

**NOTICE OF SEPARATION OR REFUSAL OF WORK UNDER CONDITIONS THAT MAY DISQUALIFY 60-0154 (03.11)** *Instructions On Reverse*

WORKER'S NAME		SOCIAL SECURITY NUMBER		(Date) Separation or refusal to work <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
<b>EMPLOYMENT WAS TERMINATED FOR THE REASON CHECKED</b> <b>The Protest Box and Complete Separation or Refusal of Work Date MUST BE INDICATED on all responses. . . . .</b>		<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Discharged for Misconduct in Connection With Work	<input type="checkbox"/> Refused Suitable Work or Recall To Work	<input type="checkbox"/> Left to take other employment
IOWA ACCOUNT NUMBER	If Applicable, Location Code	<p style="text-align: center; margin-top: 0;"><b>INTERVIEW INFORMATION</b></p> <p style="font-size: x-small;">If a fact-finding interview is necessary, you will be scheduled for an interview by telephone unless it is impractical to do so.</p> <p><b>NAME OF PERSON</b> who will participate in a fact-finding interview for this employer.</p> <p><b>PRINT LEGIBLY</b></p> <p>Name _____</p> <p>Title _____</p> <p>Telephone number for fact-finding interview _____</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>(Area Code)</span> <span>Phone Number</span> </div> <p>SUPPORTING DOCUMENTS may be submitted with this form for consideration at the telephone fact-finding. The separation information you provide must be Certified Correct By Signing and Completing the Signature Box.</p> <p>CERTIFIED CORRECT BY (Signature Required) _____</p> <p>TITLE _____ Date _____</p>			
EMPLOYER					
EMPLOYER ADDRESS (Street, City, State and Zip Code)					
FOR DEPARTMENT USE ONLY:    O.C. _____ L.O.# _____					

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IOWA WORKFORCE DEVELOPMENT  
P.O. Box 10331  
Des Moines, Iowa 50306

INSTRUCTIONS TO EMPLOYER

Whenever a worker leaves or refuses your employment for any reason that you believe disqualifies the individual from receiving unemployment insurance benefits, you should notify IOWA WORKFORCE DEVELOPMENT by completing this Notice of Separation form, 60-0154. The Notice of Separation can also be filed by calling (866) 834-9672 and providing the information by telephone. If you provide the information over the telephone, you do not need to send a paper copy of this form.

**THE ORIGINAL COPY** of this form must be postmarked or received by Iowa Workforce Development within ten days from the date of the notice of claim. You may keep a duplicate copy of the form for your file.

**DO NOT use this form if the worker was laid off for lack of work**, regardless of whether the work was permanent or temporary.

**IF A WORKER FILES** an unemployment insurance claim, you will receive notice of that filing by a Notice of Claim or through the scheduling of a fact-finding interview with you and the claimant.

**IF A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS IS FILED**, IOWA WORKFORCE DEVELOPMENT will schedule a fact-finding interview and take the statements from both the worker and the employer. A decision will then be made regarding the worker's eligibility for unemployment insurance benefits.

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To reorder Form 60-0154, Notice of Separation or Refusal of work, fill out this card and return it in an envelope to the Iowa Workforce Development Address.

***Iowa Workforce Development  
P.O. Box 10331  
Des Moines, Iowa 50306***

**Include your name and complete mailing address. Indicate the number of pads you wish to order.**

Number of Pads 60-0154	NAME (PLEASE PRINT)
	ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

Equal Opportunity Employer/Program  
Auxiliary aids and services available upon request to individuals with disabilities.  
For deaf and hard of hearing, use Relay 711.



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