



STATE OF RHODE ISLAND  
DEPARTMENT OF LABOR AND TRAINING  
TTY Via RI Relay 711

DLT484-C

Central Adjudication Unit, PO Box 20067, Cranston, RI 02920-0941  
Tel: (401)462-8300 FAX: (401)462-8318 TTY via RI Relay: 711  
Internet address: [www.dlt.ri.gov/ui](http://www.dlt.ri.gov/ui)

CLAIMANT DECISION

Mailing Date: 11/22/21

Employer: ASSOCIATES IN ORAL & MAXILLOFA

SSN: 1898

No: 2147514-00

STEPHEN T SKOLY

EAST GREENWICH RI 02818

You are requesting benefits effective 10/24/21. You received a Notice of Violation and Compliance Order regarding requirement for immunization against COVID-19, instructing you to cease professional conduct until compliant. You claim to have a medical exemption, however, documentation submitted by you to the department has failed to substantiate your statement.

The issue is whether or not you meet the availability requirements of Section 28-44-12 of the Rhode Island Employment Security Act.

To be eligible for benefits, an individual must be able, available, and actively seeking full time work. As you are refraining from vaccination, you are considered as removing yourself from the Labor Market in your chosen field of labor, the medical field. It is determined you do not meet the availability requirements of the law. Benefits are denied as indicated.

This disqualification covers the period indicated below according to Section 28-44-12: You are denied benefits beginning with the week ending 10/30/21 and for an indefinite number of weeks thereafter until you meet the requirements of the law. If, at a later date, you believe there is a change in the facts upon which this determination was based, you may contact the Call Center at 401-243-9100 for a determination of your rights to collect benefits at that time.

Authorized Representative of the Director

RIGHT TO APPEAL

If you disagree with this decision, you must file a written appeal within 15 calendar days, including weekends and holidays, of the mailing date indicated on this decision or IT WILL BECOME FINAL. You may file an appeal either by mail, fax or Internet to the address/fax number/website above. In your letter, please provide your name, social security number, address, case number you are appealing, and reason for appeal. Once your appeal is received, you will receive further instructions by mail. IMPORTANT: You must continue using UI Online/TeleCert on a weekly basis while pending any appeal hearing or further court proceedings, if you are still totally or partially unemployed.

RIDLT xxx-xx-1898 Skoly

Guzman, John (DLT) <John.Guzman@dlt.ri.gov>

Thu 11/18/2021 12:03 PM

To: 'CSKOLY@[REDACTED]' <CSKOLY@[REDACTED]>

Good morning Doctor,

As we discussed, please submit copy of the Medical Exemption to COVID-19 vaccination, as well as the Department of Health's Compliance order stripping you of your ability to see patients.

Please provide this information within 48 hours.

Regards,

**John Guzman**

Benefit Claims Specialist

RI Department of Labor and Training

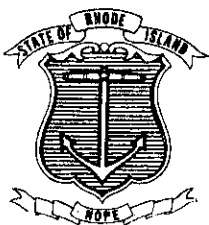
Unemployment Insurance

o. [401-462-8681](tel:401-462-8681) | f. [401-462-8318](tel:401-462-8318)



Department of Labor and Training  
RHODE ISLAND

***Confidentiality Notice:*** This email, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact me and destroy all copies of this message.



## DEPARTMENT OF LABOR AND TRAINING

PO BOX 20389 CRANSTON, RI 02920-0944

401-243-9100

TTY Via RI Relay 711

## BENEFIT RATE DECISION

STEPHEN T SKOLY

SSN: XXX-XX-XXXX

EAST GREENWICH

RI 02818

BYE Code: 22

Our records show you have earned enough to qualify for unemployment benefits.

If you meet all other requirements, you will receive a weekly benefit of \$ 661.00, plus a dependency allowance of \$ 0.00, for a weekly total of \$ 661.00. If you choose to have your taxes deducted, are working part-time, or have other deductible income, your benefit rate and dependency allowance will be reduced.

You may collect a maximum (excluding the dependency allowance) of \$17186.00 on this claim.

