



Form LDOL 77 Separation Notice Alleging Disqualification



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Thank you for accessing this Louisiana Department of Labor Interactive Form. The following is a brief overview of how the form functions.

Complete all required entries according to instructions preceding each item. After the last entry, click "SUBMIT." If errors are detected, the first page of the form will return with further instructions printed in red. Scroll down and correct all errors, and then click "SUBMIT" again. When the form has been completed successfully, a "SUBMISSION ACCEPTED" page will return. Print this "SUBMISSION ACCEPTED" page for your records.

A Separation Notice Alleging Disqualification should be completed for each worker who leaves your employ without good cause connected with his work, is discharged for misconduct connected with the employment, or is unemployed because of a labor dispute.

Submit within 72 hours after each employee has been separated from work.

You may download and print out a blank copy of this form from the links at the bottom of this page.

Give a copy to the worker along with Workers' Claim Information and [Form LDOL 87](#) or, if delivery is impossible, mail to his last known address within 72 hours.

Keep a copy in your files for reference.

Name

Enter the worker's full name as it appears on your records. If it is different from that on the Social Security Card, put the recorded name here and report both names in the explanation box below.

Social Security Number

Enter the worker's Social Security Number. If it is known to you that the worker has more than one number, record the first number here and

report all numbers in the explanation box below.

Dates

Enter the date the worker was separated from your employ,
the date the worker was hired,
and the date the worker last worked.

Enter Dates in this format: mm/dd/ccyy.

Date Separated: / /

Date Hired: / /

Date Last Worked: / /

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

Check one reason for leaving and explain in the Explanation box below.

01 - Voluntary Leaving: give the reason for leaving so that it can be determined whether or not a disqualification for leaving without good cause attributable to a substantial change with the employment should be assessed.

02- Discharge, Misconduct: give the reason for discharge so that the information can be used in determining whether or not a disqualification should be assessed for misconduct connected with the work.

03- Lack of Work (RIF)

04- Leave of Absence: give details as to the reason for the leave and the time period involved.

05- Not Physically Able to Work: give all known details relative to the worker's illness or injury.

06- School/Employee Contract: give information relative to reason for the separation and whether or not the worker had a contract or a reasonable assurance of returning.

07- Refused Other Suitable Work: give information relative to the new work offered, such as salary, hours,

Vacation/Severance/Dismissal/ Bonus/Holiday Pay Information

Please do not use commas
when entering dollar amounts.

If the number of weeks is less than one week, enter one (1) in the weeks block and provide the number of days in the explanation block.

job conditions, location, etc.

Vacation
\$ for week(s)

08- Labor Dispute: give details of labor dispute so that the information can be used in determining whether or not the worker is disqualified for benefits due to participation in dispute.

Severance/Dismissal
\$ for week(s)

09- Retirement: give the reason for retirement, whether voluntary or compulsory; exact amount of pension before deductions; and whether company contributed, employee contributed, or a combination of both.

Bonus
\$ for week(s)

10- Other: enter any other reason not enumerated above which might disqualify the worker.

Holiday Pay
\$ for week(s)

remuneration covered a period of
 week(s)

Explanation:

Although the field below displays only 60 characters, there are 180 characters available for an explanation.

Enter the name, title, and phone number of the person completing this form.

Name of Person Completing Form:

Title of Person Completing Form:

Phone: () -

Enter the employer's name and address in the designated fields.

Employer Name:


Louisiana Employer Account Number:

Please enter the first six digits of your account number.

Street Address:

City:

State:

ZIP Code:

