

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:

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

- 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)

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. 566057-6
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 Department of Labor, 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.

INSTRUCTIONS TO EMPLOYER FOR PREPARATION OF SEPARATION NOTICE ALLEGING DISQUALIFICATION

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

Mail an original to the Administrator, Louisiana Department of Labor, Post Office Box 94094, Baton Rouge, Louisiana 70804 within 72 hours after employee has been separated from work.

Give a duplicate copy to the worker along with the "Instructions To The Worker" and the Worker's Claim Information, Form LDOL 87W, or if delivery is impossible, mail to his last known address within 72 hours.

Keep a triplicate in your files for reference.

Item 1 Enter here the worker's full name as it appears on your records. If it is different from that on the Social Security card, report both names.

Item 2 Enter worker's Social Security Number. If it is known to you that he has more than one number, enter all numbers.

Item 3 Enter the date the worker was separated from your employ.

Item 4 Enter the date the worker was hired.

Item 5 Enter the date the worker last worked.

Item 6 Check the reason for separation and explain in detail in space provided.

01 Voluntary Leaving: give the detailed 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 detailed 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 complete details as to the reason for the leave and the time period involved.

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

06 School Employee: give complete 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 detailed information relative to the new work offered, such as, salary, hours, job conditions, location, etc.

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 the dispute.

09 Retirement: give the detailed reason for retirement, whether voluntary or compulsory, exact amount of pension before deductions, and whether company contributed, employee contributed or a combination of employer/employee contributions.

10 Other: enter here any other reason not enumerated above which might disqualify the worker. Give full explanation.

Items 7—12 Complete as indicated on the form. Report gross dollar amounts.

Items 13-15 This notice should be signed by an officer or employee authorized to assume responsibility for the information and his title or position. This notice should be dated as of the date it is handed or mailed to the worker and mailed to the Administrator, Louisiana Department of Labor, Post Office Box 94094, Baton Rouge, LA 70804.

INSTRUCTIONS TO THE WORKER

Having become unemployed, you should go to an office of the Louisiana Department of Labor most convenient to you and register for work. If you intend to file a claim for benefits, you may do so at the same time. Under the Louisiana Employment Security Law, you may be disqualified for benefits, if it is determined that:

You left your work without good cause attributable to a substantial change with your employment, or

You were discharged for misconduct connected with your work, or

You failed to accept suitable work when offered or to apply for available suitable work, when so directed by the Administrator or the employment office, or

You were taking part in a labor dispute in the establishment in which you were employed, or you were seeking unemployment compensation benefits under any other State or Federal Law.

It is important for you to register for work immediately even though you may be temporarily disqualified for benefits.

In deciding whether you are disqualified, the Louisiana Department of Labor will consider the statements made by your employer on Form LDOL 77, Separation Notice, concerning the reason for your separation and the statements you make when you file your claim for benefits at the office of the Louisiana Department of Labor. If you do not agree with the reasons for leaving your job as given on the Form LDOL 77, Separation Notice, state reason for leaving your job to the representative at the office of the Louisiana Department of Labor.

NOTE: It is not necessary to EMPLOY any one to help you collect benefits. Any representative of the Louisiana Department of Labor will advise you and help you with your claim.

REGISTER at once at the most convenient office of the Louisiana Department of Labor.