

JOB REFUSAL – EMPLOYER

K-BEN 3119 (Rev. 6-21)



MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539

FAX: (785) 296-3249

UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Claimant Name: _____ Social Security no (last four if known): XXX-XX- _____
Claimant phone no: _____ Cell: YES NO Claimant email address: _____

Failure to complete and return this form within ten days may result in an improper payment of benefits to the claimant and corresponding charges to your employer experience rating account.

Have you offered a job to the above-identified claimant? YES NO

If YES, complete the following information.

If NO, sign the certification at the bottom of the form and return the form as directed.

Job Offer

Who offered claimant the job? _____

Title: _____ Date job offer was made: _____

Job title: _____ Job duties: _____

Rate of pay: _____ Daily work hours offered (example 8 a.m. – 5 p.m.) _____

Total weekly hours offered: _____ Location of work: City _____ State _____

Union job: YES If YES, Local # _____ NO Is claimant a union member? YES NO UNKNOWN

Permanent work? YES NO Temporary work? YES NO

Job Refusal

Did the claimant refuse the offered work? YES NO

When did the claimant refuse the offer? _____

If the claimant provided any reason for refusing the offer, provide details:

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand that the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____

Phone: () _____ Email: _____

If completed by a TPA or other employer representative, also include the following information:

Printed name: _____

Company name: _____

KANSAS UNEMPLOYMENT CONTACT CENTER

Kansas City Area (913) 596-3500 • Topeka Area (785) 575-1460 • Wichita Area (316) 383-9947 • All Other Areas (800) 292-6333