DATE OF CLAIM	EFFECTIVE DATE	BENEFIT YEAR ENDS	LAST DAY OF WORK
11/03/21	10/24/21	10/22/22	10/01/21

EMPLOYER NAME	QUARTER 3RD-20	QUARTER 4TH-20	QUARTER 1ST-21	QUARTER 2ND-21	TOTAL
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ASSOCIATES  
MID AMERICA

TOTALS:

Computed on: 11/03/21

If you believe that any of the information shown above is incorrect or that employment and wage information is missing, please contact us at 401-243-9100.

The above are taxable wages as defined by 28-42-3 (29) of the Rhode Island Employment Security Act.

If you receive benefits to which you are not entitled, Rhode Island General Laws allow for the recovery of overpayments and interest from an individual's state personal income tax and from lottery winnings.

You have the right to appeal this decision within 15 days of this date: 11/03/21. You may do this by writing to the office listed at the top of this form. If you write to us, please include your Social Security Number in your letter.

Please visit [www.dlt.ri.gov](http://www.dlt.ri.gov) for further information.

IMPORTANT: You may have this document interpreted at no cost to you by

Over

[REDACTED] Skoly &lt;cskoly@[REDACTED]&gt;

11/12/2021 9:33 AM

## Fw: NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

To: stephen &lt;sskoly@affiliatesri.com&gt;

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**From:** Rhode Island Department of Labor and Training <DLT.NOREPLY@dlt.ri.gov>**Sent:** Thursday, November 11, 2021 5:12 AM**To:** CSKOLY@[REDACTED]**Subject:** NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

### NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

The Department of Labor and Training has placed a temporary stop on your unemployment insurance benefit payments because your claim was flagged as showing signs of potentially fraudulent activity.

#### **Why has my claim been temporarily stopped?**

Like many states across the country, Rhode Island has seen a significant increase in fraudulent unemployment insurance claims. A fraudster may file a fake claim in someone else's name or a fraudster may hijack a legitimate claim and re-direct the payments to a fraudulent account. To make sure that legitimate claimants are receiving unemployment insurance payments, we are temporarily stopping flagged accounts.

#### **My claim is legitimate. What can I do to reactivate it and continue collecting payments?**

To unfreeze your benefits, please call DLT's dedicated fraud line at (401) 415-6772 to speak to a DLT representative who can assist you with processing your claim.

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### AVISO DE SUSPENSION TEMPORAL DEL SEGURO DE DESEMPLEO

El Departamento de Labor y Entrenamiento ha suspendido temporalmente sus pagos de beneficios del seguro de desempleo porque se detectaron signos que muestran una actividad potencialmente fraudulenta en su reclamo.

#### **¿Por qué se suspendió temporalmente mi reclamo?**

Como en muchos estados en todo el país, Rhode Island ha experimentado un aumento significativo en las reclamaciones fraudulentas del seguro de desempleo. Un impostor puede presentar una reclamación falsa a nombre de otra persona o un impostor puede secuestrar una reclamación legítima y redirigir los pagos a una cuenta fraudulenta. Para asegurarnos de que sean los reclamantes



## NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

Rhode Island Department of Labor and Training <DLT.NOREPLY@dlt.ri.gov>

Thu 11/11/2021 5:12 AM

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STATE OF RHODE ISLAND

## DEPARTMENT OF LABOR AND TRAINING

TTY Via RI Relay 711

Central Adjudication Unit

PO Box 20067 Cranston, RI 02920-0941

## NON-MONETARY APPOINTMENT LETTER

ASSOCIATES IN ORAL &  
30 CHAPEL VIEW BLVD STE 240  
CRANSTON RI 02920

Mail Date: 11/03/21  
Employer Number: 0000972126  
Claimant: STEPHEN T SKOLY  
SSN: 1898

The Department requires a statement from you regarding the claimant indicated above for the following issue:

☒ Voluntary Quit                      ☐ Availability/Reason  
☐ Termination                              ☒ Other Reason  
☐ Refusal of Work

A telephone interview has been scheduled with the Central Adjudication Unit on:

Date: 11/16/21  
Time: 8:00 AM - 3:00 PM  
Tel. No.: (401) 944-0397

Your company may be contacted at the telephone number listed above on the day and time scheduled for a statement. It is important that you provide a statement regarding the claimant's employment with your company, as a determination will be rendered without your statement.

