

**SEPARATION REPORT – UNEMPLOYMENT INSURANCE QUESTIONNAIRE
IOWA CATHOLIC CONFERENCE**

Employer's 3-Digit I.D. #				Employee's Name And Address	
Employer's Name And Address				Position Held	Employee's S.S. No.
FIRST DAY WORKED				LAST DAY WORKED	
If vacation, severance or in lieu of notice pay was paid or will be paid on or after last day worked, give:			AMOUNT \$	FOR PERIOD: FROM (DATE) TO (DATE)	

REASON FOR TERMINATION – CIRCLE APPLICABLE NUMBER AND EXPLAIN IN DETAIL BELOW

VOLUNTARY QUIT		DISCHARGE / SUSPENSION		OTHER SEPARATION	
01	Left of own accord	20	Violation of company rule or policy	40	Compulsory retirement (ans. "B" below)
02	To seek other employment	21	Excessive absenteeism / tardiness	41	Position changed—from full to part time
03	To accept other employment (employment ready and waiting)	22	Disciplinary suspension	42	Other reason
		23	Misconduct: dishonesty, insubordination, etc.	43	Authorized leave of absence
04	Dissatisfaction with job (Salary, hours, duties, etc.)	24	Deliberate unsatisfactory performance	44	Industrial controversy
		25	Unsatisfactory performance / not qualified	45	Job refusal
05	To get married	26	Falsified records	46	No base period earnings
06	Left of own accord—personal / domestic	27	Mental / physical condition (excluding pregnancy) (answer "A" below)	47	High school or workstudy student
07	Left area / changed residence			48	Emergency extended benefits
08	To attend school	28		IF #09 OR #27 IS CIRCLED, PLEASE COMPLETE THE FOLLOWING: A. Claimant is receiving Workman's Compensation? () Yes () No	
09	Mental / physical condition (excluding pregnancy) (answer "A" below)	29	Discharge—other reasons		
		30	Refused to follow instructions		
10	Pregnancy	31	Intoxication		
11	Transportation difficulties	32	Immoral conduct	IF #12 OR #40 IS CIRCLED, PLEASE COMPLETE THE FOLLOWING: B. () Social Security () Pension	
12	Voluntary retirement (answer "B" below)	33	Refusal to accept transfer		
13	Failed to appear or call	34	Permanent lack of work		
14	Failed to return from leave of absence	35	Temporary lack of work		
15	Voluntary quit—other reason				
16	To protect Soc. Sec. or pension benefits				

GIVE COMPLETE DETAILS REGARDING ANY SEPARATION OTHER THAN LACK OF WORK
(Attach copies of all pertinent records such as Warning Notices, Attendance Records, Termination Statements, etc.)

Please provide the name of the person that can give the most **FIRST-HAND** information regarding this Employee's separation. (i.e. Immediate Supervisor or Manager.)

NAME:

TELEPHONE #:

FAX #:

NAME OF INDIVIDUAL PREPARING THIS REPORT:

TITLE

TELEPHONE

DATE

FAX COPY OF SEPARATION FORM TO: Paul Jahnke, Iowa Catholic Conference, (515) 243-6257

NOTES: