[es]Request for Separation

[es]Employer Name:

[es]Employer Acct Number:

[es]Employer FEIN:

[es]Employee Information:

[es]Employee Name:

[es]Last four of SSN:

[es]Date of termination:

[es]Reason for termination:

[es]Claim Information:

[es]Claim Number:

[es]Type of Claim:

[es]Filing Date: