

CLAIMANT SEPARATION STATEMENT

K-BEN 3110 (Rev. 2-21)



REPORT FRAUD

www.ReportFraud.ks.gov

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
UPLOAD:
<https://UIAssistance.GetKansasBenefits.gov>

Instructions: Complete all fields on both sides and return the completed form **at least 3 days before your scheduled call**. This information will be used to determine whether you are entitled to unemployment benefits. **Failure to reply by this due date may result in a denial of benefits, possible overpayment and collection of benefits previously received.** If a field does not apply to you, mark it N/A. When providing details, you may attach additional pages if needed.

Section A: Claimant Information

Name (Last, First, MI): _____ Social Security number: XXX-XX-_____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Section B: Employment Information

Who is your most recent employer (as of the day you filed your claim)? _____

Your most recent employer is the one for whom you last did any work before you filed your claim.

First day worked: _____ Last physical day worked: _____

Employer phone: _____ Supervisor name: _____

Your position or job title with this employer: _____

Which best describes your separation from this employer? (You must choose one).

- My employer stopped the work by firing me, temporarily suspending me or due to a lack of work.
 I stopped working by either quitting or taking a temporary leave of absence.
 I am still working for this employer.

Provide the following separation details based upon your answer above.

Fired or Suspended

If suspended, is this a paid suspension? Yes No

What reason were you given for being fired or suspended? _____

Had you been disciplined or warned about this area prior to being fired or suspended? Yes No

Who told you that you were being fired or suspended? _____

Provide full details about the final incident that occurred:

Claimant Separation Statement

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Claimant name: _____	Social Security number: XXX-XX-_____
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Lack of Work

Were you laid off permanently or temporarily? Permanently Temporarily

If temporarily, were you given a recall date? Yes No If YES, what is the date? _____

What was the reason you were laid off?

Employer going out of business Employer declared bankruptcy

W.A.R.N. Weather

Temporary agency - assignment ended Other: _____

If you answered Temporary agency, when did your last assignment end? _____

Did you request an additional assignment? Yes No If YES, when? _____

If NO, explain: _____

Does the employer have a policy requiring you to contact them for future assignments? Yes No

Quit

Did you give notice to the employer? Yes No If YES, when did you give notice? _____

If you gave notice, did you continue to work until your planned last day? Yes No

If NO, explain: _____

What is the reason you decided to end your employment with this employer?

Leave of Absence

Is the leave of absence paid? Yes No

Is your leave of absence due to your own medical reasons? Yes No

Is your leave of absence for any other reason? Yes No Provide details: _____

Do you have an expected return to work date? Yes No If YES, what date? _____

Still Working

Provide a copy of your most recent work schedule and most recent paystub along with this form.

Section C: Other Employment

After leaving the employer identified in Section B, have you worked for any other employers as of the day you are filling out this form?
 Yes No

If YES, complete the following.

Employer Name	Phone	First Day Worked	Last Day Worked

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: _____