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SUBMIT THIS FORM ONLY WITH A STATE UNEMPLOYMENT CLAIM FORM.

SEPARATION RECORD

Unemployment Compensation Services

Phone (800) 959-6246

- **COMPLETE SEPARATION RECORD, IN DETAIL, AT TIME OF SEPARATION.**
- **ATTACH COPIES OF APPROPRIATE DOCUMENTATION.**
- **RETAIN RECORD IN PERSONNEL FILE UNTIL AN UNEMPLOYMENT CLAIM IS RECEIVED.**
- **FAX CLAIM, DOCUMENTATION, AND SEPARATION RECORD TO OUR OFFICE.**
- **IF CLAIM DUE DATE IS THREE (3) BUSINESS DAYS OR LESS, PLEASE CALL US IMMEDIATELY!**

Company Name: _____ ADP Payroll Company Code (s): _____

State Unemployment Insurance Number (SUI): _____ UCS Company Code: _____

Claimant's Name: _____ SS #: _____

Occupation: _____ Rate of Pay: _____ per _____

Hire Date: _____ Last Day Worked: _____ Term. Date: _____

☐ **Please Check Here If You Do Not Want To Protest This Claim**

REASON FOR SEPARATION

☐ Lack of Work/Reduction in Work Force **** Use additional sheet of paper if necessary***

VOLUNTARY QUIT: If employee submitted a letter of resignation, please attach a photocopy to this form.

☐ To leave area; reason for leaving: _____

☐ Wage dissatisfaction: _____

☐ Job dissatisfaction (specific complaint):* _____

☐ School attendance: _____

☐ No notice given: _____

☐ To accept other work (name of employer): _____

☐ No reason given; did employer question? ☐ Yes ☐ No

☐ Transportation Problems: (Explain) _____

☐ Illness or Injury: Was leave of absence requested? ☐ Yes ☐ No

Was leave of absence offered? ☐ Yes ☐ No

Was leave of absence available? ☐ Yes ☐ No

DISCHARGE: Be sure to EXPLAIN IN DETAIL on the lines provided below: ***(Please Attach Supporting Documentation.)***

☐ Unsatisfactory performance (due to): ☐ Inability ☐ Intentional misconduct

☐ Insubordination (be specific):* _____

☐ Violation of company policy (How was employee aware of policy?): * Submit copy of policy

_____

☐ Unsatisfactory attendance (due to): ☐ Excessive absenteeism ☐ Excessive tardiness

☐ Other (*be specific*):* _____

Explanation of final incident:*

Witness name(s)/title(s):

Separation Pay:

Type of Compensation	***Date Paid***	***Period Covered***	***Amount Paid***
Vacation			
Severance			
In-Lieu-of-Notice			
Pension			

Completed By: _____ Telephone Number: _____

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