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)

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

   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 $9,490.00 in your employ? YES ☐ NO ☐ If NO, how much? $ _____

   Average Weekly Wage $ _____

Bulloch County Board of Commissioners
Employer's Name

115 North Main Street
Mailing Address

Statesboro (City) | GA (State) | 30458 (Zip Code)

Employer's Telephone No. 912 (Area Code) 764-6245 (Number)

GA D. O. L. Account Number 12014704

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 separation information, 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.

INSTRUCTIONS TO EMPLOYER FOR COMPLETION OF THIS SEPARATION NOTICE

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice **must** be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when employer-filed claims (partial) or mass separation (DOL-402) notices are filed.

Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.

Item 2. Enter the employee's Social Security Number. **Verify for accuracy.**

Item 3. Enter the dates of employee's most recent work period.

Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.
b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.

Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.

Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least $9,490.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent regarding a potential claim.

GA DOL Account Number Employer's 8-digit state account number assigned by GDOL.

Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice should be dated and delivered to the separated employee in electronic or hard copy format.

OCGA Section 34-8-256(b)
PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than $1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)
PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER. "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."

EMPLOYER NOTIFICATION TO EMPLOYEES OF THE AVAILABILITY OF UNEMPLOYMENT COMPENSATION

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the state UI eligibility laws. You may file a UI claim the first week that your employment stops or your work hours are reduced.

For assistance or more information about filing a UI claim visit the Georgia Department of Labor's website at **dol.georgia.gov**. You will need to provide the following information in order for the state to process your claim:

- Your legal name as it appears on your Social Security card
- Social Security Number
- Georgia Driver's License, if applicable
- Work authorization documents, if you are not a U.S. citizen
- Bank's routing number and your account number, if you want to receive your benefit payments via direct deposit
- Work history information for the last 18 months, to include your separation notice, if provided by your employer

You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

1. Go to dol.georgia.gov.
2. Select **Apply for Unemployment Benefits**.
3. Answer the questions completely.
4. Download and read the ***UI Claimant Handbook***. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
5. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

If you have questions about the status of your claim, you can check the status of your claim online at **dol.georgia.gov** by using ***My UI*** **(Check My UI Claim Status)**.

For assistance, contact UI Customer Service at 1.877.709.8185 Monday–Friday, 8:00 a.m. – 4:30 p.m. EST or email Customer.Service@gdol.ga.gov.