

Employment Security Division

Monetary Unit
500 East Third Street
Carson City, NV 89713-0035
Tel (775) 684-0444 Fax (775) 684-0463



15105380
<http://www.nvdetr.org>

DANIEL BOHNETT
1350 E FLAMINGO RD STE 13B
LAS VEGAS, NV 89119-5293

Claimant ID: 4826634
Re: Notice of Monetary
Redetermination
Date Mailed: 03/22/2021
Appeal Date: 04/02/2021
Claim Effective Date:
06/21/2020
Program: EUC

This Notice of Monetary Redetermination is to inform you of the wages used by the Division to recalculate your monetary eligibility for unemployment benefits. Your benefit amount is calculated on base period wages reported by your Employer(s). Your base period is 10/01/2018 through 09/30/2019.

Receipt of this letter does not necessarily mean that you are qualified for unemployment benefits. Its purpose is to advise you of the benefit amount you are entitled to if you are meeting all other eligibility requirements for unemployment benefits. See the Nevada Unemployment Insurance Facts for Claimants booklet for more information about eligibility issues and the method used to calculate your benefit amount. This booklet is available on-line at <http://ui.nv.gov>.

Carefully examine the wages which were reported by your employer(s). Errors or missing wages could reduce your benefits or prevent you from qualifying for unemployment benefits. If the information below contains errors, omissions, or reported wages not earned by you, you are responsible for notifying the Division. Your written request must include the reason for your redetermination. Include your name, social security number and any proof of work such as copies of paycheck stubs, W2 forms, etc. Failure to provide accurate information may result in the overpayment of benefits for which you may be responsible for repayment.

Please be advised that Military, Federal Government or wages from another state will be shown as pending until the wages are received. These wages are requested at the time you filed your claim. You will receive a redetermination when these wages are added to your claim. Please continue to file your weekly claims during this process.

NOTE: Unemployment compensation information may be requested and utilized for other governmental purposes, including, but not limited to, verification of an individual's eligibility for other governmental programs and may be subject to verification through computer matching programs with other agencies, pursuant to applicable federal and state law, including 20 C.F.R. § 603.11, NRS 612.265, and the Privacy Act of 1974, 5 U.S.C. § 552a.



Report suspected UI Fraud online at <https://detr.nv.gov>

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To protect your benefit rights, please download and read the Nevada Unemployment Insurance Facts for Claimants Handbook located at ui.nv.gov/ui.nv.gov/Handbooks/uinv_handbook.htm

Para proteger sus derechos a sus beneficios, descargue y lea el manual de Informacion para Reclamantes del Seguro de Desempleo en Nevada en ui.nv.gov/Handbooks/uinv_handbook.htm

Employer	QTR Q4/2018	QTR Q1/2019	QTR Q2/2019	QTR Q3/2019	Employer Total	State
GNLV CORP	\$882.60	\$1,968.88	\$6,693.93	\$5,215.06	\$14,760.47	NV
Total Wages	\$882.60	\$1,968.88	\$6,693.93	\$5,215.06	\$14,760.47	

Based on the above information you are potentially eligible for:

Weekly Amount	Total Weeks	Maximum Payable Amount
\$267.00	24	\$6,408.00

You have the right to file an appeal. In accordance with NRS 612.485, the last day to protest this determination or request cancellation of this claim is 04/02/2021.

After your Unemployment Insurance (UI) claim expires or exhausts, you may be eligible to receive an additional 24 weeks of benefits under Pandemic Emergency Unemployment Compensation (PEUC). After your PEUC claim exhausts, you may be eligible to receive up to an additional 20 weeks of benefits under State Extended Benefits (SEB). In order to receive these additional benefits you must take action on ui.nv.gov or call the telephone claims center at (702-486-0350, 775-684-0350, or 1-888-890-8211) to file for PEUC or SEB. All other eligibility requirements must be met in order to receive additional PEUC or SEB benefits.

APPEAL RIGHTS AND INFORMATION

If you disagree with this determination you may file an appeal. An appeal must be filed within 11 days of the date the decision was sent to you.

You may request an appeal date extension, if you did not file your appeal timely; however, you must show good cause for the delay in filing. You may appeal by writing a letter to the address shown below. Your appeal must include the reason for appealing, the employer name, your social security number, and your signature. If an interpreter is needed, please include this request in the appeal letter. If you need additional information please contact the Telephone Claims Office at (888) 890-8211.

Your last day to appeal this decision is 04/02/2021. You may appeal this decision by sending a fax or letter to:

For immediate consideration Fax to:

(775) 684-0463

or

Mail to:

Employment Security Division/Monetary
500 East Third Street
Carson City, Nevada 89713

An equal opportunity employer/program.

Auxiliary aids and services available upon request for individuals with disabilities

TTY (775) 687-5353 Relay 711 or (800) 326-6868

During the appeal process you must continue to file claims for any week you are unemployed to preserve any benefit rights that may be established as a result of the appeal.

INFORMACIÓN EN ESPAÑOL

Este comunicado contiene información importante acerca de su reclamo. Si usted tiene problemas para leer y comprender inglés, puede comunicarse con un representante de la División para que le ayuden con la traducción.

El Norte de Nevada.....1-775-687-8148

El Sur de Nevada.....1-702-486-2957

Número de teléfono gratuito...1-888-687-8147

Examine cuidadosamente los ingresos reportados por su empleador (es). Errores o ingresos que no sean reportados podrían reducir sus beneficios o evitar que califique para beneficios de desempleo. Es su responsabilidad avisar a la división si la siguiente información contiene errores, omisiones, o ingresos que usted no gana. Debe reportarlo por escrito y incluir el motivo por el cual no está de acuerdo con los ingresos que aparecen en la determinación. Incluya su nombre, número de seguro social o número de reclamante y cualquier prueba de sus ingresos, como copias de talones de cheques, formularios W2, etc. Usted puede ser responsable de pagar cualquier sobrepago creado por no proporcionar información precisa.

Usted puede presentar una apelación si no está de acuerdo con esta determinación. Se debe presentar dentro de los 11 días de la fecha en que se le envió esta decisión. Durante el proceso de apelación, debe continuar haciendo sus reclamos semanales por cada semana en que este desempleado para preservar cualquier derecho a beneficios que pueda establecerse como resultado de la apelación.