

State of Washington — Employment Security Department
Notice to Employer — Job Separation Statement

Important: This employee has applied for unemployment benefits. Complete and return this form and any other relevant documents. If you don't respond on time with complete information and we later determine benefits were paid in error, RCW 50.29.021(6) says you may be charged for benefits paid.

Exception: If the employee is off work or working reduced hours due to a lack of work, you do not need to return this form unless you want this employee on standby.

You must return this form by -> -> -> -> 02/25/2014 . Mailed on: 02/14/2014

BUSINESS NAME
ADDRESS
CITY STATE ZIP

Return address:
EMPLOYMENT SECURITY DEPT
PHONE: 1-(877) XXX-XXXX
FAX: (800) 301-1796
PO BOX 19019
OLYMPIA WA 98507-0019

Name: JANE B. DOE

SSN: 000000000

Seq #: 000

Start date: 10/10/2012

Last day worked: 02/13/2014

ES reference #: XXXXXX 00

Employee separation reason: LET GO BECAUSE I MISSED MY SHIFT

Check here if this person never worked for you Check here if the employee is working all available hours

Employer's statement:

Employee's start date: 10/10/12 Last day physically worked: 2/13/14 Date separated (if different):

Employee's job title or occupation: stock clerk

If this employee is no longer working for you, please tell us why: Lack of work Quit Leave of absence Fired Strike/lockout

Complete this section if you want the employee on standby:

Employees who worked full time (40 hours per week) for you may request standby if they have a definite date to return to full time work within 4 weeks. Claimants on standby don't have to look for work but must accept any suitable work you offer your employee, with a definite return to work date, on standby up to a maximum of 8 weeks per claim year.

I would like this person on standby This person regularly works full time Standby start date:

Fill this section out THEN go to page 2 and complete the form.

Complete this section if the employee quit:

1. Did the employee tell you why he or she quit? Yes No
2. What was the main reason the employee gave for quitting? Please provide specific details:

3. Did the employee pursue any alternatives to resolve any problems, such as requesting a transfer or leave of absence, etc.?. Yes No If yes, please explain:

4. Do you have any documents relating to the reason the employee quit (such as a resignation letter, request for a leave of absence, etc.)? Yes No If yes, please send copies of the documents with this form (include the employee name and SSN on the documents).

Complete this section if the employee is on a leave of absence:

1. When did the leave of absence begin?
2. When is it scheduled to end?
3. Are you holding the same or similar job for the employee? Yes No If yes please explain:

Name: JANE B. DOE

SSN: 000000000

It's very important to fill out this section when you have fired or discharged an employee.

Complete this section if you fired the employee:

1. What date did you decide to fire the employee? 2/13/14

2. What happened on that day to make you decide to fire the employee? She missed her shift again!

3. If you did not fire the employee on the same day you made the decision, tell us why: _____

4. Please provide specific details about the reason(s) you fired the employee, including dates, prior warnings, or similar incidents: _____

She had already missed 2 shifts since Jan 1, 2014. She said she forgot to read her new schedule. This was her third time.

5. Do you believe the employee's actions or inactions were: deliberate, careless/negligent or neither (explain): _____

She doesn't always pay attention

6. What effects did the employee's action(s) or inaction(s) have on your business? _____

I lose customers if stock is not fulfilled on time

7. Do you have any documents relating to the reason you fired this employee (such as written warnings, copy of a policy, witness statements, attendance records, etc.)? Yes No If yes, please send copies of the documents with this form and include the employee name and SSN on the document(s).

Complete this section if the employee is not available for work:

Explain why and provide dates if known: _____

RCW 50.29.021(21) says you may be charged for any benefits paid in error if you do not respond to this notice timely or adequately. If you are returning this form after the deadline, please explain why you are late: _____

Your information:

Name: John Q. Owner Title: President Business name: My Business Name

Signature: John Q. Owner ES Ref #: 0101010 Phone: (000) 000-000

Please tell us who we should contact if we need more information:

Name: _____ Title: _____

Email: _____

Always sign and provide your contact information

Your Employment Security Account #