

EMPLOYER'S SEPARATION STATEMENT

K-BEN 3109 Web (Rev. 2-14)

For Office Use Only:

INSTRUCTIONS: Complete all information related to the separation, sign and return this form with the *Employer Notice*, K-Ben 44/45. You **MUST** sign both documents. Attach supporting documentation, i.e., written warnings, company policies, medical statements, etc.

Failure to submit complete information shall bar you from protesting any subsequent decision made regarding this claim (K.S.A. 44-709(b)). The information provided will be used to determine if benefits should be paid and if your account will be charged as a base period employer. A determination will be mailed to you at a later date.

Claimant name: _____ Social Security number: _____

Business name: _____

I do not wish to protest this claim or provide any separation information.

LEAVE OF ABSENCE: Complete if the reason for separation was leave of absence. Include a copy of claimant's written request for a leave of absence and any other supporting documentation, including the company's policy regarding leave of absence.

Date leave began (mm/dd/yyyy): _____ Date leave will end (mm/dd/yyyy): _____

If no definite return date, explain: _____

Did claimant request the leave or was this leave mandatory? Explain, including reason for leave: _____

DISCHARGED: Complete if the reason for separation was discharge. If more space is needed, attach additional sheets. Include supporting documents, i.e., copies of written warnings, copy of policy(s) and/or employee's written acknowledgement of company policy.

Name and title of who discharged claimant: _____

Reason claimant was given for discharge: _____

Final incident that led to claimant's discharge, explain in detail: _____

Was the claimant discharged due to a violation of company policy? YES NO If YES, what policy was violated?

(Attach a copy of policy violated.) _____

Was the claimant given any verbal warnings? YES NO Written warnings? YES NO

If YES, provide dates and reasons **(Attach a copy of each warning.):** _____

How was the claimant made aware of the policy (written policy, company handbook, etc.)? _____

Was claimant discharged due to absenteeism? YES NO Was claimant given any written warnings? YES NO

If YES, provide dates and reasons for absences **(Attach a copy of each warning.):** _____

Do you have a written policy regarding attendance/absenteeism? YES NO

(If YES, provide a copy of the specific policy that relates to this separation.)

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Employer's Separation Statement

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Claimant name: _____ Social Security number: _____

Was claimant given written notice that future absence may or will result in discharge? YES NO

If YES, dates: _____

Was claimant discharged because of the use or sale of alcohol or drugs on the job? YES NO

If YES, what caused you to suspect the use or sale of alcohol or drugs on the job? _____

Is there proof relating to the incident (witnesses, signed statement, charges filed, police reports, test results, etc.)? YES NO
(If YES, provide copy of proof.)

Did claimant fail or refuse to submit to a chemical or breath alcohol test required by law? YES NO

If YES, state law and explain: _____

Did claimant fail or refuse to submit to a chemical or breath alcohol test pursuant to an employee assistance program or other drug or alcohol treatment program the claimant was participating in? YES NO If YES, explain: _____

Was the test a required condition of employment for the claimant's job? YES NO

QUIT: Complete if the reason for separation was resignation. If more space is needed, attach additional sheets. Include supporting documents, i.e., copy of written resignation or notice of intent to leave.

Did the claimant give notice of leaving? YES NO If YES, effective date of resignation: _____

Reason claimant gave for quitting: _____

Did claimant request a job transfer prior to leaving? YES NO Was one available? YES NO

Explain: _____

Did claimant quit because of medical reasons? YES NO

Did claimant give medical proof of inability to perform regular duties? YES NO

If YES, explain: _____

Was work available within the claimant's medical restrictions? YES NO

If YES, was the claimant offered this work? YES NO Did the claimant accept this work? YES NO

Explain: _____

TEMPORARY AGENCY: If you are a temporary agency that provides temporary employees, complete the following:

Did the claimant complete the last assignment? YES NO

If YES, did the claimant contact you and request another assignment? YES NO

If YES, date claimant contacted your office: _____ *(Provide a copy of the written policy about requesting an additional assignment after the completion of one and the signed claimant's acknowledgement of this policy.)*

ADDITIONAL COMMENTS REGARDING SEPARATION: _____

CERTIFICATION: I certify that the information I have provided is correct and complete and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Date: _____

Printed name: _____ Title: _____

Phone: () _____ Fax: () _____

Email: _____