



SEPARATION NOTICE ALLEGING DISQUALIFICATION

1. NAME _____ 2. SS NO. _____

3. DATE OF SEPARATION _____ 4. DATE HIRED _____ 5. DATE LAST WORKED _____

PLEASE PROVIDE DETAILED EXPLANATION for item checked below. Should this individual file a claim for unemployment insurance benefits, complete facts will enable this agency to make an equitable decision.

6. **REASON FOR LEAVING:**

- 01 () Voluntary Leaving (Quit)
02 () Discharge (Fired)
03 () Lack of Work (R.I.F.)
04 () Leave of Absence
05 () Not Physically Able to Work
06 () School Employee Contract
07 () Refused Other Suitable Work
08 () Labor Dispute
09 () Retirement, Pension
10 () Other (Please Explain)

7. **VACATION, SEVERANCE, DISMISSAL, BONUS,
HOLIDAY PAY INFORMATION**

The employee received or will receive:

- () Vacation \$ _____ week(s) _____
() Severance/Dismissal \$ _____ week(s) _____
() Bonus \$ _____ week(s) _____
() Holiday Pay \$ _____ week(s) _____

LUMP SUM () Vacation () Accrued Leave
() Severance/Dismissal Pay () Bonus
() Holiday Pay () Other Remuneration
covers a period of _____ week(s).

EXPLANATION:

I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

8. _____ 9. _____ 10. _____
Employer Name Phone - Area Code & No. Employer Acct. No.

11. _____ 12. _____
Address Street/Box City State Zip Code

13. _____ 14. _____ 15. _____
Signature Title Date

FILL OUT IN TRIPLICATE. MAIL ORIGINAL TO - Administrator, Louisiana Workforce Commission , Post Office Box 94094, Baton Rouge, LA, 70804-9094 WITHIN 72 HOURS after separation. Give a copy of this form and a copy of the "Instructions to the Worker" to the employee within 72 hours, and retain a copy for your files.

Failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker's separation from employ.