



Unemployment Employee Claims Information

Employer Information <i>All sections to be completed by employer.</i>			
Unit name			Unit #
Contact person		Phone number ()	
Supervisor		Phone number ()	
Employee Information			
SSN	Last name	First name	Middle name
Occupation		First day worked / /	Last day worked / /
Reason for Separation <i>For 'Discharge' or 'Quit', see 'Details' below. For 'Other', write in reason for separation.</i>			
<input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Quit <input type="checkbox"/> Other:			
<i>Details (for 'Discharge' or 'Quit' only) Use the space provided to list reasons for discharge or quit and name all supervisors who have knowledge of these reasons. Include copies of all documents in the employee's personnel file that pertain to the discharge or quit (for example: discharge letter, resignation letter, written warnings or reprimands, written work rules, or written job description).</i>			
Money Paid to Employee After Separation <i>If applicable, list any vacation pay, severance pay, payment in lieu of notice, etc. paid to employee after separation.</i>			
Type of payment			
Gross payment \$	Period covered (from) / /	Period covered (to) / /	Date paid / /
Type of payment			
Gross payment \$	Period covered (from) / /	Period covered (to) / /	Date paid / /
Type of payment			
Gross payment \$	Period covered (from) / /	Period covered (to) / /	Date paid / /

Basic Instructions

Complete and fax or mail this form to the MCC within one working day after any Lay Employee's separation from employment.