

Employee Name _____ SOCIAL SECURITY NO. _____ - _____ - _____
 State In _____ First Day Worked _____ Last Day Worked _____ Hourly Rate of Pay \$ _____
 Which Employed _____

Company Name **COAST GUARD NAFI** INHOUSE # **CP5U**

Completed By _____ Phone () _____ Date _____

QUIT

- 0100 - Did not return, no notice/reason given
- 0300 - No reason given
- 0410 - Mutual agreement (not protestable)
- 0500 - Quit during temporary assignment, no notice
- 0800 - Failed to return from leave of absence
- 0900 - Refused offer of work (explain)
- 1100 - Three days unreported absence (give dates)
- 1200 - Accepted better job
- 1400 - Accepted another job
- 1410 - Accepted another job - own business
- 1420 - Accepted another job – military
- 1500 - To leave area
- 1600 – Personal
- 1610 - Personal – marriage
- 1630 - Personal - school hours conflict
- 1700 - Transportation Problem
- 1800 - Babysitter Problem
- 1900 - Due to medical reasons
- 2100 – Dissatisfied
- 2110 - Dissatisfied - work hours
- 2120 - Dissatisfied – salary
- 2130 - Dissatisfied - working conditions
- 2140 - Dissatisfied - performance review
- 2160 - Dissatisfied - career opportunities
- 2170 - Dissatisfied - company policies
- 2180 - Dissatisfied - co-workers
- 2190 - Dissatisfied – supervisor
- 2200 - Walked off job
- 2300 - To stay at home
- 2400 - Assignment completed, failed to contact for new assignmen
- 2500 - Attend school
- 2600 - Quit, Other (explain)

DISCHARGE - Must give details

- 3200 - Using intoxicant on the job
- 3300 - Intoxicated on the job
- 3700 - Excessive tardiness (give dates)
- 3900 - Left work without permission
- 4000 - Excessive absences (give dates)
- 4100 - Excessive unreported absences (dates)
- 4200 - Excessive absences & tardiness (dates)
- 4300 - Fighting on company property
- 4400 - Refused to perform job duties
- 4500 - Misuse of equipment
- 4600 - Destruction of company property
(give property value)
- 4800 - Violation of company policy
- 4900 – Insubordination
- 5000 - Sleeping on job
- 5100 - Inability to perform job (**not protestable**)
- 5300 - Unauthorized removal of company property
- 5400 - Violation of safety rules
- 5500 - Cash shortages
- 5700 - Improper conduct
- 5800 – Falsification
- 5900 - Failed to report to work (give dates)
- 5200 - Discharge, Other (explain)
- 6300 - Family & Medical Leave Act – 1993
- 7200 - Leave of absence (explain)
- 7300 - Military leave

LEAVE OF ABSENCE - Must give return date

- 6300 - Family & Medical Leave Act – 1993
- 7200 - Leave of absence (explain)
- 7300 - Military leave

LABOR DISPUTE

- 8300 - Involved in labor dispute
- 8310 - Member of striking union
- 8320 - Company lockout
- 8400 - Refused to cross picket lines

MISCELLANEOUS

- 6600 - Transfer to new location
- 6900 - Disciplinary action – suspension
- 8000 - Returned to work (give date)
- 8100 - Refused new job offer or recall
- 8500 – Deceased
- 8600 - Not available for work (explain)
- 9100 - No protest per employer
- 9200 - Independent contractor
- 9300 - Records not available
- 9800 - On workers compensation
- 7000 - Vacation/holiday pay given (give amount)
- 7600 - Lack of work
- 7610 - Temporary lack of work (give return date)
- 7620 - Job eliminated
- 7630 - Seasonal employment
- 7640 - Location closed
- 8700 - Assignment completed
- 8900 - Vacation shutdown (give pay & return date)

RETIREMENT

- 1000 - Voluntary (if pension, give amount)
- 1030 - Disability - job related
- 1040 - Disability - not job related
- 7400 - Involuntary (if pension, give amount)

No (99)

REMARKS (Attach additional sheets, if needed)

INSTRUCTIONS

This form is to provide information to The ADP/UCM Group, which will be used in determining eligibility for unemployment benefits. It is important that each portion of the form be read and filled in when applicable. In some instances it is possible to receive charges and not yet receive a claim to protest. Prompt completion of this form will enable us to detect such charges.

If you have any difficulty completing this form, please contact your ADP/ UCM representative who will be happy to provide you with assistance.

In the first section on the far left side of the form, specific information relating to various areas of the employee's employment history is required. Be sure to properly indicate the actual physical last day worked and verify the SOCIAL SECURITY NO. (number) to insure correct processing of future claims. There is an area within this section that requests remuneration information. A claimant's eligibility may be affected by things other than the reason for separation. Please give detailed information in this portion when applicable. In the lower part of this section be sure to identify your company name and location, as well as provide a phone number where additional information can be obtained.

The middle sections on this form pertain to the REASON FOR SEPARATION. When completing this section, please use the following guidelines.

QUITS: Check the most descriptive reason and offer any comments in the REMARKS section. Comments should at least include answers to these questions: Did the employee cite a problem he was having or a specific dislike? Did employee give you an opportunity to explain or correct the problem? Obtain a signed resignation statement when possible and attach a copy to this form.

DISCHARGES: It is important that the actual last incident be checked as the reason for discharge. Do not check more than one reason, but rather indicate those contributing factors in the REMARKS section. If there is no reason listed to cover the reason for termination, check "other" and explain in the REMARKS section. Comments should include the answers to these questions: Was the employee warned (if so, be sure to provide dates)? Did employee admit fault; was a grievance filed? How was the employee made aware of the rule (s) broken?

RETIREMENT: It is important that you properly classify the retirement as voluntary or involuntary. It is voluntary only if continuous work was available. If the individual is to receive pension payments, please provide the amount and information as requested in the section on the far left side of this form titled "Remuneration Paid Upon, Or After Separation."

LACK OF WORK: This includes plant closings, reductions in force, hires for temporary work only, or any situation in which work is no longer available. If the individual is to receive additional pay upon or after separation, please provide the information in the section on the far left side of this form titled "Remuneration Paid Upon Or After Separation."

LEAVE OF ABSENCE: Indicate the type of leave granted and attach a copy of the signed request to this form. It is important you provide an anticipated return to work date. If the employee fails to return from the leave, you must submit another notice advising that he is now separated.

LABOR DISPUTE: Please notify The ADP/UCM Group of Talx UC eXpress prior to a potential strike or lockout, so state strike-notification procedures and individuals' eligibility to collect benefits may be reviewed.

If the claimant worked in one of the states listed in the far right section of this form, please answer the corresponding questions.