Separation Notice

Louisiana Workforce Commission Adjudication Support Unit P. O. Box 91253 Baton Rouge, LA 70821-9253 Fax (225) 346-6068

. O. Box 91233 laton Rouge, LA 70821-9253 Fax (225) 346-6068			
1. Applicant Information			
First Name:	Last Name:		
SSN:			
Date of Separation:	M M D D Y	Date Last Worked:	M D D Y Y
Please provide detailed explanation for the items of complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable this agency to make an expression of the complete facts will enable the complete facts and the complete facts will enable the complete facts and the complete facts will enable the complete facts and the complete facts will enable this agency to make an expression of the complete facts and the complete facts are complete facts.		ividual file a claim for unemploy	ment insurance benefits,
2. Reason for Separation	3. Vacation, Severance, Dismissal, Bonus, Holiday Pay Information		
Voluntary Leaving (Quit)	Hourly Rate of Pay \$	Hrs Worked p	er Week
Discharged (Fired)	Vacation/Accrued	\$	# Hrs
Lack of Work (Reduction in Force)	Leave – Not PTO Severance/		
Leave of Absence	Dismissal	\$	# Hrs
Not Physically Able to Work	Bonus	\$	# Hrs
School Employee Contract Refused Other Suitable Work	Holiday Pay	\$	# Hrs
Labor Dispute/Union Strike	Wages in Lieu of Notice	\$	# Hrs
Retirement	4. Pension		
Work Part Time	Monthly Lump Su	um \$	
Explain the reason for separation: If lump sum, what would the monthly amount be if that option had been chosen?			
I certify that the worker whose name and social se information is true and correct. I further certify that			
Employer Name Employer Account No.			
			J·
Street Address		City	State Zip
Telephone Number	Fax Number		
Signature		Printed Name	
Title FILL OUT IN TRIPLICATE. Mail original within 72 hours after separation.		Phone Number MAIL or FAX TO -	
Give a copy of this form and a copy of the "Instruction employee within 72 hours, and retain a copy for you	Louisiana Workforce Commission Adjudication Support Unit Post Office Box 91253		

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.

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File online at: http://www.laworks.net