



**State of Montana**  
 Department of Labor & Industry  
 BRIAN SCHWEITZER, Governor

UNEMPLOYMENT INSURANCE DIVISION  
 PO BOX 8020 HELENA MT 59604-8020  
 (406) 444-2545 FAX (406) 444-2899  
 TTY for the Deaf or Hearing Impaired (406) 444-0532

### NOTICE OF DETERMINATION

05/24/2006

[REDACTED]  
 [REDACTED]  
 KALISPELL MT 59901

Claimant Name: [REDACTED]

SSN: [REDACTED]

Claim Effective Date: 04/30/2006

Beginning 04/30/2006, you are disqualified to receive unemployment insurance benefits.

You left your employment because of dissatisfaction with the working conditions. You state that on 04/27 you and a coworker completed a mailing that had a 04/30 deadline. Your employer acknowledged that the mailer had gone out on time however, she felt that negative thought forms were present. You state your employer stated that employees must believe and follow her spiritual mandate so you resigned. You provided information regarding your employer's treatment of other coworkers but have not shown how you were affected by your employer's beliefs or actions. You state you did nothing and did not talk to your employer about your concerns. You have not established the working conditions were substandard. Your separation was without good cause attributable to, or the fault of, the employment. Section 39-51-2302, in part, provides that: (1) an individual shall be disqualified for benefits if he has left work without good cause attributable to the employment.

To end this disqualification, you must earn wages of at least six times your weekly benefit amount (\$1728) in a job that is covered by Unemployment Insurance. These wages must be earned beginning with the Sunday after the date of your separation from MILLENNIA MIND INC. Please send proof of these wages, such as pay stubs or a signed employer statement, to the Montana Telephone Center for your area.

If there are other issues on your claim that might affect your eligibility for benefits, you will receive a separate Notice of Determination for each issue either allowing or denying benefits.

#### CLAIMANT AND EMPLOYER REDETERMINATION RIGHTS

This decision is final unless a written, faxed or telephone request for redetermination is filed on or before 06/05/2006. If you disagree with this decision, you have the right to request a redetermination. If you do so, a separate review of the file, along with any new information submitted, will be conducted and a redetermination issued. You must provide good cause to extend the time limit if your request for redetermination is filed late. Please state the reasons why you think this decision is in error. You may file your redetermination request in three different ways:

1. Call your Telephone Center. If you are unable to get through right away to the Telephone Center, then





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2. Send a letter requesting a redetermination and why you think the decision is wrong. You may also submit any other information you think is relevant to the claim or
3. Fax your request for redetermination and supporting documents, if any.

**YOU MAY CHOOSE WHICHEVER METHOD YOU WANT, BUT YOU MUST MAKE YOUR REQUEST BY THE DATE INDICATED IN THIS DETERMINATION.**

You may file your request for redetermination at the address or telephone center number printed at the top of this letter.

CLAIMANT: You must continue to file your bi-weekly claim information while your redetermination is pending. In the event of a favorable decision you will be paid benefits for those weeks provided you are otherwise qualified.

Respectfully,

S. BLUNN  
Claims Adjudicator

C:  
MILLENNIA MIND INC  
PO BOX 715  
LAKESIDE MT 59922

**39-51-2302 MCA. Disqualification for leaving work without good cause.**

- (1) An individual must be disqualified for benefits if the individual has left work without good cause attributable to the individual's employment.
- (2) The individual may not be disqualified if the individual leaves:
  - (a) employment because of personal illness or injury not associated with misconduct upon the advice of a licensed and practicing physician and, after recovering from the illness or injury when recovery is certified by a licensed and practicing physician, the individual returned to and offered service to the individual's employer and the individual's regular or comparable suitable work was not available, as determined by the department, provided the individual is otherwise eligible; or
  - (b) temporary work accepted during a period of unemployment caused by a lack of work with the individual's regular employer if upon leaving the temporary work the individual returned immediately to work for the individual's regular employer, provided that the individual is unemployed for nondisqualifying reasons.
- (3) To requalify for benefits, an individual shall perform services for which remuneration is received equal to or in excess of six times the individual's weekly benefit amount subsequent to the week in which the act causing the disqualification occurred unless the individual has been in regular attendance at an educational institution accredited by the State of Montana for at least 3 consecutive months from the date of the act that caused the disqualification. The services must constitute employment as defined in 39-51-203 and 39-51-204.

**24.11.451 SIX-WEEK RULE**

- (1) The department investigates and adjudicates each separation from insured work that occurred during the six weeks immediately preceding the effective date of an initial or an additional claim. If the claimant was not separated from insured work during the six week period, the department investigates and adjudicates the claimant's most recent separation from insured work that occurred prior to the six weeks immediately preceding the effective date of the claim.

**24.11.454A LEAVING OR DISCHARGE FROM WORK—SUSPENSIONS**



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