NOTICE OF EMPLOYEE SEPARATION

URGENT
Mail Immediately
Upon Separation of Any Employee

The following employee was separated TODAY:

TALX Employer Services
PO Box 1160
Columbus, OH 43216

DIRECT FAX: 1(866) 848-0100

(Name)

(Social Security Number)

(Job Title and Description)

First day worked _____ Rate of Pay: Starting _____

Wages Reported to State of Last day worked Rate of Pay: Ending

REASON FOR SEPARATION
(Check one and explain under remarks)

01 - Lack of Work

	0100	No other information
	0101	Reduction in force
	0102	Job eliminated
	0103	Reorganization
	0104	Completed Assignment: did not call avail.
	0105	Completed Assignment: called in available
	0106	End of temporary employment
	0107	End of seasonal employment
	0108	Project completed
	0109	Casual
	0111	Partially unemployed - reduced hours
	0113	On call
	0116	Temporary
	0120	Plant closed

02 - Not Separated

	0200	Not separated
	0204	Disciplinary layoff
	0211	Change in other employment
	0214	Inclement weather

03 - Quit

	0300	Reason unknown
	0301	Abandoned job
	0302	Walked off job
	0303	Did not return from leave
	0304	Did not return from layoff
	0305	Personal-not job related
	0306	School
	0307	Marriage
	0308	Relocate
	0309	Family obligations
	0310	Unable to obtain baby-sitter
	0311	Transportation
	0314	Continued Employment: New Owner
	0315	Accept another job
	0316	Go into own business
	0320	Illness
	0321	Maternity
	0326	Enter military
	0330	Dissatisfaction-work hours
	0331	Dissatisfaction-salary
	0332	Dissatisfaction-working conditions
	0333	Dissatisfaction-performance review
	0334	Dissatisfaction-supervisor
	0335	Dissatisfaction-company policies
	0350	In Lieu of Discharge (Protest)
	0351	In Lieu of Discharge (No Protest)

04 - Discharge

	0400	No other information
	0401	Insubordination
	0402	Violation of co. rules/policies
	0403	Violation of safety rules
	0404	Reported under influence alcohol
	0405	Reported under influence drugs
	0410	Destruction of co. property-willful
	0411	Destruction of co.property-carelessness
	0412	Fighting on company property
	0413	Leaving work station
	0415	Falsification of emp. Application
	0416	Dishonesty-falsified co. records
	0417	Dishonesty-unauthorized removal of company property
	0418	Dishonesty-monetary theft
	0419	Dishonesty-other
	0425	Absenteeism-unreported
	0426	Absenteeism-excessive and/or unauthorized
	0428	Tardiness-frequent
	0431	Failed to maintain union status
	0432	Excessive garnishments
	0436	Quality of work
	0437	Quantity of work
	0438	Poor performance
	0439	Probationary-not qualified for job
	0440	Poor judgment-no misconduct
	0441	Lack of technical knowledge
	0451	Inability to work-illness
	0452	Failure to pass physical

07 - Leave of Absence

	0700	No other information
	0701	Illness
	0702	Maternity
	0705	Injury-work connected
	0706	Injury-not work connected
	0710	Military
	0711	Family Obligations
	0712	Personal
	0713	School
	0714	Other

05 - Vacation

	0500	No other information
	0501	Scheduled vacation with pay
	0502	Shutdown for vacation
	0503	Shutdown for vacation, eligible for vac. pay
	0504	Shutdown for vacation, eligible for partial vacation pay

08 - Retirement

	0800	No other information
	0801	Voluntary-with pension (contributory)
	0802	Voluntary-with pension (non-contributory)
	0803	Voluntary-without pension
	0806	Contractual-with pension (contributory)
	0807	Contractual-with pension (non-contributory)
	0808	Contractual-without pension
	0811	Involuntary-with pension (contributory)
	0812	Involuntary-with pension (non-contributory)
	0813	Involuntary-without pension
	0816	Disability-job related
	0817	Disability-not job related

06 - Labor Dispute

	0600	No other information
	0601	Member of striking union
	0602	Refused to cross picket line
	0603	Strike-other union
	0604	Company lockout
	0605	Unsanctioned strike

90 - Miscellaneous

	9000	No information whatsoever
	9001	Refusal to work
	9002	Change of status
	9003	Transfer to new location
	9099	Death

REMARKS _____

REMUNERATION PAID AFTER SEPARATION:

Vacation Pay $ _____
Allocated _____
Severance Pay $_____
Allocated _____

Pension $ _____
____Financed Wholly by Employer
____ In Part by Employer

ADDITIONAL REMARKS ON 2ND PAGE ☐

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

LOCATION #: _____

SUBMITTED BY: _____

PHONE # _____

FAX # _____

E-MAIL ADDRESS _____