



Your next move matters, make it count!

**REQUEST FOR REASSIGNMENT**

**NOTIFICATION OF UNEMPLOYMENT INSURANCE  
ELIGIBILITY REQUIREMENT**

\_\_\_\_\_  
Name of Employee

As a temporary employee of Advance Career Services, you have been assigned to work for a period of time at one of our client companies.

When this temporary assignment is completed, you must contact Advance Career Services to request reassignment.

Failure to contact Advance Career Services for reassignment before filing a claim for Unemployment Insurance benefits may result in the denial of those benefits.

You may contact Donna or Ashley by telephone between the hours of 8:00 AM and 5:00 PM  
The firm representative you must contact is:

Name: Donna Rebello or Ashley Araujo  
Telephone Number: (508) 676-6300

Remember that this contact must be made prior to filing a claim for unemployment insurance.

**Acknowledgement**

I have received and read this notification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date