

**REQUEST FOR SEPARATION INFORMATION – UNEMPLOYMENT INSURANCE CLAIM**

**URGENT:**     Yes     No

The employee listed below has filed an unemployment claim. The affected State Agency’s authorized representative (typically the employee’s last supervisor) must **complete this form and return to [alfreda.melton@ncmail.net](mailto:alfreda.melton@ncmail.net) by** \_\_\_\_\_ so a determination can be made on this claim. Note that failure to respond by the specified date and time can result in your Agency losing its appeal rights, and the claimant receiving unwarranted unemployment compensation.

**Are you contesting this claim for the employee listed?**     Yes     No

If **Yes**, complete **all** sections below, sign, and return via email or FAX (number above).  
If **No**, complete dates of employment, sign, and return via email or FAX (number above).

**Employee Name:**

**Hire Date:**

**Social Security Number:**

**Date of Termination:**

**Location:**

**Last Actual Day Worked:**

**Ending Rate of Pay:**

**Did, or will, this individual receive separation, vacation, bonus, disability or other type of pay for any period after last day worked?**     Yes     No

If Yes, please specify:

**Type of Pay:**

**Gross Amount:**

**For the Period Starting:**

**Period Ending:**

**Job Title/Location/Department:**

**Provide specific details on reason for separation (attach additional page if necessary) and provide any relevant information requested for this claimant on page 2 of this form:**

**Responder Name:**

**Signature:** \_\_\_\_\_

**Title/Agency:**

**Phone #:**

**FAX #:**

Contact for additional information (if applicable):

**Name:**

**Phone #:**

Where applicable to claimant, the above “responder” or the designated “contact for additional information” must provide information requested on page 2 of this form.

## **Fact Finding Information Required to Process This Claim**

If employee was separated for the reasons identified below, please provide the requested information, along with any supporting documentation.

### **Did Employee Quit (Voluntary Resignation)?**

- Provide copy of resignation letter, if available.
- If no resignation letter, provide statement on how resignation was communicated.
  
- Did claimant give notice of quitting?                      If yes, how much?                      Was he/she allowed to work out notice?                      Note: If the employee was not allowed to work a notice and was not paid for the notice period, the ESC may view this as a discharge instead of a resignation.
- Were there any unresolved issues or complaints from employee prior to resigning?                      If yes, please explain.

### **Was Employee Dismissed (Involuntary Resignation)?**

- Provide detailed description of final incident that warranted termination, including how the incident was discovered.
- Provide copy of any prior written warnings the claimant received, if applicable.
- Provide dates of any verbal warnings claimant received, if applicable; a copy of the relevant section(s) of the State or DOA policy the employee violated, if applicable; and claimant's signed acknowledgement of the affected policy.

### **Was Employee Discharged for Attendance Only?**

- Provide all information requested under "Involuntary Resignation" above.
- Provide date and reason given for final absence.
- If final absence was due to illness, provide any doctors' notes received.
- Did claimant report appropriately for the final absence/tardiness?                      If not, to whom was the claimant suppose to report?
- Provide a copy of claimant's attendance record, showing dates and reasons given for each occurrence, and point accumulation.

### **Was Employee Separated as Result of Layoff or Lack of Work?**

- Specify reasons, such as reduction in force, job elimination, end of temporary assignment, or reduced hours.

### **Is Claimant Still Employed?**

- Provide any recent changes in job status, title, rate of pay, number of hours worked per week, or proof of no changes (use Payroll).
- If employee is on leave of absence, why was leave requested?                      What is date employee is expected to return to work?                      Provide copy of doctor's statement if leave is for medical reasons.