



State Unemployment Insurance Service
Employee Separation Form

Complete this form and attach copies of documentation such as warning notices, attendance records, etc. Prompt submission will assist in your right to appeal.

Upon completion, please fax this form as well as any relevant notices and attendance records to 713-777-1270.

If you have questions or need assistance, call 713-777-2729.

Client Name _____

Employee Name _____ Social Security Number _____

Date of Hire ____/____/____ Last Date Worked ____/____/____ Termination Date ____/____/____

Reason for Separation- Check the reason that best describes the employee's separation.

[] Lack of work

[] Voluntary: Check reason below.

- [] Job Abandonment (3 days no call/no show)
[] Personal Reasons
[] Accepted Another Job
[] Relocated

- [] Dissatisfaction with Hours, Rate of Pay, working Conditions, etc.
[] Other _____

[] Discharge: Check reason below and provide details.

- [] Unsatisfactory Work Performance (no misconduct)
[] Attendance/Tardiness
[] Violation of Company Policy

- [] Falsification of Records
[] Insubordination
[] Other _____

Provide the date and details of the final incident ____/____/____

[] Other: Provide details. _____

Upon separation, was the employee paid or will the employee be paid any of the following?

- [] Severance Pay [] Pension
[] Holiday Pay [] Vacation Pay
[] Wages in Lieu of Notice

Table with 2 columns: Period Covered, Amount. Contains 3 empty rows for data entry.

Form completed by: _____

Title _____ Telephone (____) _____ Date ____/____/____