

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY



SEPARATION NOTICE

1. Employee's Name: _____ 2. SSN _____
First Middle Initial Last

3. Last Employed: From: _____ to _____ Occupation: _____
(mm/dd/yy) (mm/dd/yy)

4. Where was work performed? _____

5. Reason for Separation: ☐ Lack of Work ☐ Discharge ☐ Quit

If lack of work, indicate if layoff is ☐ Permanent ☐ Temporary - Recall Date _____
(mm/dd/yy)

If temporary, report any vacation pay that will be paid. Week Ending Date _____ Amount \$ _____
(mm/dd/yy)

If layoff is indefinite vacation pay should not be reported.

6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay

In the amount of \$ _____ for period from _____ to _____
(mm/dd/yy) (mm/dd/yy)

If other than lack of work, explain the circumstances of this separation:

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Employer's Name:

Address where additional information may be obtained:

Employer's Telephone Number:

Employer's Email Address:

Employer's Account Number:

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*Number shown on State Quarterly Wage Report (LB-0851) and
Premium Report (LB-0456)*

I certify that the above worker has been separated from work and the information furnished hereon is true and correct. **This report has been handed to or mailed to the worker.**

Signature of Official or Representative of the Employer
who has first-hand knowledge of the separation

Title of Person Signing

Date Completed and Released
to Employee

(mm/dd/yy)

NOTICE TO EMPLOYER

Within 24 hours of the time of separation, you are required by Rule 0800-09-01-.02 of the Tennessee Employment Security Law to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a time sensitive request for separation information for the same information please give complete information in your response.

NOTICE TO EMPLOYEE

YOU MAY BE INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO TENNESSEE CLAIMS OPERATIONS IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.