

Insured Solutions
Employee Notice of Separation Form
Fax to Carrie Lambert at (678) 262- 3201

Date: _____

Employee Name: _____

Termination Date: _____ Last Day Worked: _____

Name of person who informed employee of their termination: _____

Sick Leave Pay _____ Vacation Pay _____

Severance Pay _____ Wages in lieu of Notice _____

Reason for Termination: (PLEASE PROVIDE DOCUMENTATION)

Laid off due to lack of work. Will the employee be called back to work? Yes No
Call back Date _____

Left work voluntarily. *Please provide copy of resignation letter.*

___ Discharged for willful misconduct. Was the employee warned before? ___ Yes ___ No
Date of warning _____ *Please provide
copies of all written/verbal warnings, the signed policy, include dates of warnings.*

Discharged for a Policy Violation. Was the employee warned before? Yes No
Date of warning _____ *Please provide
copies of the signed policy, and any copies of written/verbal warnings.*

Discharged for performance reasons. *Please provide copies of performance reviews, written
and verbal warnings, employee's resume, training records or any other pertinent information
that will be helpful in the unemployment claims process.*

Other reason _____

Employee eligible for Rehire? Yes No

Name of person completing Form:

Signature: _____

Contact phone number: _____

Date: _____

**Failure to provide this information timely may result in the State's approval of unemployment benefits.
The State may also assess penalties. This may result in an increase in the
Unemployment Tax Rate.**