



UCAC EMPLOYMENT TERMINATION REPORT



Tax rated employers may receive Relief from Charges, if the employer timely and adequately provides information requested on the claim form/Request for separation information, etc. (Adequate means specific information on separation, wages, and monies paid needed for the state to correctly determine whether a claimant is eligible or not for benefits.) **PLEASE MAKE SURE ALL RESPONSES ARE LEGIBLE.**

Company Name _____ City/State Worked _____
Employee Name: _____ Social Security Number: _____
Original Hire Date _____ Last Day Worked _____
Last Period of Employment: From _____ to _____
Employee's Job Title _____
Brief description of job duties _____
Dates employed in the current position: From _____ to _____
Supervisor's Name & Title _____
Full Time ____ Part Time ____ Work Schedule _____
Rate of Pay _____ Hourly ____ Weekly ____ Monthly ____ Avg. Weekly _____ Is claimant accepting all available or offered Hours? Yes ____ No ____ If not, give details _____
For MD employers include last quarter gross wages _____

DISCHARGED –

____ Poor Performance (inability to do job-not misconduct – NO PROTEST) or Claim To Be Protested ____
____ Unexcused Absenteeism or ____ Unexcused Tardiness or ____ Both
____ Failure to follow supervisory instructions
____ Insubordination
____ Violation of Company Policy or Safety Policy, Etc, please specify _____
____ Other, please specify _____

Please provide date and exact details and specifics of the final incident that caused the discharge and any events leading to the claimant's discharge. (Include names and title of witnesses & participants, if any) and include the name(s) and title(s) of the person(s) who discharged claimant and the date discharged.

Was the claimant aware their job was in jeopardy? Yes ____ No ____ Explain how _____

Were warning(s) given? Yes ____ No ____ Verbal? Yes ____ No ____ Written? Yes ____ No ____
When and By Whom? _____

Must provide specifics of each warning _____

If discharged for violation of written policy, rules or procedures, please forward the specific section of policy violated and signed page that claimant read and understood policy, rules or procedures. Please provide copies of the warnings.

VOLUNTARY QUIT

Was the Voluntary Quit a job abandonment-No call/No show? Yes ____ No ____ If yes, provide the dates (consecutively scheduled days or shifts) the employee did not show for work or call _____

Give any information that could have prompted employee to be a no call/no show (requested time off and was refused, was given a warning, etc.) _____

Were there any mitigating circumstances or unforeseen reasons that caused or required the employee to quit) (i.e. lost transportation and how, physical or health issues for claimant and/or immediate family member, retirement, etc.) _____

What was the employer's response? (Was Leave of Absence offered, hours changed, etc.)? _____

Did claimant give the employer notice in advance of the quit? Yes ____ No ____ If yes, date submitted? _____

If no, explain _____ How was the notice given: Verbal ____ Written ____

To whom was the notice given – Name(s) & Title(s) _____

What date did the claimant give as last intended date of work? _____ Did the claimant continue to work to that date? Yes ____ No ____ If not, why? _____

Provide any other detail that could have prompted or caused a claimant to quit their job _____

LEAVE OF ABSENCE – FMLA ____ Medical ____ Maternity ____ Other ____ please specify _____

When was Leave requested? _____ Was request made in writing? Yes ____ No ____

To whom was the request made? (Name/title) _____

If not made in writing, why? _____ Date Leave of Absence started _____

Date Claimant is to return to work _____ Any other necessary details regarding Leave? _____

If Leave request was made in writing, please forward copies of paperwork to UCAC.

LAI D OFF (LACK OF WORK)

Is Lack of Work: Permanent? ____ Indefinite? ____ Temporary? ____ Expected Date of Recall? _____

MONIES PAID – Please list amount(s) paid and date for each payment claimant received or will receive.

____ Severance, Separation, etc.** Gross Amt. _____ # of weeks or to/from dates _____

____ Wages in Lieu of Notice** Gross Amt. _____ # of weeks or to/from dates _____

____ Vacation Pay Gross Amt. _____ # of weeks or to/from dates _____

____ Holiday Pay Gross Amt. _____ # of weeks or to/from dates _____

____ Paid Sick Leave Gross Amt. _____ # of weeks or to/from dates _____

____ Other - _____ Gross Amt. _____ # of weeks or to/from dates _____

____ Retirement, Pension, etc. Gross Amt. _____ # of weeks or to/from dates _____

If Pension or retirement, what percentage did the claimant contribute? _____

Was Severance pay based on good will, company policy, and length of service? _____

** Was the Severance, Pay in Lieu of Notice, Termination Pay etc. contingent upon a signed release of claims to receive all pay? YES ____ NO ____ If yes, please forward release to UCAC.

Name/Title of Person Submitting Form

Phone number

Date Submitted