

NOTICE OF EMPLOYEE SEPARATION

URGENT

The following employee was separated **TODAY**:

**Mail Immediately
Upon Separation of Any Employee**

TALX Employer Services
PO Box 1160
Columbus, OH 43216

DIRECT FAX: 1(866) 848-0100

(Name)

(Social Security Number)

(Job Title and Description)

Wages Reported to State of	First day worked	Last day worked	Rate of Pay: Starting	Rate of Pay: Ending
REASON FOR SEPARATION (Check one and explain under remarks)	04 - Discharge		05 - Vacation	
01 - Lack of Work				
0100 No other information	0400	No other information	0500	No other information
0101 Reduction in force	0401	Insubordination	0501	Scheduled vacation with pay
0102 Job eliminated	0402	Violation of co. rules/policies	0502	Shutdown for vacation
0103 Reorganization	0403	Violation of safety rules	0503	Shutdown for vacation, eligible for vac. pay
0104 Completed Assignment: did not call avail.	0404	Reported under influence alcohol	0504	Shutdown for vacation, eligible for partial vacation pay
0105 Completed Assignment: called in available	0405	Reported under influence drugs		
0106 End of temporary employment				
0107 End of seasonal employment	0410	Destruction of co. property-willful		
0108 Project completed	0411	Destruction of co. property-carelessness		
0109 Casual	0412	Fighting on company property	0800	No other information
0111 Partially unemployed - reduced hours	0413	Leaving work station	0801	Voluntary-with pension (contributory)
0113 On call	0415	Falsification of emp. Application	0802	Voluntary-with pension (non-contributory)
0116 Temporary	0416	Dishonesty-falsified co. records	0803	Voluntary-without pension
0120 Plant closed	0417	Dishonesty-unauthorized removal of company property	0806	Contractual-with pension (contributory)
			0807	Contractual-with pension (non-contributory)
02 - Not Separated			0808	Contractual-without pension
0200 Not separated	0418	Dishonesty-monetary theft	0811	Involuntary-with pension (contributory)
0204 Disciplinary layoff	0419	Dishonesty-other	0812	Involuntary-with pension (non-contributory)
0211 Change in other employment	0425	Absenteeism-unreported	0813	Involuntary-without pension
0214 Inclement weather	0426	Absenteeism-excessive and/or unauthorized	0816	Disability-job related
			0817	Disability-not job related
03 - Quit				
0300 Reason unknown	0428	Tardiness-frequent		
0301 Abandoned job	0431	Failed to maintain union status		
0302 Walked off job	0432	Excessive garnishments		
0303 Did not return from leave	0436	Quality of work	0600	No other information
0304 Did not return from layoff	0437	Quantity of work	0601	Member of striking union
0305 Personal-not job related	0438	Poor performance	0602	Refused to cross picket line
0306 School	0439	Probationary-not qualified for job	0603	Strike-other union
0307 Marriage	0440	Poor judgment-no misconduct	0604	Company lockout
0308 Relocate	0441	Lack of technical knowledge	0605	Unsanctioned strike
0309 Family obligations	0451	Inability to work-illness		
0310 Unable to obtain baby-sitter	0452	Failure to pass physical		
0311 Transportation				
0314 Continued Employment: New Owner				
0315 Accept another job				
0316 Go into own business	0700	No other information	9000	No information whatsoever
0320 Illness	0701	Illness	9001	Refusal to work
0321 Maternity	0702	Maternity	9002	Change of status
0326 Enter military	0705	Injury-work connected	9003	Transfer to new location
0330 Dissatisfaction-work hours	0706	Injury-not work connected	9099	Death
0331 Dissatisfaction-salary	0710	Military		
0332 Dissatisfaction-working conditions	0711	Family Obligations		
0333 Dissatisfaction-performance review	0712	Personal		
0334 Dissatisfaction-supervisor	0713	School		
0335 Dissatisfaction-company policies	0714	Other		
0350 In Lieu of Discharge (Protest)				
0351 In Lieu of Discharge (No Protest)				

REMARKS

REMUNERATION PAID AFTER SEPARATION: Pension \$ _____ Financed Wholly by Employer In Part by Employer Vacation Pay \$ _____ Allocated _____ Severance Pay \$ _____ Allocated _____	COMPANY NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ LOCATION #: _____ SUBMITTED BY: _____ PHONE # _____ FAX # _____ E-MAIL ADDRESS _____
	ADDITIONAL REMARKS ON 2 ND PAGE <input type="checkbox"/>

