

Date: MMM DD YYYY
Letter ID: L000000000
ESD Number: 0000000111111
Re: FIRST NAME LAST NAME
SSN: 003-03-0003

XYX COMPANY
1234 Main Street
Anytown, WA 00000-1111

For the purposes of unemployment benefits, the employee, FIRST NAME LAST NAME, reported he or she separated from employment with you and stated he or she:

- Started working for you: MMM DD YYYY
- Last physically worked for you: MMM DD YYYY
- Separated from the job: MMM DD YYYY
- Separated due to: Quit Do not know why

If the claimant reported lack of work and you agree, you do not need to return this form.

Respond to this form by MMM DD YYYY Otherwise, under state laws and rules:

- We'll decide whether to approve benefits based on the information we already have.
- We may charge you if we pay benefits in error because you did not respond, responded late or gave us incomplete information.

To read the related laws and rules, visit:

- <http://app.leg.wa.gov/rcw/> and type RCW 50.29.021 in the search box.
- http://app.leg.wa.gov/wac and type WAC 192-130-050 in the search box.

You can respond immediately by visiting eServices or return this form to:

Employment Security Department
UI Imaging
P.O. Box 19019
Olympia, WA 98507-0019
Fax: 800-301-1796

If you have questions, call 877-504-5607.

Your contact information

Name: _____ Title: _____
Phone number: (____) _____ Business name: _____
Email address: _____
ESD number, if incorrect above: _____

Sign in to esd.wa.gov to submit wage reports, pay unemployment taxes and manage your account.
Find your next employee at WorkSourceWA.com. Explore other useful employer resources at esd.wa.gov

If we need more information regarding this separation, who should we contact?

Same as above

Alternate contact name: _____ Title: _____

Phone number: (____) _____ Email address: _____

Verify claimant's work

Did FIRST NAME LAST NAME work for you? Yes No

If no, and the individual was assigned to your company through a temporary agency, provide the agency name: _____

Claimant's job title: _____ Claimant's occupation: _____

Claimant's dates of employment

Start date: _____ Is claimant still working for you? Yes No

Last day physically worked: _____

Date separation actually occurred: _____

If you disagree with claimant's reason for separation

Choose the reason for separation below (check one).

Lack of work or laid off

Quit

Leave of absence

Fired

Strike or lockout

Suspended

Temporary lack of work

Reduced hours

Currently working full time

Please explain why you checked the reason above.

Separation questions

The claimant reported he or she quit.

1. Did the claimant give you advance notice of quitting? Yes No

If yes:

a. What date did the claimant notify you? _____

b. What date did the claimant provide as the last day of work? _____

c. Did you allow the claimant to work through the notice period? Yes No

If no, did you pay the claimant through the notice period? Yes No

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2. Did the claimant tell you why he or she quit? Yes No

If yes, what was the main reason the claimant gave for quitting? Provide specific details.

If you have any documentation related to the reason for separation (such as written warnings, policies, a resignation letter, etc.), send copies with this form. Include the claimant's name and SSN on the documents.

Returning this form late?

If you are returning this form after MMM/DD/YYYY explain why.

Your signature

I certify the information I provided is true to the best of my knowledge.

Signature: _____ Date: _____

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