

**Service of Process  
Transmittal**

12/27/2016

CT Log Number 530402593

**TO:** Kelley McLaren  
Industrial Piping, Inc.  
212 South Tryon St., Ste 1050  
Charlotte, NC 28202

**RE: Process Served in Louisiana**

**FOR:** Industrial Piping, Inc. (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** Robert Irizarry Ortiz vs. Industrial Piping, Inc.

**DOCUMENT(S) SERVED:** Attachment(s), Notice(s)

**COURT/AGENCY:** None Specified  
Case # None Specified

**NATURE OF ACTION:** Notice of claim betetermination

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Baton Rouge, LA

**DATE AND HOUR OF SERVICE:** By Regular Mail on 12/27/2016 postmarked on 12/20/2016

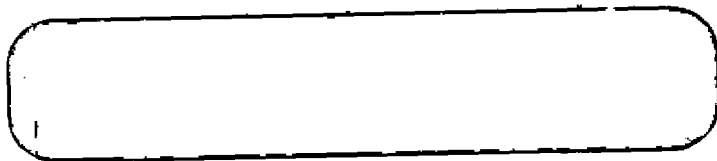
**JURISDICTION SERVED :** Louisiana

**APPEARANCE OR ANSWER DUE:** Within 10 days

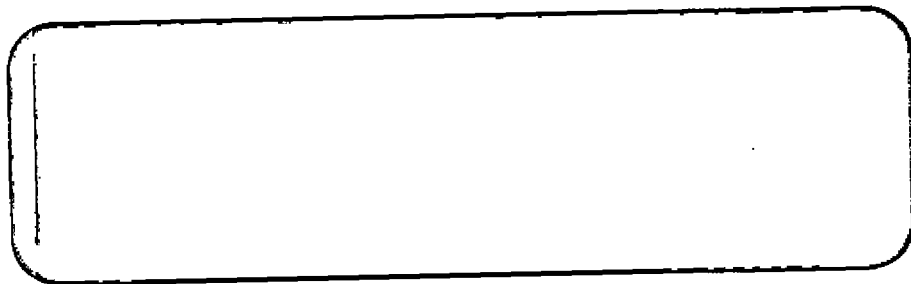
**ATTORNEY(S) / SENDER(S):** Louisiana Workforce Commission  
PO Box 94186  
Baton Rouge, LA 70804-9186

**ACTION ITEMS:** SOP Papers with Transmittal, via UPS Next Day Air , 1Z0399EX0129391052  
Image SOP  
Email Notification, Kelley McLaren receiver@goipi.com

**SIGNED:** C T Corporation System  
**ADDRESS:** 3867 Plaza Tower Dr.  
Baton Rouge, LA 70816-4378  
**TELEPHONE:** 954-473-5503



**RETURN SERVICE REQUESTED**



70808#2536 C031

  
PITNEY BOWES  
US POSTAGE  
\$00.46<sup>5</sup>  
DEC 20 2016  
ZIP 70802  
000893  
21 3006308



[illegible]

Louisiana Workforce Commission  
Employer Charges – Non-Charge Unit  
P.O. Box 94186  
Baton Rouge, LA 70804-9186

**COMBINED WAGE CLAIM NOTICE TO  
BASE PERIOD EMPLOYER**

Claimant/Job Seeker:  
ROBERT IRIZARRY ORTIZ

Employer Account Number:  
6413735

Claim Effective Date (BYB):  
12/04/2016

Claim Ending Date (BYE):  
12/02/2017

Industrial Piping Inc  
5615 Corporate Blvd Ste400b  
Baton Rouge, LA 70808-2536

0000229

**COMBINED WAGE CLAIM - NOTICE TO BASE PERIOD EMPLOYER**

Mail Date: 12/20/2016

| <u>Name</u>           | <u>Social Security #</u> | <u>Last Day of Work</u> | <u>Reason for Separation</u> |
|-----------------------|--------------------------|-------------------------|------------------------------|
| ROBERT IRIZARRY ORTIZ | XXX-XX-3138              |                         |                              |

