

VIRGINIA EMPLOYMENT COMMISSION
EMPLOYER'S REPORT OF SEPARATION
AND WAGE INFORMATION

P O Box 1779
Richmond VA 23218

DATE MAILED: 12/28/12

ACCOUNT NUMBER : 000

EMPLOYER NAME AND ADDRESS :

SOCIAL SECURITY NUMBER :
CLAIMANT NAME :
EFFECTIVE DATE : 12/16/12
REASON FOR SEPARATION : LACK OF WORK
DATE CLAIM TAKEN : 12/21/12
BENEFIT YEAR ENDING : 12/14/13

TO EMPLOYER: The individual has filed a claim for unemployment insurance and has named you as a former employer. The information requested below is required to determine the claimant's entitlement to benefits. IMPORTANT: Benefits may be awarded without your response unless this form is completed and received at the address on the reverse by 01/05/13

1. THE CLAIMANT STATES HE WORKED FROM 12/06/04 TO 11/23/12 IF INCORRECT, ENTER THE CORRECT DATES:
FROM _____ TO _____

2. DID THE CLAIMANT WORK DURING THE SEVEN (7) DAY PERIOD BEGINNING 12/16/12 YES _____ NO _____
AND ENDING 12/22/12 ?
IF 'YES', ENTER GROSS WAGES EARNED DURING THIS TIME PERIOD \$ _____

3. DID THE CLAIMANT WORK FOR YOU FOR AT LEAST 30 WORKING DAYS? YES _____ NO _____
IF 'NO', DID THE CLAIMANT WORK AT LEAST 240 HOURS? YES _____ NO _____

*NOTE: IF THE CLAIMANT WORKED 30 DAYS OR MORE, DO NOT COMPUTE THE HOURS. IF LESS THAN 30 DAYS WAS WORKED, THEN YOU MUST DETERMINE IF THE CLAIMANT WORKED AS MANY AS 240 HOURS.

4. HAVE YOU GIVEN THE CLAIMANT A DEFINITE RETURN TO WORK DATE? YES _____ NO _____
IF 'YES', ENTER DATE _____

5. IS THE CLAIMANT ELIGIBLE FOR A PENSION FROM YOUR COMPANY? YES _____ NO _____
IF 'YES', ENTER GROSS MONTHLY AMOUNT \$ _____ AND START DATE _____

6. WILL THE CLAIMANT RECEIVE ANY OF THE FOLLOWING PAYMENTS ON OR AFTER THE LAST DAY OF WORK?

TYPE	GROSS AMOUNT
HOLIDAY PAY	\$ _____ Date of holidays? _____
VACATION	\$ _____
SEVERANCE	\$ _____ Claimant's Average Weekly Wage During Last Calendar Quarter: \$ _____
OTHER	\$ _____ Type of payment: _____

Is this severance, vacation, or other payment to be assigned to the last day of work? YES NO (circle one)
If YES, this payment(s) will impact only the last week of work; this will minimize the number of weeks that the claimant's benefits may be delayed.

If NO, please answer the following questions:

TYPE	AMOUNT PER WEEK	DATES OF ALLOCATION
_____	\$ _____	FROM: _____ TO: _____
_____	\$ _____	FROM: _____ TO: _____

(*) NOTE: The amount of severance to be applied to each subsequent week must be equal to or greater than the claimant's average weekly wage during the last calendar quarter.

7. ENTER AN 'X' IN THE APPROPRIATE BOX TO INDICATE THE REASON FOR THE CLAIMANT'S SEPARATION FROM YOUR EMPLOY.
ADDITIONAL QUESTIONS AND COMMENTS SHOULD BE COMPLETED ON THE REVERSE SIDE. IF ANY OTHER FACTS ARE KNOWN,
____ LACK OF WORK ____ DISCHARGE ____ VOLUNTARY QUIT ____ SUSPENSION ____ LEAVE OF ABSENCE
IF YOU INDICATED THAT THE CLAIMANT IS SEPARATED FOR ANY REASON OTHER THAN LACK OF WORK,
A FACT-FINDING INTERVIEW WILL BE SCHEDULED.



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YOU, OR YOUR REPRESENTATIVE, AND THE CLAIMANT ARE REQUESTED TO PARTICIPATE. PLEASE PROVIDE THE
NAME: _____ POSITION TITLE _____ OF THE INDIVIDUAL WHO WILL PARTICIPATE
ON YOUR BEHALF, ALSO PROVIDE THE TELEPHONE NUMBER _____ WHERE THIS INDIVIDUAL CAN BE CONTACTED.

IMPORTANT: IF YOU FAIL TO RESPOND TO THIS REQUEST OR SUBSEQUENT REQUESTS FOR INFORMATION, THE DECISION TO AWARD OR DENY BENEFITS WILL BE BASED ON INFORMATION CONTAINED IN THE RECORD.

THIS INFORMATION MAY BE DISSEMINATED TO OTHER GOVERNMENTAL AGENCIES SUBJECT TO THE VIRGINIA PROTECTION ACT FOR USE IN THE PROPER ADMINISTRATON OF LAW.

USE ADDITIONAL SHEETS IF NECESSARY, FOR ANY INFORMATION YOU HAVE ON

IF YOU INDICATED THAT THE CLAIMANT WAS A DISCHARGE/SUSPENSION AND NOT A LACK OF WORK, ENTER THE DATE AND REASON GIVEN FOR DISCHARGE/SUSPENSION _____

LIST ANY WARNINGS ISSUED TO THE CLAIMANT PRIOR TO THE FINAL INCIDENT REGARDING THE SAME TYPE OF INCIDENT _____

WHAT RULE, IF ANY, WAS VIOLATED IN REGARD TO THE FINAL INCIDENT? _____

IF YOU INDICATED THAT THE CLAIMANT WAS A VOLUNTARY QUIT/LEAVE OF ABSENCE AND NOT A LACK OF WORK, ENTER THE CLAIMANT'S LAST PHYSICAL DAY ON THE JOB AND THE REASON GIVEN, IF ANY, FOR LEAVING _____

WAS ANY ALTERNATIVE TO LEAVING DISCUSSED? _____

WAS A LEAVE OF ABSENCE REQUESTED? ___YES ___NO. IF GRANTED, LIST DATES. FROM _____ TO _____

ADDITIONAL INFORMATION REGARDING REASON FOR SEPARATION: _____

NOTE: ALL INFORMATION PROVIDED ON THIS FORM MAY BE SHARED WITH THE CLAIMANT.

CERTIFICATION: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE LAW PROVIDES PENALTIES FOR PROVIDING FALSE STATEMENTS TO ALLOW, PREVENT OR REDUCE THE PAYMENT ON UNEMPLOYMENT BENEFITS.

EMPLOYER NAME _____ VEC ACCT. NO. _____ PHONE _____

COMPLETED BY _____ TITLE _____ DATE _____

RETURN THIS FORM TO :

VIRGINIA EMPLOYMENT COMMISSION
703 E Main St Rm 9
P O Box 1779
Richmond VA 23218

PHONE : (866) 354-5579
FAX : (804) 343-1459