



Refusal of Work Report Form

Complete a separate form for each individual who refused work. Be as specific as possible with the details. You may be contacted for additional information to assist in the process; however, the outcome of the refusal will be between the agency and the claimant. Notification of the outcome will not be sent to you.

Name of the individual who refused an offer of work: _____
Individual's Address: _____
Individual's Phone Number: _____

Name of employer who offered work: _____
Employer's Address: _____
Employer's Phone Number: _____

Name and title of person who offered work: _____

Do they have the authority to offer work? Yes No N/A

How was the work offered? In person By phone Voicemail Text message
 Other (please explain) _____

Schedule of work offered: _____

Title or type of work offered: _____

Rate of pay: _____ per _____ Place of work (city, state): _____

Date work was scheduled to begin: _____ Duration of work offered: _____
Date work was offered: _____ Date claimant refused work: _____

Is experience required? Yes No

If the claimant did not have the needed skills, would training have been provided? Yes No N/A

What specific reason was given by the claimant for refusing the work or referral to work? _____

Additional comments: _____

Your Contact Information:

_____ Full name

_____ Title

_____ Date

_____ Phone

Return completed form to uieservices@mt.gov or log into [UI eServices for Employers](#) and attach the completed form to a secure web message.