



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



417576480

BREZANOVA, ANDREA
PO Box 3550
Nantucket, MA 02584-3550

CLAIMANT ID: 1543770

CLAIM ID: 202201
March 14, 2023

You are monetarily eligible for Reemployment Extended Duration (RED) Benefits. These benefits are only payable while you are in attendance at a full-time approved training program. If a school break is longer than 3 weeks, benefits will stop and may resume if you are attending full-time training after the break.

RED Effective Date:	3/5/2023
Weekly Benefit Amount:	\$753.00
Maximum Benefit Amount:	\$19,578.00
Potential Duration (weeks):	26
Dependency Allowance:	\$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	\$0.00	\$0.00	\$0.00	\$13,123.25	\$13,123.25
WATERSCAPES BY JESSE DUTRA INC	\$0.00	\$0.00		\$6,448.75	\$6,448.75
DAVID CHAMPOUX LANDSCAPING INC	\$7,277.00	\$0.00	\$0.00	\$0.00	\$7,277.00
Totals:	\$7,277.00	\$0.00	\$0.00	\$19,572.00	\$26,849.00

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:

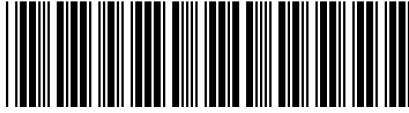
- **Primary Base Period:** The one-year period of wages used to determine your benefit amounts. It is the last four completed calendar quarters before you applied for benefits.
- **Alternate Base Period:** The period of wages used to determine your benefit amounts. It is the last three completed calendar 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
PO Box 3550
Nantucket, MA 02584-3550

CLAIMANT ID: 1543770

CLAIM ID: 202201
March 14, 2023

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	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00		\$6,448.75
	\$	\$	\$	\$
<input type="checkbox"/> Check here if you did not work for this employer. Initials ____				
DAVID CHAMPOUX LANDSCAPING INC	Oct - Dec 2021	Jan - Mar 2022	Apr - June 2022	July - Sept 2022
CHAMPOIUX LANDSCAPE INC PO BOX 3195 NANTUCKET, MA 02584-3195 Fax: (508) 228-5675	\$7,277.00	\$0.00	\$0.00	\$0.00
	\$	\$	\$	\$
<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: _____

This document contains important information.

Please have it translated immediately, or call 617-626-6800 or from area codes 508, 978, or 413, call 877-626-6800. You may request an interpreter.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа, или позвонить по телефону 617-626-6800, или, если Вас телефонный код начинается с цифр 508, 978, или 413, Звоните по телефону 877-626-6800, где Вам помогут с переводом.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente. Para asistencia con la traducción llame al 617-626-6800, desde los códigos de área 508, 978 y 413 llame al 877-626-6800 y marque el 3 para asistencia en español.

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً، أو اتصل بـ 617-626-6800 أو من أكواد المناطق 508 أو 978 أو 413، اتصل بـ 877-626-6800 من أجل المساعدة في الترجمة.

Dockman sa gen enformasyon enpòtan. Tanpri fè yon moun tradwi l touswit, oswa rele nan 617-626-6800 oubyen de kòd area 508, 978, oswa 413, rele 877-626-6800 pou èd. Ou ka mande pou yon entèprèt.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente, o chiami 617-626-6800 oppure, dalle zone con codice 508, 978, o 413, chiamare 877-626-6800. E possibile richiedere un interprete.

Este documento contém informações importantes. Por favor, traduza-lo imediatamente, ou chame ao numero 617-626-6800 ou de códigos de área 508, 978, ou 413, ligue para 877-626-6800 e tecla 5 para obter assistência em Português.

此文件含有重要信息。請立即找人翻譯。或電 617-626-6800；但若在區域號碼 508，978，或 413，致電 877-626-6800 要求翻譯協助。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하거나, 617-626-6800 번 또는 지역코드 508, 978 번이나 413 번에서 877-626-6800 번으로 전화하여 번역에 관한 도움을 받으십시오.

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt, ou appeler le 617-626-6800, ou le 877-626-6800 pour les préfixes 508, 978, or 413. Vous pouvez faire appel à un interprète.

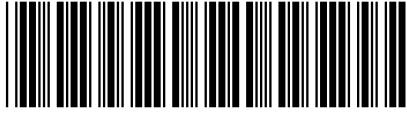
Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay. Gọi điện tới số 617-626-6800, hoặc nếu quý vị từ các mã vùng 508, 978 hay 413 thì hãy gọi điện tới số 877-626-6800, để được hỗ trợ về dịch thuật.

ເອກະສານສະບັບນີ້ ບັນທຸຂໍ້ມູນອັນສໍາຄັນ. ກະລຸນາເອົາເອກະສານສະບັບນີ້ໄປແປອອກ ຢ່າງໄວ ລື້ ລື້. ທາງເບີ 617-626-6800 ຫລື ຖ້າໃຜທ່ານຈາກລະຫັດ ເຂດ 508, 978, ຫລື 413, ໃຫ້ໂທ 877-626-6800 ເພື່ອ ອະໄວຍາການຊ່ວຍເຫລືອໃນດ້ານແປພາສາ.

ឯកសារនេះមានສຳຄັນສຳຄັນ។ សូមបកប្រែវា ជាបន្ទាន់។ សូមទូរស័ព្ទលេខ 617-626-6800 ឬ លេខខ្ញុំស័ព្ទបច្ចាំតំបន់ 508, 978, ឬ 413, ទូរស័ព្ទ 877-626-6800 សម្រាប់ជំនួយក្នុងការបកប្រែ។



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BREZANOVA, ANDREA
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CLAIMANT ID: 1543770

CLAIM ID: 202201
March 14, 2023

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.

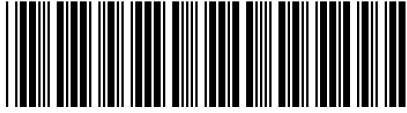
If you wish further information regarding any of these findings, please contact your local unemployment insurance office for assistance within five calendar days of receipt of this notice.

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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DEPARTMENT OF UNEMPLOYMENT ASSISTANCE



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BREZANOVA, ANDREA
PO Box 3550
Nantucket, MA 02584-3550

Hearings Department
Greater Boston Regional Hearings
Office
100 Cambridge St, 4th floor, Suite 400
Boston, MA 02114

CLAIMANT ID: 1543770

CLAIM ID: 202201
March 14, 2023

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

PO Box 3550
Nantucket, 02584-3550

Claimant ID #: 1543770

Issue ID #:

Home:

Mobile: 5083216762

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: