

NC DEPT. OF COMMERCE – DIVISION OF EMPLOYMENT SECURITY

REQUEST FOR SEPARATION INFORMATION FROM EMPLOYER

The individual named below filed a claim for unemployment insurance benefits and listed you as the last employer. Your reply will be considered when determining the individual’s eligibility if it is received by the due date. Failure to provide a timely, legible and detailed response or failure to attend any appeals hearing related to this claim may result in an increase in your tax rate. You may respond by mail or by fax. If your reply is submitted by fax, please do not return the paper form. Please provide an email address or fax number in case additional information is needed. If the individual is unemployed due to “lack of work” or “inability to perform available work,” the separation will not be examined and your account will be subject to charges for any benefits paid to the claimant.

Return To:
Division of Employment Security

Fax Number: (919) 733-1371
Tel Number : (888) 737-0259

1. Date Mailed		2. Response Due Date		3. If the claimant is filing an initial claim and you are also a base period employer , you will receive, under separate mailing, Form NCUI 551L Notice of Unemployment Claim, Wages Reported, and Potential Charges.												
4. Claimant Name				5. Effective Date of Claim				6. Social Security Number								
7. If the claimant did not work for you, check this box. <input type="checkbox"/>				EAN:												
8. Reason why claimant is no longer working: Please check only one box <input type="checkbox"/> Temporary Agency (go to Item 14) <input type="checkbox"/> Quit (complete Item 15) <input type="checkbox"/> Discharge (complete Item 16) <input type="checkbox"/> Inability to perform the work <input type="checkbox"/> Lack of Work/Laid Off <input type="checkbox"/> Other (complete Item 17)				9. If still employed, please check one of the following boxes. Enter the number of hours worked if applicable. <input type="checkbox"/> This claimant was hired full-time (____) hours and now working reduced (____) hours. <input type="checkbox"/> This claimant has not separated but was hired part-time and continues to work part-time.												
				10. First Day Worked				11. Last Day Worked (i.e., last day physically worked)				12. Rate of Pay				
				M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y
13. Did claimant receive:				Gross Amount				Date Paid				Number of				
a. Regular wages for last week worked?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$				Weeks				
b. Wages in Lieu of Notice (payment to compensate the employee for no notice or short notice of layoff)?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$				Days				
c. Vacation Pay (report unused vacation)?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$				Hours				
d. Severance Pay or Separation Bonus? Compensation for weeks not worked after separation. Each payment impacts the claim differently.				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$								
Severance Pay?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$								
Separation Bonus?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$								
e. Other Payment(s)? If Yes, for what reason did you make the payment?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$								
f. Company Pension?				<input type="checkbox"/> Yes <input type="checkbox"/> No				\$				How Paid? <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly				
(office use only)																

(see other side)

Claimant: _____ **SSN:** _____ **DD:** _____

14. COMPLETE THIS SECTION IF YOU ARE A TEMPORARY EMPLOYMENT SERVICES EMPLOYER:
 The individual is not separated, is eligible for suitable work assignments, but no suitable work assignments are currently available.
 Was claimant offered a new assignment? Yes No If yes, did he/she accept? Yes No
 If the questions above do not apply to this claimant, please respond to either Item 15 or 16.

Please provide the following information regarding work refused:

Date offered	Type of work	Pay Rate: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> BI-WK <input type="checkbox"/> YR	Days	Hours	Distance to site	Reason refused Go to #17
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The following questions refer to the claimant's last assignment:
 Employer name and location: _____

Claimant's job:	First day worked:	Last day worked:
Pay rate: \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> BI-WK <input type="checkbox"/> YR	Work hours:	Days worked:

15. COMPLETE THIS SECTION IF THE CLAIMANT QUIT.
 a. What reason did the claimant give for quitting? (If you need more space, continue in Item 17.)

 b. Did claimant give prior notification of resignation? Yes No If yes, please provide date: _____
 If claimant gave notification was it: Oral Written (Please provide copy)

16. COMPLETE THIS SECTION IF THE CLAIMANT WAS DISCHARGED.
 a. When you informed the claimant of the discharge, what reason did you provide? _____
 Was this a policy violation? ? Yes No If Yes, please provide documented proof as necessary.
 b. Was the claimant warned regarding this behavior? ? Yes No
 Date(s) of warnings for this behavior? _____
 The warning(s) was: Oral Written Both
 (Provide details regarding the nature of the warnings in Item 17. Attach documentation.)
 c. Did the reason for discharge involve tardiness or attendance? ? Yes No If Yes, please provide the dates and reasons regarding incidents. _____

17. COMPLETE THIS SECTION OR A SEPARATE SHEET FOR ADDITIONAL INFORMATION.

Name of the individual to contact for additional information: _____		Contact Telephone Number: _____ ()	
Signature _____	Name Printed _____	Title _____	Date Signed _____
Email address: _____		Fax number: ()	

(Please fax both front and back sides to DES)