



State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
CLAIMANT SEPARATION STATEMENT



B.O. No. _____

Completion of this form is required to qualify for benefits. If additional space is needed, use a separate sheet of paper.

You must complete and return this form to the Employer Filed Claim (EFC) Unit, P.O. Box 02986, Detroit, MI 48202-0903 immediately after receiving Form UC 1575C, *Monetary Determination*. Your EFC was filed by your last employer, therefore, the separation reason given for the other employers may not be correct. Please answer all questions, supply requested information and give a detailed statement. You must complete a Separation Statement for each employer you were separated from in the last 18 months (except when you are laid off) if you were separated due to voluntary leaving or discharged due to theft, willful destruction of property, assault and battery, or possession or use of illegal drugs.

NOTE: Before completing this form, review Part One of this booklet. Special attention should be paid to section titled "Disqualifications."

1. CLAIMANT IDENTIFICATION

A. Print Your Complete Name _____
(Last, First, Middle Initial)

B. Enter Your Social Security Number _____

C. Telephone Number _____

_____ - _____ - _____

(_____) _____
Area Code

2. CLAIMANT'S STATEMENT (complete all items)

A. I worked for _____ Location _____
(Name of Company) (City/State)

Telephone Number (_____) _____ from _____ to _____
Area Code (Beginning Date) (Ending Date)

as a(n) _____
(Occupation)

B. I worked _____ hours per day, _____ days per week.

C. My average weekly wage (before deductions and tax withholding) was \$ _____ per week.

D. I worked on commission. YES NO

E. If you are a union member, give name of union, local number, and address: _____

A decision about your benefits will be made based on information contained in your statement and information from your employer. Please give complete details of your separation.

NOTE: FAILURE TO COMPLETE THIS FORM CAN RESULT IN A (RE)DETERMINATION BEING MADE ON THE BASIS OF OTHER AVAILABLE FACTS.

F. I am no longer working for this employer because:

I quit; (complete Part 3) I was discharged/fired; (complete Part 4) I retired; (complete Part 5)

I was working for a Temporary Help Firm and my assignment ended; (complete Part 4D)

I was discharged for using or possessing illegal drugs, or refusing to take, or failed, a drug test. (complete Part 4)

3. NATURE OF SEPARATION FROM WORK - "QUIT"

A. Left work voluntarily. YES NO

B. Who did you notify of your leaving? _____ When did you notify them? _____
(Date)

(Name) (Position) (Date you intended to leave)

C. Check all reasons for leaving which apply to you:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Wages | <input type="checkbox"/> Retirement | <input type="checkbox"/> Job Requirements |
| <input type="checkbox"/> Health | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Left for New Full-Time Work* |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Requested Leave | <input type="checkbox"/> Skills Not Used | <input type="checkbox"/> Left for New Part-Time Work* |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Work Hours | <input type="checkbox"/> Unable to Do Work | <input type="checkbox"/> Left for Recall to Previous Job* |
| <input type="checkbox"/> Other _____ | | | |

*-If hired for new job prior to leaving, provide date of application for work, date hired, date began and name of new employer.

3. NATURE OF SEPARATION FROM WORK – “QUIT” (continued)

D. Please describe the situation in detail and how you attempted to resolve it:
(For example: Did you ask for a transfer or leave of absence, file a grievance, or speak with your supervisor?)

4. NATURE OF SEPARATION FROM WORK – “DISCHARGE” or “FIRED”

- A. Choose the one that best describes your situation:

<input type="checkbox"/> Discharged/Fired by Employer	<input type="checkbox"/> Given Choice of Resigning/Quitting or Being Discharged/Fired
<input type="checkbox"/> Discharged/Fired Prior to Quitting	<input type="checkbox"/> Left in Anticipation of Discharge/Firing
<input type="checkbox"/> Illegal Drugs	
- B. If discharged/fired by the employer, who told you that you were discharged/fired?

_____ (Name of Person) _____ (Title)

On _____ (Date of Dismissal) I was told I was discharged/fired for the following reason(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Position No Longer Exists/Job for Which Hired Not Available | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Willful Destruction of Company Property |
| <input type="checkbox"/> Refusal to Transfer to Other Work | <input type="checkbox"/> Manner of Performing Work | <input type="checkbox"/> Intoxication/Use of Intoxicants |
| <input type="checkbox"/> Absence or Tardiness | <input type="checkbox"/> Union Relations | <input type="checkbox"/> Violation of Company/Union Rules |
| <input type="checkbox"/> Assault & Battery (Fighting) | <input type="checkbox"/> Theft | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Imprisonment | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Unable to Do the Work |
| <input type="checkbox"/> Working Conditions | | |
| <input type="checkbox"/> Other _____ | | |

C. Were there any witnesses? [Name Person(s)] _____

- D. My assignment ended – Temporary Help Firm
 - a. The Temporary Help Firm gave me a written notice which requires me to notify them within 7 days of completing services for a client..... YES NO
 - b. I gave the employer notice on _____ (Date) by means of _____ (Letter, Phone, etc.)
 - c. The notice was accepted by _____ (Person's Name and Title)
 - d. I did not give notice within 7 days because: _____

E. Please describe the events leading up to the leaving or discharge in detail: _____

F. If you filed a grievance, when and with what result: _____

G. Had your employer ever warned you or spoken to you about the conditions causing your discharge? YES NO
If “YES,” when were you warned and by whom? _____

5. NATURE OF SEPARATION FROM WORK – “RETIRED”

- A. I retired effective _____ (Date)
- B. My retirement was: voluntary mandatory per union agreement.
- C. I am receiving a retirement payment of \$ _____ per _____.
- D. I contributed: Less than one-half the cost of my retirement. One-half or more of the cost of my retirement benefit.
 My employer paid the entire cost of my retirement benefit.
- E. My retirement payments began (or will start to be paid) on: _____ (Date)

6. STATEMENT OF ABILITY AND AVAILABILITY TO PERFORM WORK

A. Check all items which will, or to your knowledge could, affect your ability and availability to perform Full-Time work (as defined by the employer) during your benefit year:

- | | | |
|---|--|---|
| <input type="checkbox"/> Attending School or Training | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Union Relations |
| <input type="checkbox"/> I am/will Be Away From Home or Work Area | <input type="checkbox"/> Nature of Work/Type of Employer | <input type="checkbox"/> Wage Restrictions |
| <input type="checkbox"/> Distance Restrictions | <input type="checkbox"/> Medical Restrictions | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Health or Physical Condition | <input type="checkbox"/> Self-Employment/Other Work | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Incarceration (Jail) | <input type="checkbox"/> Hours (Part-Time/Full-time) | <input type="checkbox"/> Other _____ |

B. Please describe the item(s) you checked in more detail: _____
