



SEPARATION NOTICE



DATE _____
FOR _____

- 1. NAME OF WORKER _____ S. S. NO. _____
- 2. TYPE OF EMPLOYMENT _____ LAST DAY OF EMPLOYMENT _____
(POSITION OR NATURE OF WORK)
- 3. REASON FOR SEPARATION _____
VOLUNTARY INVOLUNTARY

I hereby certify that the information contained in this notice is true and correct -

NOTICE TO WORKER

Present this Statement when filing a claim for Unemployment Compensation Benefits at the nearest employment office.

- 4. NAME OF EMPLOYER _____
- 5. ADDRESS _____
- 6. SIGNED BY _____ TITLE _____
(INSTRUCTIONS ON REVERSE SIDE) (THIS NOTICE MUST BE SIGNED)



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INSTRUCTIONS

Insert the necessary information requested on Lines 1, 2, 3, 4, 5, 6 and present to the worker at the time his services are terminated.

- Line 1. Insert employee's name and Social Security number.
- Line 2. Insert the position most recently held, or the nature of the work most recently performed by the worker while in your employ, and the last date the worker performed services for you, for which wages were paid.
- Line 3. Indicate in the proper block, the reason for separation, whether voluntary or involuntary and briefly explain the reason.
- Line 4. Insert name of employer.
- Line 5. Insert address of employer.
- Line 6. Signature of person authorized to sign this notice required.

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