

**Company Name Here**  
(Address here)

**(Date Here)**

Texas Workforce Commission  
101 E. 15<sup>th</sup> RM 354  
Austin, TX 78778

Dear Mass Claims Coordinator:

We have forwarded to your department a list of employees that will be insert (permanently / **temporarily**) laid off beginning (**insert beginning date of layoff**) and will be returning (**only insert the return date if on temporary layoff**). This list is being furnished to you via electronic e-mail or regular mail.

**(Company Name )** agrees to accept via electronic or hard copy means a list of those individuals who file claims for unemployment insurance during this layoff period and that this list of individuals will be in lieu of the individual Notice of Application for Unemployment Insurance Benefits, Form BD610E.

Protest to any of the claims will be made on the basis of this list. We understand such protest must be filed in writing within 14 calendar days after the mailing date of this list to protest any individual claims for unemployment benefits. These protests will be mailed to:

Texas Workforce Commission  
101 E. 15<sup>th</sup> RM 354  
Austin, TX 78778  
FAX – (512) 305-8998  
Attn: Mass Claims Coordinator

We also understand that our company may receive other determinations regarding issues on individual claimants and these determinations will be appealed separately if we disagree.

Signed by company representative (if by mail)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Name of company representative (if by e-mail)

Name: \_\_\_\_\_ Date: \_\_\_\_\_