Employment Security Department
WASHINGTON STATE
P.O Box 9046, Olympia, WA 98507

Date: MMM DD YYYY
Letter ID: L0000000000000
ESD Number: 00000000000000

XYX COMPANY
1234 Main Street
Anytown, WA 00000-1111

Re: FIRST NAME LAST NAME
SSN: 001-01-0001

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: Fired You don't know why you were fired.

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 was fired or suspended.
1. What date did you decide to fire the claimant? _____
2. If you didn't fire him or her on that day, why was there a delay?

_____
_____

3. What happened on that day to make you decide to fire the claimant?

_____
_____

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4. Provide specific details about the reason(s) you fired or suspended the claimant. Include dates, prior warnings and similar incidents.

_____
_____
_____
_____

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: _____