



Claimant Name: _____

Employer Name: _____

Claimant SSN: _____

Employer Number: _____

Employer Location: _____

General Separation Information

What is the name and title of the person preparing this information?

Name

Title

Please answer the following questions regarding the claimant's separation from employment.

1. Did the claimant work here? ☐ Yes ☐ No *If no, stop here.*
2. What was the claimant's job title? _____
3. Was this seasonal employment? ☐ Yes ☐ No
4. What is the date of the claimant's first day of work? _____
5. What is the date of the claimant's last day of work? _____
6. What is the date the claimant was officially separated from employment (if different than the last day worked)? _____
7. Did the claimant receive any compensation after separation from employment? ☐ Yes ☐ No

If yes, complete the rest of this page. Otherwise, skip to page 2.

- a. What was the claimant's average weekly wage? _____
- b. How many hours did the claimant work per week, on average? _____
- c. What type of compensation did the claimant receive (more than one may be chosen)?

☐ 1 - Severance

☐ 2 - Separation

☐ 3 - Vacation

☐ 4 - Holiday/Floating Holiday

☐ 5 - Pension

☐ 6 - Profit Sharing

☐ 7 - Bonus Pay

☐ 8 - Wages in Lieu of Notice

☐ 9 - Back Pay Award

☐ 10 - Residual Payments

☐ 11 - Commissions

☐ 12 - Sick

☐ 13 - Disability

☐ 14 - Other

Fill out a column for each type of remuneration:

Remuneration Type Code # (from 7c):				
Was it allocated by employer (Y or N)?:				
If yes, Begin Date:				
End Date:				
Frequency of the Compensation*:				
Amount of Compensation per Period:				
Date Compensation was/will be paid:				

*Use D = Daily, W = Weekly, B = BiWeekly, S = Semi-monthly, M = Monthly, Q = Quarterly, L = Lump Sum

- d. If Pension was one of the types chosen, answer the questions below.
 - i. Was the company pension mandatory? ☐ Yes ☐ No
 - ii. Did the claimant contribute to the pension? ☐ Yes ☐ No

➤ If yes, what percentage did the claimant contribute? _____
 - iii. Provide any additional information about the claimant's pension: _____



Additional Separation Information

Why is the claimant no longer employed?

<i>Complete this page</i>	<input type="checkbox"/>	Temporary Layoff	<input type="checkbox"/>	Laid Off/Lack of Work
	<input type="checkbox"/>	Vacation/Holiday Shutdown	<input type="checkbox"/>	Still Employed, Full time
	<input type="checkbox"/>	Still Employed, Part Time	<input type="checkbox"/>	Still Employed Hours Reduced by Employer
	<input type="checkbox"/>	School Employee between Semesters, Likely to Return	<input type="checkbox"/>	School Employee between Semesters, Not Likely to Return
	<input type="checkbox"/>	On Call or Temporary Status	<input type="checkbox"/>	Leave of Absence
	<input type="checkbox"/>	Labor Dispute	<input type="checkbox"/>	Professional Athlete between Sport Seasons
<i>Complete page 3</i>	<input type="checkbox"/>	Disaster Related Separation	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Voluntary Quit	<input type="checkbox"/>	Retirement
<i>Complete page 4</i>	<input type="checkbox"/>	Fired/Discharged	<input type="checkbox"/>	Asked to Resign
	<input type="checkbox"/>	Disciplinary Suspension		

Please complete the page of this form indicated next to the bracket in which the Separation Reason was chosen.

1. If “Temporary Layoff”, “Vacation/Holiday Shutdown”, “School Employee between Semesters or Terms Likely to Return”, or “Professional Athlete Between Sport Seasons” is selected, does the claimant have a return to work date or a reasonable assurance of returning to work?

☐ Yes ☐ No

➤ If Yes, what date do you expect the claimant to return to work? _____

2. If “Still Employed, Hours Reduced by Employer” is selected, is the claimant working all available hours?

☐ Yes ☐ No

➤ If No, why not? _____

3. If “Labor Dispute” is selected, was it a strike or a lockout?

☐ Strike ☐ Lockout

4. Additional Comments regarding separation from employment and descriptions of attachments (not required if “Temporary Layoff” or “Lack of Work/Layoff” is selected).



Voluntary Separation Information

If the resignation was written, please provide a copy.

1. What reason did the claimant give for quitting or retiring?

- | | |
|-----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> No Reason Given | <input type="checkbox"/> To Seek or Accept Other Employment |
| <input type="checkbox"/> Due to Health Reasons | <input type="checkbox"/> Due to Job Dissatisfaction |
| <input type="checkbox"/> In Lieu of Discharge* | <input type="checkbox"/> Personal Reasons |
| <input type="checkbox"/> Failure to Report for Work | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Working Conditions | |
| <input type="checkbox"/> Other: _____ | |

*** If "In Lieu of Discharge" is chosen, complete page 4 in addition to this page.**

Complete items a and b only if "Working Conditions" is chosen.

a. Were there any changes to the claimant's hiring agreement?

- ☐ No Change
☐ Hours Changed
☐ Job Duties Changed
☐ Rate of Pay Changed
☐ Changed Job Location
☐ Other

b. If there were any changes in the claimant's hiring agreement, what were they?

2. Was there continuing work available?

- ☐ Yes ☐ No

3. Did the claimant take any actions to avoid quitting or retiring?

- ☐ Yes ☐ No

➤ If yes, what actions did the claimant take?

4. If the claimant retired, was the retirement mandatory?

- ☐ Yes ☐ No



Discharge/Disciplinary Suspension Separation Information

1. What is the name and title of the person who discharged or suspended the claimant?

Name

Title

2. Why was the claimant discharged, asked to resign, or suspended?

- ☐ Not Qualified/Inadequate Performance* ☐ Absenteeism/Lateness
☐ Failed to Follow Instructions/Policy/Contract ☐ Drugs and Alcohol
☐ Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting
☐ Medical ☐ Loss of License
☐ Other: _____

***If Not Qualified/Inadequate Performance is selected, stop here.**

3. Describe the final incident that led to the discharge, request for resignation, or suspension.

4. What was the date of the final incident? _____

Provide copies of any supporting documents regarding the final incident.

5. Was there an incident prior to the final one?

- ☐ Yes ☐ No

If yes, complete items a-c.

- a. What was the date of the incident? _____

- b. Describe the incident:

- c. Was the claimant warned about the incident?

- ☐ Yes ☐ No

➤ If yes, provide the date and describe the warning:

Rt qxf g'eqr kgu'qhl'cpf 'lwr rqt vpi 'f qewo gpu't gi ctf kpi 'ij g'kpekf gpw'OKij gt g'ct g'cpf 'c'f f k'kqpcn'rt kqt "
kpekf g'pu. 'kpenf g'c'm'qhl'ij g'kpl'qto c'kqp'kp'wgr '7'c'pf 'rt qxf g'eqr kgu'qhl'ij g'lwr rqt vpi 'f qewo g'pu'0

6. Did the claimant violate company policy?

- ☐ Yes ☐ No

If yes, provide a copy of the policy, and answer 6a.

- a. Was the claimant aware of the policy or unacceptable behavior?

- ☐ Yes ☐ No

If yes, provide proof including claimant's acknowledgement, and answer 6b.

- b. How was the claimant aware?

- ☐ Written ☐ Verbal ☐ Both written and verbal

7. If the separation is a Disciplinary Suspension, is there a Return to Work date?

- ☐ Yes ☐ No

➤ If Yes, what date do you expect the claimant to return to work? _____