



ALABAMA DEPARTMENT OF LABOR  
UNEMPLOYMENT COMPENSATION DIVISION

STATE OF ALABAMA

KAY IVEY • GOVERNOR  
FITZGERALD WASHINGTON • SECRETARY

### Notice of Claim and Request for Separation Information

ALABAMA PERSONAL CHOICES  
6 CRAFTSMAN RD  
EAST WINDSOR, CT 06088-0000

To Return: (Choose one method only)  
1. **Online:** <https://uisides.org/>  
2. **Fax:** 334 956-7497  
3. **Mail:** Adj Support, Room 3421  
649 Monroe Street  
Montgomery, AL 36131

| Separation Details: Due by 04/08/2020 |                    |
|---------------------------------------|--------------------|
| 1. Claimant Name:                     | 6. Issue ID:       |
| 2. Client ID:                         | 7. Effective Date: |
| 3. SSN:                               | 8. Office Number:  |
| 4. Benefit Year Begin:                | 9. Type of Claim:  |
| 5. State Employer ID:                 | 10. Access Code:   |

The individual named above filed an unemployment claim on 3/30/2020, identified you as the last employer and indicated last worked on 03/06/2020. Separation reported as: Lack of Work.

IMPORTANT NOTE: If your response is not received by 04/08/2020, a determination may be made based solely on information furnished by the claimant.

### Employer Response (Instructions for Completion & Electronic Submission on Reverse)

*If the claimant was not employed by you indicate below in #14*

11. Claimant's: First Date Worked: 12 / 2 / 2019 Last Date Worked: 3 / 6 / 2020 Pay Rate: 11.25 per hr

12. If claimant worked after 03/29/2020 enter:

- a. Gross Wages: \$ \_\_\_\_\_
- b. Holiday Pay: \$ \_\_\_\_\_ Date of Holiday: \_\_\_/\_\_\_/\_\_\_
- c. Vacation Pay: \$ \_\_\_\_\_ Normal 40 hour, M – F, work week? ( ) Yes ( ) No
- d. Sick Pay: \$ \_\_\_\_\_
- e. Pension: \$ \_\_\_\_\_ per month. Effective Date: \_\_\_/\_\_\_/\_\_\_
- f. Has the claimant been permanently separated? ( ) Yes ( ) No

13. Separation Reason (choose one):

- (a) ( ) Lack of work  
Do you expect to recall claimant? ( ) Yes ( ) No If "YES", expected recall date: \_\_\_/\_\_\_/\_\_\_
- (b) ( ) Voluntary Quit. Reason for voluntary quit given by claimant: \_\_\_\_\_
- (c) ( ) Discharge  
Discharge due to \_\_\_\_\_ Date of final incident: \_\_\_\_\_  
WARNING FOR SAME OR SIMILAR INCIDENT: ( ) Yes ( ) No (if "yes, complete the following):  
Date warning issued: \_\_\_/\_\_\_/\_\_\_ Who issued warning? \_\_\_\_\_  
Type of warning: ( ) Verbal ( ) Written. Reason for warning? \_\_\_\_\_
- (d) ( ) Other. Provide specific reason: ( ) Leave of Absence ( ) Suspension ( ) \_\_\_\_\_

14. Additional information regarding separation. ATTACH PAGE(S) IF NEEDED.

\_\_\_\_\_

15. \_\_\_\_\_

| Print Name | Title | Telephone No. | Date | FEIN |
|------------|-------|---------------|------|------|
|------------|-------|---------------|------|------|

16. Email Address: \_\_\_\_\_

## IMPORTANT INFORMATION

**INSTRUCTIONS:** This individual has filed a claim for unemployment compensation. Please fill in the information requested in items 11 and 12. If item 9 is 'New Claim' and the claimant separated from you more than once since the date shown for item 5, give date and reason for each separation. If the claimant received separation pay or vacation pay upon termination or a pension for any period subsequent to the date in item 4, please give type, amount and period covered in item 12. In addition, state if separation pay was paid as a courtesy/gift or an obligation because of company policy, labor agreement or contract, and whether such policy, contract or agreement requires that payment be made with respect to a specific time following termination, and if provisions are included to provide for reduction of severance payments based on some act by the claimant after separation. If there are other known conditions affecting right to benefits, please explain in item 13.

After completing the form return one copy only to the address indicated on the front of this form and retain one copy for your records.

Information given on this form, if timely filed, will be given full consideration in deciding this claim. In addition to supplying this written information, you or your representative may arrange to be heard in person prior to the determination by contacting the office indicated on the front of this form by the Due Date shown in the Separation Details.

**EMPLOYER RESPONSIBILITY:** In responding to a request for separation information concerning a former employee you should not use general terms such as insubordination, violation of company policy, absenteeism, or simply quit. If known, state the reason the claimant quit. If the claimant was discharged, provide specific details concerning the final incident that resulted in the separation. For example, if the discharge was due to absenteeism, state when he/she was last absent, why he was absent, and if he properly reported the absence. Explain rules or policies violated or how the claimant was insubordinate. List dates and reasons for prior warnings.

You should furnish us with the reason(s) for separation promptly on this form and, if necessary, a separate sheet of paper. Prompt submittal of the facts is necessary for a good determination and could also protect your experience rating account. The facts you furnish will be used in the determination of eligibility and you will receive a notice of the administrative decision.

Employer who have elected reimbursement in lieu of contributions must, under provisions of the Law, reimburse the agency for all payments made based on wages they paid to the claimant.

Privileged information (Alabama Code 25-4-116): All letters, reports, communications, and other matters, written or oral, from employer or employee to each other or to the secretary or any of his agents, representatives, or employees, or to any official or board functioning under this chapter, which shall have been written, sent, delivered, or made in connection with the requirements and administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any civil action for slander or libel in any court.

To save time and money include the social security account numbers on all letters, correspondence, and payroll records you send to this agency. We appreciate your cooperation.

**WARNING:** It is unlawful under Section 25-4-145 of the law to willfully make a false statement or fail to disclose any information in connection with an unemployment insurance claim.