

## Employee Separation Form Instructions

This form is required for all employee separations. Please report all employee separations within 24 hours of employee's separation. It is important that each portion of the form be read and, if applicable, completed. After completing the form, please fax to 405.840.0057 (along with any additional pages) to the attention of your Human Resources Account Executive.

If you have any difficulty completing this form, please contact your Account Executive at 877.465.HRHR, who will be happy to provide you with assistance.

In the **top section** of this form, specific information relating to various areas of the individual's employment history is required. Be sure to properly indicate the actual physical last day worked and verify the Social Security number to insure correct processing of future claims. Also, be sure to identify your name, title, and the date.

The **center section** of this form pertains to the **REASON FOR SEPARATION**. When completing this, please use the following guidelines.

**Quit:** Check the most descriptive reason and offer any comments in the EXPLANATIONS section at the bottom of the page. At a minimum, comments should include answers to these questions:

- Did the employee cite a problem he/she was having or a specific dislike?
- Did the employee give you an opportunity to explain or correct any problems?

Obtain a signed resignation statement when possible and attach a copy to this form.

**Discharge:** It is important that the actual last incident be checked as the reason for discharge. Do not check more than one reason, but rather indicate any contributing factors in the EXPLANATIONS section. If there is no reason listed that properly describes the reason for termination, check (v) 5200-Discharge, Other and explain in the EXPLANATIONS section.

Comments should include the answers to these questions.

- Was the employee warned? (If so, be sure to provide dates)
- Did the employee admit fault?
- Was a grievance filed?
- How was the employee made aware of this policy violation?

**Leave of Absence:** Indicate the type of leave granted and attach to this form a copy of the signed leave request. It is important you provide an anticipated return to work in the EXPLANATIONS section. If the employee failed to return from the leave, you must submit another notice advising that he/she is now separated.

**Lack of Work:** This includes plant closings, reductions in force, hires to temporary work only or any situation in which work is no longer available. If the individual is to receive additional pay upon or after separation, please provide the information in the following section of this form titled REMUNERATION PAID OR AFTER SEPARATION.

**Retirement:** It is important that you properly classify the retirement as voluntary or involuntary. A retirement is voluntary only if continuous work was available. If the individual is to receive pension payments, please provide the amount and information as requested in the following section of this form titled REMUNERATION PAID UPON OR AFTER SEPARATION.

**Miscellaneous:** Check the most descriptive reason and offer any comments in the EXPLANATIONS section at the bottom of the page.

The **final section** of this form, titled REMUNERATION PAID UPON OR AFTER SEPARATION, requests remuneration information. A claimant's eligibility for unemployment benefits may be affected by issues other than the reason for separation. Please give detailed information in this portion, if applicable.

## Employee Separation Form

**Please read Instructions prior to filling form out. This form is required for all employee separations.**

Client Name	Unit Number	Last Day Employee Worked	
Employee Name	Social Security Number	Name and Title of Person Completing Form	Date

