

CLAIMANT SEPARATION STATEMENT

K-BEN 3110 (Rev. 6-18)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
EMAIL: KDOL.UICC@ks.gov

*See important email notice on website.

Instructions: Complete all fields on both sides and return the completed form **at least 3 days before your scheduled call**. This information will be used to determine whether you are entitled to unemployment benefits. **Failure to complete and timely return this form may result in a denial of benefits and possible overpayment.** If a field does not apply to you, mark it *n/a*. When providing details, you may attach additional pages if needed.

Section A: Claimant Information

Name: _____ Social Security number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Section B: Employment Information

Who is your most recent employer (as of the day you filed your claim)? _____

Your most recent employer is the one for whom you last did any work before you filed your claim.

First day worked: _____ Last physical day worked: _____

Employer phone: _____ Supervisor name: _____

Your position or job title with this employer: _____

Which best describes your separation from this employer? (You must choose one).

- ☐ My employer stopped the work by firing me, temporarily suspending me or due to a lack of work.
- ☐ I stopped working by either quitting or taking a temporary leave of absence.
- ☐ I am still working for this employer.

Provide the following separation details based upon your answer above.

Fired or Suspended

What reason were you given for being fired or suspended? _____

Had you been disciplined or warned about this area prior to being fired or suspended? ☐ Yes ☐ No

Who told you that you were being fired or suspended? _____

Provide full details about the final incident that occurred:

Claimant name: _____ Social Security number: _____

Lack of Work

Were you laid off permanently or temporarily? ☐ Permanently ☐ Temporarily

If temporarily, were you given a recall date? ☐ Yes ☐ No If YES, what is the date? _____

What was the reason you were laid off?

☐ Employer going out of business

☐ Employer declared bankruptcy

☐ W.A.R.N.

☐ Weather

☐ Temporary agency - assignment ended

☐ Other: _____

If you answered Temporary agency, when did your last assignment end? _____

Did you request an additional assignment? ☐ Yes ☐ No If YES, when? _____

If NO, explain: _____

Does the employer have a policy requiring you to contact them for future assignments? ☐ Yes ☐ No

Quit

Did you give notice to the employer? ☐ Yes ☐ No If YES, when did you give notice? _____

If you gave notice, did you continue to work until your planned last day? ☐ Yes ☐ No

If NO, explain: _____

What is the reason you decided to end your employment with this employer?

Leave of Absence

Is your leave of absence due to your own medical reasons? ☐ Yes ☐ No

Is your leave of absence for any other reason? ☐ Yes ☐ No Provide details: _____

Do you have an expected return to work date? ☐ Yes ☐ No If YES, what date? _____

Still Working

Provide a copy of your most recent work schedule and most recent paystub along with this form.

Section C: Other Employment

After leaving the employer identified in Section B, have you worked for any other employers as of the day you are filling out this form?

☐ Yes ☐ No

If YES, complete the following.

Employer Name	Phone	First Day Worked	Last Day Worked

Submit

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____