

**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: 7/9/2010

**BUSINESS NAME  
ADDRESS  
  
CITY STATE AND ZIP**

**Return Address:**  
**Employment Security Department**  
**VOICE: 1-(877) XXX-XXXX**  
**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: 01/10/2008

Last day worked: 07/05/2010

Date of Separation: 07/05/2010

**Claimant's separation reason: 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 ☐ Fired  
☐ 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: **Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_.**  
**(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/domestic partner's 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 the 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? \_\_\_\_\_
  - ☐ Quit to enter an apprenticeship training program?
  - ☐ Other?

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

Name: **Jane B. Doe**

SSN: 000121234

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 and 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: (\_\_\_\_\_) \_\_\_\_\_