

REASONABLE ASSURANCE STATEMENT – EMPLOYER

K-BEN 3211-Web (Rev. 11-17)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
EMAIL: **Submit**

- If you do not reply, an eligibility determination will be made based on the information provided by the claimant. If you are replying late, please indicate why you are late. This request is not a substitute document for the base period employer notice. An *Employer Notice* (K-BEN 44/45) will be mailed to you if you are a base period employer.
- You must complete, sign and return the *Employer Notice* to request reconsideration of a potential benefit charge, if you are eligible.
- Attach any documentation you want considered regarding this issue.

Claimant name:

Social Security number:

Claimant's last day worked (mm/dd/yyyy):

Is the claimant still considered an employee of the company? YES NO

If NO, date employment ended (mm/dd/yyyy):

Reason for the separation:

Is school currently in session? YES NO If NO, why?

Beginning date of break: Ending date of break:

Does the claimant have reasonable assurance of returning to work for you when school resumes? YES NO

Complete this section if claimant does have reasonable assurance of returning:

Date the individual will return to work:

Position the individual held before school closed:

Position the individual will hold when school resumes:

Complete this section for Bus Drivers with reasonable assurance of returning:

Does the claimant's job involve transporting for **non-school-related** functions or activities? YES NO

If YES, how often has claimant transported for non-school-related functions or activities?

Dates:

Amount of gross wages for each trip: \$

Function or activity for each trip:

Are you licensed as an educational institution through the Kansas Department of Education? YES NO

Are you funded through a school district? YES NO

Signature: _____ Date (mm/dd/yyyy):

Title: _____ Phone number: _____