### REASON FOR SEPARATION

<p style="text-align: center;"><b>QUIT</b></p> <p>( ) 0100-Did not return, no notice/reason given          ( ) 0300-No reason given          ( ) 0410-Mutual agreement (not protestable)          ( ) 0500-Quit during temporary assignment, no notice          ( ) 0800-Failed to return from leave of absence          ( ) 0900-Refused offer of work (explain)          ( ) 1100-Three days unreported absence (give dates)          ( ) 1200-Accepted better job          ( ) 1400-Accepted another job          ( ) 1410-Accepted another job-own business          ( ) 1420-Accepted another job-military          ( ) 1500-To leave area          ( ) 1600-Personal          ( ) 1610-Personal-marriage          ( ) 1630-Personal-school hours conflict          ( ) 1700-Transportation Problem          ( ) 1800-Babysitter problem          ( ) 1900-Due to medical conditions          ( ) 2100-Dissatisfied          ( ) 2110-Dissatisfied-work hours          ( ) 2120-Dissatisfied-salary          ( ) 2130-Dissatisfied-working conditions          ( ) 2140-Dissatisfied-performance review          ( ) 2160-Dissatisfied-career opportunities          ( ) 2170-Dissatisfied-company policies          ( ) 2180-Dissatisfied-co-workers          ( ) 2190-Dissatisfied-supervisor          ( ) 2200-Walked off job          ( ) 2300-To stay at home          ( ) 2400-Assignment completed, failed to contact for new assignment          ( ) 2500-Attend school          ( ) 2600-Quit, Other (explain)</p>	<p style="text-align: center;"><b>DISCHARGE – Must give details</b></p> <p>( ) 3200-Using intoxicant on the job          ( ) 3300-Intoxicated on the job          ( ) 3700-Excessive tardiness (give dates)          ( ) 3900-Left work without permission          ( ) 4000-Excessive absences (give dates)          ( ) 4100-Excessive unreported absences (give dates)          ( ) 4200-Excessive absences &amp; tardiness (give dates)          ( ) 4300-Fighting on company property          ( ) 4400-Refused to perform job duties          ( ) 4500-Misuse of equipment          ( ) 4600-Destruction of company property (give property value)          ( ) 4800-Violation of company policy          ( ) 4900-Insubordination          ( ) 5000-Sleeping on the job          ( ) 5100-Inability to perform job (not protestable)          ( ) 5300-Unauthorized removal of company property          ( ) 5400-Violation of safety rules          ( ) 5500-Cash shortages          ( ) 5700-Improper conduct          ( ) 5800-Falsification          ( ) 5900-Failed to report to work (give dates)          ( ) 5200-Discharge, Other (explain)</p> <p style="text-align: center;"><b>LEAVE OF ABSENCE-Must give return date</b></p> <p>( ) 6300-Family &amp; Medical Leave Act – 1993          ( ) 7200-Leave of absence (explain)          ( ) 7300-Military leave</p>	<p style="text-align: center;"><b>LACK OF WORK</b></p> <p>( ) 7000-Vacation/holiday pay given (give amount)          ( ) 7600-Lack of work          ( ) 7610-Temporary lack of work (give return date)          ( ) 7620-Job eliminated          ( ) 7630-Seasonal employment          ( ) 7640-Location closed          ( ) 8700-Assignment completed          ( ) 8900-Vacation shutdown (give pay &amp; return date)</p> <p style="text-align: center;"><b>RETIREMENT</b></p> <p>( ) 1000-Voluntary (if pension, give amount)          ( ) 1030-Disability-job related          ( ) 1040-Disability-not job related          ( ) 7400-Involuntary (if pension, give amount)</p> <p style="text-align: center;"><b>MISCELLANEOUS</b></p> <p>( ) 6600-Transfer to new location          ( ) 6900-Disciplinary action-suspension          ( ) 8000-Returned to work (give date)          ( ) 8100-Refused new job offer or recall (Give specific details of offer)          ( ) 8500-Deceased          ( ) 8600-Not available for work (explain)          ( ) 9100-No protest per employer          ( ) 9200-Independent contractor          ( ) 9300-Records not available          ( ) 9800-On workers' compensation</p>
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**EXPLANATIONS** (Attach additional sheets, if needed)

### REMUNERATION PAID UPON OR AFTER SEPARATION

Holiday Pay: \$ _____	Vacation Pay: \$ _____	Severance Pay: \$ _____	Wages in Lieu Of Notices: \$ _____
Allocated: _____ to _____	Allocated: _____ to _____	Allocated: _____ to _____	Allocated: _____ to _____
Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____

Pension: \$ \_\_\_\_\_ Paid:  Lump Sum  Monthly

Check One:  Financed Wholly By Employer  Financed In Part By Employer – Over 50%  Financed In Part By Employer – Under 50%