DWS-UI FORM 615-J REV 10/03

## UTAH DEPARTMENT OF WORKFORCE SERVICES UNEMPLOYMENT INSURANCE DECISION OF ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS



DATE MAILED: 2/2/07

VOON

EMMANUEL D KEPAS 158 N 920 W OREM UT 84057-4400



SSN: XXX-XX-X418

EMPLOYER: EBAY INC

Notice: This decision is made on your claim for benefits:

Based upon the information presented to this Department, it is determined that you had good cause for voluntarily leaving work.

Benefits are allowed under Section 35A-4-405(1) of the Utah-Employment Security Act beginning January 14, 2007. Your former employer is being notified and may appeal this decision.

Your claim will be processed for payment unless there are other issues to be resolved. Telephone the Utah Claims Center if you do not receive payment or notice of other issues within ten (10) days.

UT --, r CLAIMS CENTER PHONE NUMBERS: S.L.: 526-4400, Ogden: 612-0877, Provo: 375-4067, Out of Area: (888) 848-0688, Fer: (801) 526-4402

REPR. J Fruin

EMP.#: 3031

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