The Department is required to speak to an authorized individual. This individual should be prepared to provide the Department with the last day of employment, date of separation, specific reason for the separation and all details pertaining to the final incident. Please be ready to provide the Department with any documentation pertaining to the separation, i.e., warnings, company policy, letter of resignation, etc. If an authorized individual is not available, the Department will leave a message requiring a return call to provide a statement and/or documentation within 48 hours.

If the phone number listed above is not correct, please call this office at (401) 462-9027. Please do not call the Department to provide a statement prior to the initial phone call from the Central Adjudication Unit.

To expedite this process, please visit our website at <https://dlt.ri.gov/ui/appealadecision/#factfindingquestionnaire> and complete and return the questionnaire that best fits your situation regarding the issue checked above for the claimant listed. A representative will contact you on this day to verify the information provided. If you do not wish to provide a statement, please complete the "Decline to Provide a Statement" form located on the webpage listed above. Please note if you decline to provide a statement, the Department will render a decision based only upon the facts present at the time the determination is made and the department will not contact you for a statement.



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11/12/2021 9:03 AM

# FW: NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

To [REDACTED]

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**From:** Rhode Island Department of Labor and Training [mailto:[DLT.NOREPLY@dlt.ri.gov](mailto:DLT.NOREPLY@dlt.ri.gov)]**Sent:** Thursday, November 11, 2021 5:09 AM**To:** [REDACTED]**Subject:** NOTICE OF TEMPORARY STOP OF UNEMPLOYMENT INSURANCE

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### ¿Por qué se suspendió temporalmente mi reclamo?





## Reemployment Services and Eligibility Assistance

### AN UNEMPLOYMENT INSURANCE REQUIREMENT

NOVEMBER 10, 2021

ROSEMARIE [REDACTED]

CHARLESTOWN, RI 02813-3745

Dear ROSEMARIE [REDACTED]

You have been selected to participate in the Reemployment Services and Eligibility Assessment (RESEA) Program. The RESEA Program helps you improve your resume and interviewing skills, provides you job leads, and ensures a better understanding of your rights and responsibilities while receiving unemployment insurance.

As a participant of this program, you will meet with a Department of Labor and Training Career Coach at a virtual appointment using our Virtual Career Center at [www.backtoworkri.com](http://www.backtoworkri.com). Please access this site to schedule your appointment and create an account.

**How to schedule your appointment:** Log into [www.backtoworkri.com](http://www.backtoworkri.com) to create your account and schedule your appointment.

*When creating your account, select the check box "I received an RESEA letter" in the Job Coach Preferences tab. If you already have a Virtual Career Center account, please navigate to the Job Coach Preferences tab, and select the check box "I received an RESEA letter."*

**When:** Your appointment must be on or before NOVEMBER 29, 2021

**Where:** Virtual Career Center (VCC) [www.backtoworkri.com](http://www.backtoworkri.com)

**What to Have:** Photo identification (Drivers' License, State ID card, or passport) and your resume. If you do not have a resume, please bring a list of prior jobs.

Attending your scheduled appointment is a requirement of continuing your unemployment insurance claim. Failing to schedule and attend your appointment may result in the **delay or denial** of your unemployment insurance benefits. If you already have a return to work date or have questions about your appointment, please call (401) 462-4110.

We look forward to meeting you and helping you find your next career opportunity.

*IMPORTANT: You may have these documents translated or interpreted at no cost to you by contacting the Unemployment Insurance Service Center at 401-243-9100 and selecting one of the following language options: Spanish, Portuguese, or Hmong. If you need assistance in a language that is not listed, please contact 401-243-9100 and a representative will assist you.*

*IMPORTANTE: Usted puede tener estos documentos traducidos o interpretados, sin costo alguno para usted, comunicándose con el Centro de Servicio de Seguro de Desempleo en el 401-243-9100 y seleccionando una de las siguientes opciones de idioma: Español, Portugués o Hmong. Si necesita ayuda en un idioma que no está en la lista, por favor póngase en contacto 401-243-9100 y un representante le ayudará.*

**Reemployment Services and Eligibility Assistance****AN UNEMPLOYMENT INSURANCE REQUIREMENT**

NOVEMBER 10, 2021

COURTNEY [REDACTED]

JOHNSTON, RI 02919

Dear COURTNEY [REDACTED]

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