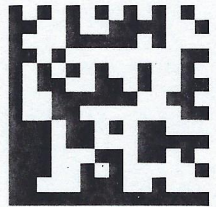




State of Utah
Department of Workforce Services

EMPLOYMENT TERMINATION/LEAVE OF ABSENCE



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A HERNANDEZ

Case name: _____ Case number: _____
Employed person: _____ SSN: _____

Please use a black pen to complete form. This form is not used to determine Unemployment Insurance eligibility.

Employer Information:

Company name: _____
Corporate name (if different): _____
Payroll company (if different): _____
Company address: _____
Name of supervisor or HR contact: _____ Phone number: _____

Employee History:

1. Average hours the employee worked per week: _____ Hourly wage: \$ _____
2. Date of hire: _____ Last day worked: _____
3. Date final check available to the employee: _____
4. Gross amount (before taxes) of final paycheck: _____
5. Total gross pay (before taxes) in the month employee received their final check: _____
6. Did the employee receive severance pay or vacation pay separate from their final check? ☐ Yes ☐ No
If yes, how much? \$ _____ Date received: _____
7. Reason for leaving: ☐ Quit (state reason) _____ ☐ Laid off (date) _____
☐ Fired (state reason) _____ ☐ Leave of absence (length) _____
☐ Other (state reason) _____
8. Is this a temporary termination or furlough? ☐ Yes ☐ No
If yes, when is the employee expected to return to work for this company? _____
If yes, will the employee receive pay during their leave of absence? ☐ Yes ☐ No
9. Is there an option for continued medical insurance? ☐ Yes ☐ No
If yes, please list insurance carrier: _____ Group #: _____
Policy number: _____ COBRA amount: \$ _____
10. Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? _____
11. Any additional comments: _____

Employer Signature*

Date

*Additional verification will be required if employer does not sign form.

Customer Signature

Date

Return form to employee or to Department of Workforce Services:

Mail - Department of Workforce Services, Imaging Operations, P.O. Box 143245, Salt Lake City, UT 84114-3245

Fax - Salt Lake City Area: 801-526-9500 or Toll free: 1-877-313-4717

Questions? Call - Salt Lake City Area: 801- 526-0950 or Toll Free: 866-435-7414

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.