



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE



410953614

BREZANOVA, ANDREA
8 Orchid Pl Apt 2D
Nantucket, MA 02554-2070

CLAIMANT ID: 1543770

CLAIM ID: 202201
December 30, 2022

MONETARY DETERMINATION

You recently submitted an application for Unemployment Benefits. If you did not file this claim for unemployment assistance, please notify us by going to <https://www.mass.gov/info-details/report-unemployment-benefits-fraud>. Or by calling (617) 626-6800.

There are no wages on file to establish a Massachusetts unemployment claim. Included in this correspondence are your base period wages and employer(s) according to our records; however you are not eligible to establish benefit claim. You have not earned sufficient wages in your base period. Sufficient wages are defined as \$5700 in the base period and 30 times your weekly benefit amount. If the wages listed are incorrect or incomplete, follow the directions on the enclosed Wage Correction sheet.

Weekly Benefit Amount:	\$0.00
Maximum Benefit Amount available during your benefit year:	\$0.00
Dependency Allowance:	\$0.00
Additional Compensation:	\$0.00
Benefit Year Effective Date:	12/4/2022
Benefit Year End Date:	12/2/2023
Pension Deduction:	\$0.00
Earnings Exclusion:	\$0.00
Average Weekly Wage:	\$0.00

Wages Used to Calculate Your Monetary Determination					
Employer Name	Oct - Dec 2021	Jan - Mar 2022	Apr - June 2022	July - Sept 2022	Total Gross Wages Paid
HUGHES LANDSCAPE				\$13,123.25	\$13,123.25
WATERSCAPES BY JESSE DUTRA INC				\$6,448.75	\$6,448.75
Totals:	\$0.00	\$0.00	\$0.00	\$19,572.00	\$19,572.00

Further instructions and explanations are listed in the Additional Information page included with this determination. During a period of extended benefits or low unemployment, your potential duration can be no more than 26 weeks.

This is a determination of monetary eligibility only. This does not entitle you to benefits. Please log in to your on-line benefit claim at www.mass.gov/dua to view any additional information that may affect payment.

MONETARY DETERMINATION ADDITIONAL INFORMATION

Weekly Benefit Amount: The weekly amount that you can be paid during your Benefit Year. You must be unemployed and eligible for benefits. To learn how your weekly unemployment benefit amount was calculated, refer to the Unemployment Insurance Information and Instruction Handbook at www.mass.gov/dua.

Maximum Benefit Amount: The total amount of unemployment benefits that you can be paid on this claim. To learn how your maximum benefit amount was calculated, refer to the Unemployment Insurance Information and Instruction Handbook at www.mass.gov/dua.

Dependency Allowance: Additional benefits provided for children who are considered your dependents. This amount is paid in addition to your Weekly Benefit Amount.

Benefit Year Effective Date: The start date of your claim. Typically, it is the Sunday of the calendar week in which your application was submitted.

Benefit Year End Date: The date that ends your one year period following your Effective Date. You can only have one Benefit Claim during that one year period.

Monetary Appeal Period: The period that is within 10 calendar days of the mailing date of the monetary determination.

Earnings Exclusion: Any wages earned weekly above this amount during your benefit year are deducted dollar for dollar from your Weekly Benefit Amount. You must report total gross earnings on your weekly certification.

Base Period:

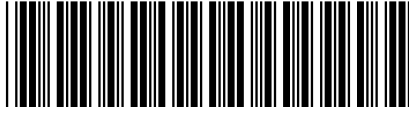
- **Primary Base Period:** The one-year period of wages used to determine your benefit amounts. It is the last four completed calendar quarters before you applied for benefits.
- **Alternate Base Period:** The period of wages used to determine your benefit amounts. It is the last three completed calendar quarters and the weeks of wages earned prior to the Sunday of the week in which you applied for benefits.

If you are not eligible to receive benefits in your Primary Base Period you may be eligible to receive an Alternate Base Period. In addition, you may elect an Alternate Base Period, if your maximum Benefit Amount would be 10% higher than the Maximum Benefit Amount available in your Primary Base Period.

For more information regarding benefit calculations, weekly eligibility requirements, and when to expect payment, login into your unemployment benefit claim or refer to your Unemployment Insurance Information and Instruction Handbook at www.mass.gov/dua.



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BREZANOVA, ANDREA
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Nantucket, MA 02554-2070

CLAIMANT ID: 1543770

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December 30, 2022

WAGE AND EMPLOYER CORRECTION SHEET

Please only return if you are disputing employment or wage information.

Instructions:

1. Review the wage and employer information printed below.
 - If wages are incorrect, write the correct amount in the blank space provided under each base period quarter. You must include with this form copies of check stubs, W-2s, or other proof of wages, but only for the base period. Wages paid after the base period cannot be used. If you were paid in more than one calendar quarter, please submit all available check stubs, if possible. Your copies of check stubs, W-2s, or other proof of wages will not be returned to you.
 - If you did not work for a listed employer, mark the check box and write your initials.
 - If an employer is missing, please add the employer's information and your wages in the section entitled Add Missing Employment. Include copies of proof as described above.
 - Sign and date the form.
2. Make a copy of this form for your records.
3. Mail this form, including your documentation to the address below.

