## STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

## MASS SEPARATION NOTICE



(To be used only for lack of work separations)

Date	, 20 on	, 20		
(date of notice)	(las	t day worked)		
temporarily* We permanently ceased to empl	ov the following workers:			
Worker's Name	Social Security No.	Date Entered Employ	Occupation	Remarks
*If temporary separation give pro	bable duration in "REMARI	KS" COLUMN.		
All of above workers worked at				
		(where work performe	d)	
Was separation caused by lack of	of work? ☐ Yes ☐	No		
		Employer's		
Employer		Address		
		5	<b>-</b>	
Employer Account Number		Ву	Title	

 $\label{thm:continuous} \emph{To be used only by arrangement with representatives of the Department of Labor and Workforce Development}. \\ \textit{LB-0490 (R8/00)}$