



## The University of Georgia

### UGA Instructions for preparation of **SEPARATION NOTICE** (Form DOL - 800)

According to Georgia state law (O.C.G.A. § 34-8-190), each organizational unit must furnish to each separating employee (faculty/staff, temporary or regular) a separation notice at such time as said employee leaves the employment of the University of Georgia, regardless of the length of employment. This requirement includes retiring faculty and staff and those employees who are transferring from UGA to another University System of Georgia Institution. Department of Labor Form (DOL-800) is provided for use as the UGA Separation Notice.

The separation notice is **not** required for

- Deceased employees
- An employee transferring from one “regular” position to another
- An employee transferring from one “temporary” position to another
- An employee transferring from a “temporary” position to a “regular” position

The separation notice **is** required for all separating employees, including

- Any faculty or staff member separating from the University
- Any temporary employee separating from the University, including student employees, **UNLESS** the separating employee has a written notification of re-employment within 90 days of the separation.
- When an employee transfers from a “regular” position to a “temporary” position
- When an employee transfers from a “temporary” or “regular” position to a “student” position

Additional instructions are provided below and on page 2.

The original Separation Notice should be given to the separating employee on the employee’s last working day, and no later than 3 days after separation. For employees who have quit without notice, the form should be mailed to the employee’s last known home address. Retain one copy of the Separation Notice in the employee’s departmental employee personnel file, and forward the personnel file to the Records Department of Human Resources.

In Item #3, the “employed to date” is at the discretion of the department. It may be the last day worked or the last day of approved paid or unpaid leave.

In Item #4, select the appropriate reason for separation from the drop-down list on the form. [View the list.](#)

In Item #5, leave all sections blank.

The separation notice should be signed by the department official or supervisor directly responsible for the separation of the employee. Name and title of signing authority should be printed on the Separation Notice.

Care should be exercised by those designated employees to ensure Separation Notices are properly executed. These completed Separation Notices could be used to determine eligibility for unemployment compensation and could, in some cases, be used by an employee wishing to contest the manner or reason for termination.

More specific instructions for the completion of the Separation Notice are on page 2 of this document. If you have questions concerning the completion or processing of the DOL - 800 Separation Notice, please contact Faculty & Staff Relations at 706-542-9756.

INSTRUCTIONS TO EMPLOYER FOR COMPLETION  
OF THIS SEPARATION NOTICE

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice **must** be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when partial (DOL-408) or mass separation (DOL-402) notices are filed.

- Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.
- Item 2. Enter the employee's Social Security Number. **Verify for correctness.**
- Item 3. Enter the dates of employee's most recent work period.
- Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.  
b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.
- Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.
- Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$3,000.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent in regard to any potential claim.

Company's Georgia DOL Account Number. Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report, Form DOL-4.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

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OCGA Section 34-8-256(b)

**PENALTY FOR OFFENSES BY EMPLOYERS.** "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)

**PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER.** "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."



State of Georgia  
Department of Labor

**SEPARATION NOTICE**

1. Employee's Name \_\_\_\_\_ 2. S. S. No. \_\_\_\_\_

a. State any other name(s) under which employee worked. \_\_\_\_\_

3. Period of Last Employment: From \_\_\_\_\_ To \_\_\_\_\_

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: \_\_\_\_\_

\_\_\_\_\_

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)  
(DO NOT include vacation pay or earned wages)

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(type of payment)

Date above payment(s) was/will be issued to employee \_\_\_\_\_

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

\_\_\_\_\_ per month \_\_\_\_\_ % of contributions paid by employer

6. Did this employee earn at least \$3,000.00 in your employ? YES  NO  If NO, how much? \$ \_\_\_\_\_

Average Weekly Wage \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street or RFD)

City \_\_\_\_\_ State \_\_\_\_\_ | ZIP Code \_\_\_\_\_

Employer's Telephone No. \_\_\_\_\_  
(Area Code) (Number)

**Ga. D. O. L. Account Number** \_\_\_\_\_  
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

\_\_\_\_\_  
Signature of Official, Employee of the Employer  
or authorized agent for the employer

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
Date Completed and Released to Employee

**NOTICE TO EMPLOYER**

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

**NOTICE TO EMPLOYEE**

**OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.**