



## Employer Benefit Wage Charge Protest Form

Date: \_\_\_\_\_ Last 4 of Claimant SSN: \_\_\_\_\_  
Account #: \_\_\_\_\_ Claim Effective Date: \_\_\_\_\_  
Claimant Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please select one of the below options to protest your benefit wage charge. For additional information on each option, refer to section 3-106 (G) and (I) of the Oklahoma Employment Security (OES) Act.

- Voluntary quit without good cause (must include specific explanation in box below)
- Discharged for misconduct connected to work (must include specific explanation in box below)
- Regularly scheduled employee prior to the week the employee separated from other employment and continued to work through the 5<sup>th</sup> compensable week of unemployment.
- Separated as a direct result of a major natural disaster, and such employee would have been entitled disaster unemployment assistance (DUA) if they had not received unemployment insurance benefits
- Discharged for unsatisfactory performance during an initial employment probationary period
- Left employment to attend approved training under the Trade Act of 1974
- Separated from employment for compelling family circumstances
- Individual was hired to replace a US service member called to active duty and laid-off upon the return to work by that service member.

Provide an explanation of the former employee's separation in the box below.

If the individual is recalled to work during the benefit year, and weeks of entitlement remain, the employer may be eligible for recall credit. (ref. section 3-106 (H) of the OES Act)

Request recall credit      Return to work date: \_\_\_\_\_

*By completing and submitting this form, I declare that the information provided is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Employer Representative Name

\_\_\_\_\_  
Title/Position

## Submitting this form

Employer benefit wage charge protest must be submitted within 20 days of the mail date on the “Notice of Benefit Wages” (OES-502). Submitting this protest may be done through multiple avenues; although, for quicker and more efficient processing, email submissions are recommended. When submitting this form to OESC, please attach or include any necessary documentation supporting the protest.

Submit via email ( <i>*Recommended</i> )	<a href="mailto:employerrates@oesc.state.ok.us">employerrates@oesc.state.ok.us</a>
Submit via mail	ATTN: Benefit Wage Charge Unit PO Box 52003 Oklahoma City, OK 73152-2003
Submit via fax	(405) 962-7504

## Have questions?

For more information and answers to frequently asked questions, please visit <https://oklahoma.gov/oesc/employers.html>