



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From _____ To _____

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)

(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage _____

Employer's Name _____

Address _____
(Street or RFD)

City _____ State _____ | ZIP Code _____

Employer's Telephone No. _____
(Area Code) (Number)

Ga. D. O. L. Account Number _____

This is the number assigned to the employer by Georgia Department of Labor.

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer
or authorized agent for the employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.