

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, a decision will be made based solely on the claimant's statement.
This form must be returned by >>> 9-22-05

Return Address:

JILL, INC.
1234 5th ST
ANYWHERE, WA 99505-0000

Employment Security
PO Box 9046
Olympia, WA 98507-9046

TC: Seattle **BYE:** 36-06 **Name:** Jennifer I. Claimant **SSN:** 123-45-6789
Date Began: 7-10-2004 **Last day worked:** 9-9-2005 **Date of Separation:** 9-9-2005

Claimant's separation reason: laid off/lack of work

Employer's Statement:

Began: _____ Last Worked: _____ Date Separated: _____ Pay Rate: \$ _____ per (hour/day/etc.) _____

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: Quit Discharge
 Did not meet standards Labor Dispute Other (explain) _____

I will have more work on _____. I would like this person on standby Yes No. If yes, dates: _____

(NOTE: Standby can only be granted when the claimant has a definite return to work date that is within four weeks. An employer can request an additional four weeks for a maximum of eight weeks per claim. Claimants on standby are not required to seek work, but are required to accept any suitable work you offer.)

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 that apply):

- Quit to accept a new offer of work?
- Quit due to illness or disability of: self or family member? If yes, was medical verification provided? Yes or No.
Is the claimant eligible for reinstatement yes or No.
- Quit to relocate due to spouse's mandatory transfer for: existing job; new job; or military transfer?
- Quit due to domestic violence or stalking of self or family member?
- Reduction in pay and/or fringe benefits? If yes, by what percentage? _____. Was the reduction: permanent or temporary?
- Reduction in hours of work? If yes, by what percentage? _____. Was the reduction: permanent or temporary?
- Relocation of work site or modification to his/her shift or schedule? If yes, was the relocation: permanent or temporary?
- Alleged safety violations at the work site? If yes, was the violation reported to you? Yes or No
- Alleged illegal activities at the work site? If yes, was problem reported to you? Yes or No
- Religious or moral reasons due to a change in customary job duties? If yes, what was the change? _____
- Other?

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

Name:

SSN:

3. Did the claimant pursue any alternatives to resolve any problems, such as transfer, leave of absence, etc.? Yes or No _____

Discharge Information:

1. What was the final incident that caused the claimant to be discharged? _____

2. Was the claimant discharged for one or more of the following reasons (check all that apply):

- Insubordination?
- Repeated inexcusable tardiness?
- Dishonesty related to employment?
- Repeated inexcusable absences?
- 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? _____
- Violations of law while acting within the scope of employment? If yes, what was the law? _____
- Unable to do the job through no fault of his/her own?
- Other _____

Please provide specific details relating to the reason(s) checked. (e.g. dates of tardiness/absences, how many warnings, etc.): _____

3. Do you believe the claimant's actions were: deliberate or negligent? (explain) _____

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

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

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

WAC 192-130-050 provides that a notice be mailed to the employer identified by the claimant as the current or most recent employer. The employer is required to provide information that may affect the claimant's eligibility for benefits. If the employer 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: Claimant quit, not employer's fault. Claimant was discharged for misconduct.

Name: _____ Title: _____ Business Name: _____

Signature: _____ ES Ref# _____ Phone: (_____) _____