

Employee Termination Form

1. NAME _____ 2. SS NO. _____

3. Date of Separation _____ 4. Date Last Worked _____

5. Reason for Leaving: (Please Check)

- 1 ☐ Leave of Absence
- 2 ☐ Not Physically Able to Work
- 3 ☐ School Employee, Contract
- 4 ☐ Voluntary Leaving
- 5 ☐ Discharged, Misconduct
- 6 ☐ Refused Other Suitable Work
- 7 ☐ Labor Dispute
- 8 ☐ Retirement, Pension
- 9 ☐ Other (Please Explain)

Microfilm Reference Number

DO NOT WRITE IN THIS SPACE

6. Vacation/Severance/Dismissal Pay Information:

The employee received or will receive \$ _____ per week or \$ _____ lump sum.
() vacation () accrued leave () severance/dismissal pay () other
renumberation covers a period of _____ weeks.

PLEASE PROVIDE DETAILED EXPLANATION for item checked under #5 on the left above. Should this individual file a claim for unemployment insurance benefits complete facts concerning separation will enable this agency to make an equitable decision.

I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual named above has been handed or mailed a copy of this notice.

7. _____ 8. _____ 9. _____
Employer Name Phone-Area Code & No. Employer Acct. No.

10. _____ 11. _____
Address Street/Box City State Zip Code

12. _____ 13. _____ 14. _____
Signature Title Date

FILL OUT IN TRIPLICATE. MAIL ORIGINAL TO - Administrator, Office of Employment Security, Post Office Box 44094 Baton Rouge, LA 70408, WITHIN 72 HOURS after separation. Give the employee copy to the worker within 72 hours and retain the employer copy for your files.

Failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after worker's separation from employ.

ORIGINAL