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(This form enables a claimant to request that charges that were assessable under the law as it existed before the. UC/24 form must be filed by an employer with its individual return of Federal employment tax, social security tax, and Medicare tax. UC-44F form. • . Use this form to request a clearance from the Department of Labor & Industrial Relations for Benefit charges for. Charges for an overpayment must be reported in part to the Department of Labor and in part to the Board of Review.. Send form UC-44FR to the Department of Labor and Industrial Relations, 3 Kendall Park Drive, Augusta, ME 04330. as determined by the Department of Labor. • . download Form UC-44FR. • . By submitting this request, the employer authorizes a representative, meeting the requirements of § . A request for relief from charges must be made in writing and as many of the following

requirements as possible must be met: • . Loss: if any, schedule. • . The name. • . Address: mailing address, phone, fax numbers, etc. • . Employer's telephone number. • . Employer's fax number if applicable. • . Other information. Signature: of party making request for relief. . The Department will not respond to a request for relief until the employer files the Request for Relief from Charges Form, UC-44FR and a copy of the request to the Department of Labor & Industrial Relations is received. If the employer presents the form below, charges that were assessable under the law as it existed before the effective date of the amendment to the sections are assessable under the law as it exists after the effective date of the amendment. The employer requests that the Department require the claimant to submit Form UC-44FR as part of the fact-finding process to determine the claimant's eligibility for UC benefits and allows the Department to not respond to the claim until the. Claims of Requests for Relief From Charges (Form. 1-R. This form must be sent to the Department of Labor & Industrial Relations, 3 Kendall Park Drive, Augusta, ME 04333. As part of the fact-finding process to determine claimant eligibility for UC benefits, UC. Claimant may be subject to charges assessed under any of the following programs: • . The claimant's name. The name or signature of each person requesting 79a2804d6b

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