

# REASONABLE ASSURANCE STATEMENT – EMPLOYER

K-BEN 3211-Web (Rev. 4-12)

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
EMAIL: KDOLforms@dol.ks.gov

- If you do not reply, an eligibility determination will be made based on the information provided by the ~~claimant~~ **employer**. If you are replying late, please indicate why you are late. This request is not a substitute document for the base period employer notice. An *Employer Notice* (K-BEN 44/45) will be mailed to you if you are a base period employer.
- You must complete, sign and return the *Employer Notice* to request reconsideration of a potential benefit charge, if you are eligible.
- Attach any documentation you want considered regarding this issue.

Claimant name:

Social Security number:

Claimant's last day worked (mm/dd/yyyy):

Is the claimant still considered an employee of the company?    YES    NO

If NO, date employment ended (mm/dd/yyyy):

Reason for the separation:

Is school currently in session?    YES    NO    If NO, why?

Beginning date of break:    Ending date of break:

Does the claimant have reasonable assurance of returning to work for you when school resumes?    YES    NO

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**Complete this section if claimant does have reasonable assurance of returning:**

Date the individual will return to work:

Position the individual held before school closed:

Position the individual will hold when school resumes:

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**Complete this section for Bus Drivers with reasonable assurance of returning:**

Does the claimant's job involve transporting for **non-school-related** functions or activities?    YES    NO

If YES, how often has claimant transported for non-school-related functions or activities?

Dates:

Amount of gross wages for each trip: \$

Function or activity for each trip:

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Are you licensed as an educational institution through the Kansas Department of Education?    YES    NO

Are you funded through a school district?    YES    NO

Signature: \_\_\_\_\_ Date (mm/dd/yyyy):

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

## SUBMIT