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STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

GRETCHEN WHITMER
GOVERNOR

SUSAN R. CORBIN
DIRECTOR

Use of this form is voluntary

Notice To Worker of Reasonable Assurance Of Work For Next Season

Name of Employer Alpine Valley Ski Area Inc.

Name of Worker _____

This is to give you **reasonable assurance** that we will have work for you next season.

A **reasonable assurance** is not a guarantee of work. It is our good faith belief that we will have work for you next season that will be in a location similar to this past season's work location, that will require skills similar to those required for the work you did for us this past season, and that will pay wages and provide benefits similar to the wages and benefits you received for the work you did for us this past season.

Our normal seasonal work period is _____ through _____
(Starting Date) (Ending Date)

The fact that you have **reasonable assurance** of work with us for next season may cause you to be denied unemployment benefits from the end of this year's normal seasonal work period to the beginning of next year's period. You may be eligible based on work with other employers.

Notice given to worker by:	**Notice received by:**
K-Sch (Signature of person giving notice)	X (Signature of worker receiving notice)
(Date notice given to worker)	(Date notice received by worker)

LEO is an equal opportunity employer/program.