State of Washington — Employment Security Department
Notice To Employer - Claimant's Separation Statement

IMPORTANT: The following claimant has filed a claim for unemployment insurance benefits and has listed you as one of the last employers. **Please review to prevent improper payments.**

If the claimant's statement below says "lack of work" or "reduced hours due to lack of work" and you agree, you can disregard this statement. **If the separation is anything other than "lack of work", please complete and return this form and any other relevant documents by mail or fax. In our decision, we will consider any facts you provide.** If we do not hear from you, benefits may be allowed based on available information.
This form must be returned by ➔ ➔ ➔ ➔ ➔ **7/23/2010**. Mailed on: **7/08/2010.**

BUSINESS NAME
ADDRESS

CITY STATE AND ZIP

Return Address:
Employment Security Department
VOICE: 1-(877)XXX-XXXX
Unemployment Insurance Imaging
P.O. Box 19019
Olympia, WA 98507-0019
Fax#: 1-800-301-1796

TC: 770 BYE: 07/09/2011 Name: Jane B. Doe SSN: 000121234 SEQ: 000

Date Began: 1/10/2008 Last day worked: 07/05/2010 Date of Separation: 07/05/2010

Claimant's separation reason: LET GO BECAUSE I MISSED MY SHIFT

Employer's Statement:

Began: 1/10/08 Last Worked: 7/5/10 Date Separated: same Pay Rate: $ 11.50 per (hour/day/etc.) hr

Payments: Pay in lieu of notice: $____ Vacation pay: $____ Accrued: $____ Holiday Pay: $____

Claimant's Job Title/Occupation: ____

Check one and explain if separation is other than lack of work or reduced hours due to lack of work: o Quit ✗ Fired
o Did not meet standards o Labor Dispute o Other (explain) ____

I will have more work on ____. I would like this person on standby o Yes o No. [illegible] **Mo.** ____ **Day** ____ **Yr.** ____.
(**NOTE: Standby can only be granted when the claimant has a definite return to work date that is** [illegible] **four weeks**. An employer can request an additional four weeks for a maximum of eight weeks per claim. Claimants on stan[illegible] work, but are required to accept any suitable work you offer.)

Fill this section out, THEN go to Page 2 and complete the form.

Quit Information:

1. What reason did the claimant give for quitting on the last day? ____

2. Did the claimant state he/she quit for one or more of the following reasons (check all tha[illegible]
   - o Quit to accept a new offer of work?
   - o Quit due to illness or disability of: o self or o family member? If yes, was medical verification provided? o Yes or o No. Is the claimant eligible for reinstatement? o Yes or o No.
   - o Quit to relocate due to spouse/domestic partner's transfer for: o existing job; o new job; or o military transfer?
   - o Quit due to domestic violence or stalking of o self or o family member?
   - o Reduction in pay and/or fringe benefits? If yes, by what percentage? ____. Was the reduction: o permanent or o temporary?
   - o Reduction in hours of work? If yes, by what percentage? ____. Was the reduction: o permanent or o temporary?
   - o Relocation of work site or modification to his/her shift or schedule? If yes, was the relocation: o permanent or o temporary?
   - o Alleged safety violations at the work site? If yes, was the violation reported to you? o Yes or o No
   - o Alleged illegal activities at the work site? If yes, was the problem reported to you? o Yes or o No
   - o Religious or moral reasons due to a change in customary job duties? If yes, what was the change? ____
   - o Quit to enter an apprenticeship training program?
   - o Other?

   Please provide specific details relating to the reason(s) checked (i.e., if change was temporary, until what date, etc.): ____

SAMPLE

Name: **Jane B. Doe** SSN: 000121234

3. Did the claimant pursue any alternatives to resolve any problems, such as transfe

It's very important to fill out this section when you have fired or discharged an employee.

Discharge Information:

1. What was the final incident that caused the claimant to be discharged? She missed her shift again!

2. Was the claimant discharged for one or more of the following reasons (check all that apply):
   - o Insubordination?
   - o Repeated inexcusable tardiness?
   - o Dishonesty related to employment?
   - ✗ Repeated and inexcusable absences?
   - o Deliberate acts that are illegal, provoke violence or violation of laws? If yes, what was the act?
   - ✗ Violation of a company rule? If yes, what was the rule? If you miss three shifts, you are let go.
   - o Violations of law while acting within the scope of employment? If yes, what was the law?
   - o Unable to do the job through no fault of his/her own?
   - o Other?

   Please provide specific details relating to the reason(s) checked. (e.g., dates of tardiness/absences, how many warnings, etc.):
   She had already missed 2 shifts since Jan 1, 2010.
   She said she forgot to read her new schedule.
   This was her third time.

3. Do you believe the claimant's actions were: o deliberate or ✗ negligent? (explain) She doesn't always pay attention.

4. Could the claimant's actions have caused a potential harm to your business? o Yes or o No (explain)

5. If a law was violated, will you file criminal charges? o Yes or o No. Have charges been filed? o Yes or o No. Where?

Availability: Explain any reason you feel the claimant is not available for work.

ONLY FILL THIS OUT IF YOU *DON'T* THINK YOU SHOULD BE CHARGED.

WAC 192-130-050 provides that a notice be mailed to the employer identified by the clain mployer. The employer is required to provide information that may affect the claimant's eligibility for benefits. I ployer fails to respond within ten days, the department may allow benefits based on the weight of evidence.

★ **RELIEF OF BENEFIT CHARGES.** If you were also one of the claimant's base year employers, you may be eligible for relief of charges to your experience rating if the separation from work was (1) a quit not attributed to the employer or (2) a discharge for work-connected misconduct.
Please mark the appropriate box: o Claimant quit, not employer's fault. o Claimant was discharged for misconduct.

Name: JonQ Owner Title: President Business Name: My Business Name
Signature: JonQOwner ES Ref#: 0101010 Phone: (000) 000 - 0000

Always sign and provide your contact information.

Your Employment Security Account #

SAMPLE