



UI Center Buena Park - 180
PO Box 5007
Buena Park, CA 90622

LAUSD MAIL DATE : @@Date
CLAIM DATE : @@Date
EFFECTIVE DATE OF CLAIM : @@Date
1101 MAIL DATE/DUE DATE : @@Date

CLAIMANT NAME:

SOCIAL SECURITY NUMBER:
ISSUE LIST:

LAUSD RESPONSE TO 1101:

[illegible]

PLEASE FIND THE CHECKED ITEMS BELOW FOR ATTACHED DOUCMENTS:

- | | | |
|---------------------|------------------------|----------------|
| ◦ RA LETTER | ◦ PROTEST DATE | ◦ EE CONTRACT |
| ◦ TIME/WAGES REPORT | ◦ STATEMENT OF CHARGES | ◦ OFFER LETTER |
| ◦ SUB CALENDAR | ◦ WARNING LETTER | ◦ OTHERS |

By signing below, I certify that i am an authorized representative and the imformation provided in reponse to this notice is true and correct. I understand that any false statement, false representation, or failure to report a material fact may result in employer penalties and charges.

Print Name: _____ Phone Number: _____ Signature: _____

Title: _____ Date: _____