Department of Unemployment Assistance
P.O. Box 9511
Boston, MA 02114

Base Period Employment

Effective Date: 12/4/2022

HUGHES LANDSCAPE	Oct - Dec 2021	Jan - Mar 2022	Apr - June 2022	July - Sept 2022
2 LEWIS CT NANTUCKET, MA 02554-4135				\$13,123.25
	\$	\$	\$	\$
<input type="checkbox"/> Check here if you did not work for this employer. Initials _____				
WATERSCAPES BY JESSE DUTRA INC	Oct - Dec 2021	Jan - Mar 2022	Apr - June 2022	July - Sept 2022
PO BOX 2578 NANTUCKET, MA 02584-2578				\$6,448.75
	\$	\$	\$	\$
<input type="checkbox"/> Check here if you did not work for this employer. Initials _____				

Add Missing Employment

Employer Name:	Employer's Phone Number (including Area Code):
Employer's Mailing Address (Street, City, State, ZIP Code):	
Work Site (If address is different from above):	
Dates worked (MM/DD/YYYY) From: Through:	Contact Person and Phone Number:

Oct - Dec 2021	Jan - Mar 2022	Apr - June 2022	July - Sept 2022
\$	\$	\$	\$

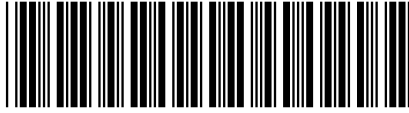
I confirm that the information above is correct.

Date: _____

Signature: _____



THE COMMONWEALTH OF MASSACHUSETTS
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DEPARTMENT OF UNEMPLOYMENT ASSISTANCE



410953595

BREZANOVA, ANDREA
8 Orchid Pl Apt 2D
Nantucket, MA 02554-2070

CLAIMANT ID: 1543770

CLAIM ID: 202201
December 30, 2022

HOW TO REQUEST A HEARING ON THIS DETERMINATION

This determination will become final unless: 1.) You request a hearing within **ten calendar days** after the date of mailing, or 2.) You request a hearing within eleven to thirty calendar days after the date of mailing and it is established that such delay was for good cause. In limited circumstances, you may request a hearing after thirty calendar days.

If you did not receive the determination in your primary language, the determination will become final unless:

- 1.) You request a hearing within 60 calendar days after the date of mailing, or
- 2.) You request a hearing after 60 days and the reason for the delay is because you did not receive the determination in your primary language.

You may file a request for a hearing by mail using a signed letter, completing the Request for Hearing information provided with this document, or by logging into your online account. The hearing will be conducted in accordance with the Standard Rules of Practice and Procedure, 801 CMR 1.02 and 1.03 (Informal/Fair Hearing Rules).

If you request a hearing on this determination, you must continue to complete your weekly benefit claims certification in order to protect your rights to benefits.

Although such representation is not required, any party may be represented at the hearing by counsel or agent. If you desire counsel and are unable to engage one in private practice, you may meet the criteria for obtaining assistance from the local Legal Assistance Services, Legal Aid Society or Bar Association.

Former Federal Civilian Employees

If you have had employment with a federal agency, you are advised that findings with respect to whether you performed federal service, the amount of your federal wages, and the period of your federal service are made by the federal agency.

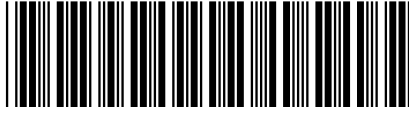
If you wish further information regarding any of these findings, please contact your local unemployment insurance office for assistance within five calendar days of receipt of this notice.

Former Military Personnel

If you believe any military service information on which this determination is based is incorrect or substantially incomplete, please contact your branch of service and/or Veteran's Administration and notify DUA by calling (617) 626-6800.



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410953606

BREZANOVA, ANDREA
8 Orchid Pl Apt 2D
Nantucket, MA 02554-2070

Hearings Department
Greater Boston Regional Hearings
Office
19 Staniford Street
Boston, MA 02114

CLAIMANT ID: 1543770

CLAIM ID: 202201
December 30, 2022

Appeal Request Information

(signature is required)

IMPORTANT: This notice contains information about your rights or obligations, and should be translated immediately.

You may file a request for a hearing by mail using a signed letter, completing the Request for Hearing information provided with this document, or by logging in to your online account at www.mass.gov/dua.

ANDREA BREZANOVA

8 Orchid Pl Apt 2D
Nantucket, 02554-2070

Claimant ID #: 1543770

Issue ID #:

Home:

Mobile: 5082211140

Other:

International:

Email Address: andrea.brezan@gmail.com

Reason for Appeal:

Please describe the reason for this appeal (Optional):

Hearing Details:

*Will you need an interpreter?

☐ Yes ☐ No

If you need an interpreter, enter the language needed: _____

I confirm that the information above is correct.

Date:

Signature:
