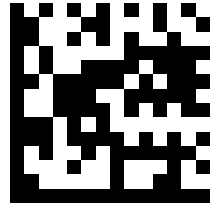




State of Utah  
Department of Workforce Services  
**EMPLOYMENT TERMINATION**



D32319901250101

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_  
Employed person: \_\_\_\_\_ SSN: \_\_\_\_\_

**Please use a black pen to complete form. This form is not used to determine Unemployment Insurance eligibility.**

**Employer Information:**

Company name: \_\_\_\_\_  
Corporate name (if different): \_\_\_\_\_  
Payroll company (if different): \_\_\_\_\_  
Company address: \_\_\_\_\_  
Name of supervisor or HR contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Employee History:**

1. Average hours the employee worked per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_
2. Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_
3. Date final check available to the employee: \_\_\_\_\_
4. Gross amount (before taxes) of final paycheck: \_\_\_\_\_
5. Total gross pay (before taxes) in the month employee received their final check: \_\_\_\_\_
6. Did the employee receive severance pay or vacation pay separate from their final check? \_\_\_\_\_  
If so, how much? \_\_\_\_\_
7. Reason for leaving:  Quit (state reason) \_\_\_\_\_  Laid off (date) \_\_\_\_\_  
 Fired (state reason) \_\_\_\_\_  Leave of absence (length) \_\_\_\_\_  
 Other (state reason) \_\_\_\_\_
8. Is this a temporary termination or furlough?  Yes  No  
If yes, when is the employee expected to return to work for this company? \_\_\_\_\_  
If yes, will the employee receive pay during their leave of absence? \_\_\_\_\_
9. Is there an option for continued medical insurance?  Yes  No  
If yes, please list insurance carrier: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy number: \_\_\_\_\_ and COBRA amount: \$ \_\_\_\_\_
10. Does the employee have any retirement and/or 401K benefits?  Yes  No If yes, how much? \_\_\_\_\_
11. Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature\* \_\_\_\_\_ Date

\*Additional verification will be required if employer does not sign form.

\_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date

**Return form to employee or to Department of Workforce Services:**  
**Mail** - Department of Workforce Services, Imaging Operations, P.O. Box 143245, Salt Lake City, UT 84114-3245  
**Fax** - Salt Lake City Area: 801-526-9500 or Toll free: 1-877-313-4717  
**Questions?** Call - Salt Lake City Area: 801- 526-0950 or Toll Free: 866-435-7414

**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.