On 12/19/2016, your company, INDUSTRIAL PIPING INC, was listed on the above named claimant/job seeker's application for unemployment insurance as a place of employment during the last 18 months. Please indicate your reason for the claimant's separation below and give an explanation why this person left your employ.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Labor Dispute/Strike | <input type="checkbox"/> Layoff              | <input type="checkbox"/> Leave Of Absence | <input type="checkbox"/> Part Time or Reduced Hours |
| <input type="checkbox"/> Resigned/Quit        | <input type="checkbox"/> Suspended from Work | <input type="checkbox"/> Terminated/Fired |   |

Explain Reason for Separation (attach additional page(s) if necessary): \_\_\_\_\_

Most recent beginning date of employment with your company

\_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent last day worked with your company

\_\_\_\_/\_\_\_\_/\_\_\_\_

Total wages earned during most recent employment with your company

\$ \_\_\_\_\_

If the job seeker/claimant is receiving or due any of the following payments, please provide the amount paid and the number of hours paid.

|   | Amount Paid     | Hours |  | Amount Paid | Hours |
|---|-----------------|-------|--|-------------|-------|
| Vacation (Not Paid Time Off)  | \$ _____        | _____ | Severance                                | \$ _____    | _____ |
| Bonus   | \$ _____        | _____ | Holiday Pay                              | \$ _____    | _____ |
| Wages in Lieu Of Notice   | \$ _____        | _____ | Workers' Comp                            | \$ _____    | _____ |
| Pension   | \$ _____        | _____ | Number of hours normally worked Per Week |             | _____ |
| If Lump Sum, what would the monthly amount be?                          | \$ _____        | _____ | Hourly Rate of Pay                       | \$ _____    | _____ |
| Is the job seeker on a temporary layoff with a definite date of return? | Y _____ N _____ |       |  |             |       |
| If Yes, what is the date?   | ____/____/____  |       |  |             |       |

Please read the other side of this form for important information regarding deadline for response.  
Your company may have been identified as a base period employer, which could impact your Employer Tax Rate.



| <u>Benefit Year Begins</u> | <u>Weekly Benefit Amount</u> | <u>Maximum Benefit Amount</u> | <u>% of Liability</u> |
|----------------------------|------------------------------|-------------------------------|-----------------------|
| 12/04/2016                 | \$493.00                     | \$10,501.00                   | 100.00%               |

Name of Employer Contact \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If the information we have shows that the individual who filed this unemployment claim does not have sufficient earnings during the base period of this claim to qualify for unemployment benefits, no benefits will be paid. No further determination will be made unless the individual is found later, by reconsideration, to have sufficient earnings to qualify. In such case, any eligibility that you, as the former employer, may have raised will then be considered.

If benefits are allowed, they will be paid promptly, even though an appeal may be taken.

#### NOTICE OF CLAIM DETERMINATION

A determination shall be issued in a timely manner when the claimant /job seeker files at least one weekly claim for unemployment benefits. Should the claimant/job seeker fail to claim benefits at this time, but later returns to claim a week, your protest will be considered then and you will be notified of determination of this claim. Please wait for notice of claim determination before contacting the Louisiana Workforce Commission.

#### IMPORTANT RESPONSE DEADLINE INFORMATION - PLEASE READ

If the reason for separation is anything other than a lay off or reduction in workforce, **you MUST provide documentation to support your decision, such as company policy, employee's signed agreements, any past documented issues, etc. THIS INFORMATION MUST BE RECEIVED WITHIN 10 DAYS FROM THE DATE OF THIS NOTICE.** If no response is received, an eligibility determination will be made based upon available information and your account will be charged accordingly. This form and separation documentation can also be faxed to 225-346-6064 or mailed to our office using the address listed in the return address. If you fax this document, it is NOT necessary to also return it by postal mail.

**IMPORTANT:** Failure without good cause to timely provide wage, employment and separation information and to complete, as requested, all forms and reports will be deemed an abandonment of appeal rights by the employer. Any appeal filed by such as employer, other than with regard to timeliness, shall be dismissed.



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