending	Previous overpayment	Previous eligibility	Current eligibility	Adjustment	Current overpayment
[MM/DD/YYYY]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[MM/DD/YYYY]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]

Overpayment subtotal	[\$XXX]
Penalty	[\$XXX]
Total overpayment	[\$XXX]

Each month, we will send you a bill that lists credits (payments you've made), offsets (debt repayments we take from your UI benefits, lottery earnings, or other sources of income), and any additional overpayments. Please check your monthly bill for the most up-to-date information on what you owe.

You're required to repay your debt. Please send your first payment (or arrangements to make your payment) **within [XX] days of the date at the top of this notice**. If you don't send your payment or arrangements by this date, we may take legal action against you to collect it. Please make your check or money order payable to [State agency name for checks] and send it to the address shown at the top of this letter. **If you are currently filing for benefits, we'll automatically deduct payments from your benefits payments.**

If you have questions about repayments or waivers, please contact us at [insert contact mechanisms]. For a more complete explanation, refer to the Overpayment Sections in your Benefit Rights and Information booklet (or at [URL if available]).

Notice of conflicting wage information - earning wages

During a routine survey, your employer, [Employer Name], shared payroll records that showed you were working and earning wages at the same time you were getting Unemployment Insurance benefits. We need you to confirm if you were overpaid for the weeks listed in the table below by [RespondByDate].

Benefit information		
Benefit week ending	What your employers reported	What you reported earning
[MM/DD/YYYY]	[\$XXX]	[\$XXX]
[MM/DD/YYYY]	[\$XXX]	[\$XXX]

Please review the information we have provided. If the information is wrong, please provide an explanation and supporting documents (timecards, pay stubs, schedules, etc.) by [date here] to [insert contact mechanism(s)].

If you do not submit your explanation and documentation by [RespondByDate], we will make a decision based on available information. If you need more time to gather documentation, please contact us to request an extension.

If we find that you intentionally provided false information or withheld information to obtain or increase your benefit payments, we may disqualify you from receiving benefits for up to 52 weeks. You will be responsible for repaying any benefits you received incorrectly. We may also refer your case to the County Attorney for prosecution.

If you have questions about this audit or would like to request an extension, please contact [insert contact mechanism(s)].

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Employment & Training Administration (ETA)

An agency within the U.S. Department of Labor

200 Constitution Ave NW
Washington, DC 20210
1-877-US-2JOBS
1-877-872-5627

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