

Separation of Employee Report (SER)**CLAIMANT INFORMATION**

Employee Name:	_____	Title:	_____
SSN:	xxx-xx-	Work Location:	_____
Hire Date:	_____	Weekly Rate of Pay:	_____
Termination Date:	_____	Ave. Weekly Hours:	_____
Last Day Worked:	_____	Part-Time	Full-Time

☐ QUIT

- | | |
|---|--|
| <input type="checkbox"/> Personal reasons | <input type="checkbox"/> Spousal relocation |
| <input type="checkbox"/> Accepted new offer of work | <input type="checkbox"/> Change in hiring agreement (schedule/shift/location change) |
| <input type="checkbox"/> Illness or Disability of self | <input type="checkbox"/> Resigned in lieu of termination |
| <input type="checkbox"/> Illness or Disability of family member | <input type="checkbox"/> Retirement |

☐ DISCHARGE**MISCONDUCT**

- | | |
|--|---|
| <input type="checkbox"/> Absenteeism/Tardiness | <input type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Intentional neglect of job duties | <input type="checkbox"/> Policy violation |
| <input type="checkbox"/> Alcohol/Drug violation | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Other |

LACK of WORK

- ☐ Lack of work
- ☐ Job eliminated
- ☐ Seasonal employment
- ☐ Location closed
- ☐ Assignment completed

PERFORMANCE

- ☐ Failure of introductory period
- ☐ Inability or incapacity to perform job duties
- ☐ Unsatisfactory performance with PIP or warnings
- ☐ Unsatisfactory performance without PIP or warnings

Please include all documentation detailing the **final incident** leading to the claimant's separation with this form.

EXPLANATION OR REMARKS:

(Attach additional pages if necessary)

Human Resources Representative Name

Date

Signature