SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

REEMPLOYMENT ASSISTANCE

EMPLOYER
REPORTING REFUSAL TO WORK WHEN RECALLED

Open this form in an Adobe reader to complete. Changes made in your internet browser will not save.

Submit to RAFraud@state.sd.us or mail to DLR RA Division, ATTN Benefits, P.O. Box 4730, Aberdeen, SD, 57402

Your business name: _____

Full name of the individual: _____ Last four digits of their SSN:_____

Was the individual given a recall date? ☐ Yes ☐ No If yes, what was the recall date? _____

How was the individual contacted to return to work? (check all that apply)

- ☐ Email
- ☐ Phone Call
- ☐ Text Message
- ☐ In person
- ☐ Other (please describe below)

Provide the contact information you used to make the offer of work and any other details about the contact. If offer made by phone, include whether the individual was spoken to directly.

What details were given to the individual about their return to work?

What was the individual's response? Be specific.

YOUR CONTACT INFORMATION

Name_____ Date completed form_____

Contact number_____ Contact email _____

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