

XYX Company
1234 Main Street
Anytown, WA 00000-1111

Date: MMM DD YYYY
Letter ID: L000000000
ESD Number: 0000000000
Re: FIRST NAME LAST NAME
SSN: 002-02-0002

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: Laid off due to lack of work

Standby request

Complete this section only if you want the claimant to be on standby. Claimants on standby do not need to look for work but must be available for work during the standby period when needed.

You may request standby for the claimant if he or she:

- Regularly works full-time (40 hours per week or the number of hours customary for the occupation).
- Has an expected return-to-work date for full-time work within eight weeks.

Do you want to put FIRST NAME LAST NAME on standby? Yes No

If yes:

1. Does he or she regularly work full-time? Yes No
2. Standby start date: _____ Expected return to work date: _____

What you must do

Return this form only to request standby or if you disagree with the information the claimant provided.

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.

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

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: _____

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).

- | | | |
|---|--|--|
| <input type="checkbox"/> Lack of work or laid off | <input type="checkbox"/> Quit | <input type="checkbox"/> Leave of absence |
| <input type="checkbox"/> Fired | <input type="checkbox"/> Strike or lockout | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Temporary lack of work | <input type="checkbox"/> Reduced hours | <input type="checkbox"/> Currently working full time |

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

Please explain why you checked the reason above.

Separation questions

Claimant not available for work

Is the claimant currently working all available hours? Yes No

If no, provide specific details, such as reasons (including physical restrictions), dates, and times the claimant is not available.

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: _____