



Diocese of Rockford

UNEMPLOYMENT COMPENSATION SEPARATION REPORT

Parish/School/Agency	Employee's Name
Address	Address
City	City/State
Employee's First Day Worked	Soc. Sec. No.
Last Day Worked	Job/Position
Rate of Pay	Accrued Vacation Paid Upon Separation: \$ For: Hrs/Days

REASON FOR SEPARATION—CHECK PROPER BOX

VOLUNTARY QUIT			DISMISSAL/NON-RENEWAL			OTHER SEPARATION		
01	To seek other employment	19	No show/no call	40	Perm. lack of work/R.I.F.			
02	To accept other employment	20	Violation of Diocesan Policy/Contract	41	Lay-Off—Temp lack of work			
03	To get married	21	Unexcused absence	44	Refusal of recall to work			
04	To resume home duties	22	Excessive tardiness	47	Chronic excusable absenteeism			
05	To leave area	23	Unauthorized possession of Parish/School/Agency property	48	Not qualified			
06	To attend school	24	Refusal to obey instructions	49	Unsatisfactory work performance			
07	Dissatisfied with job	25	Under influence of alcohol or drugs	50	Physical inability			
08	For personal reasons	26	Deliberate damage to Parish/School/Agency Property	51	Inability to perform duties			
09	Voluntary retirement	27	Fighting/Assault	52	Currently employed full time			
10	Lack of transportation	28	Unprofessional conduct	53	No record of employee			
11	Physical condition	29	Falsified records	54	Not last 30 day employer			
12	Pregnancy	30	Immoral conduct	56	Currently employed part time			
13	On leave of absence	31	Willful failure to perform duties	57	Summer/Holiday break period			
14	Reason unknown	32	Sleeping on the job					
15	Job abandoned—no call	33	Other reason (specify below)					
17	Failed to return from leave of absence	34	Insubordination					
		38	Cash handling violations					

ADDITIONAL COMMENTS (If you have any questions call ~~773-351-8889~~ 773-824-4320)

Please explain briefly the FINAL INCIDENT that caused separation of employment & send copies of written warnings issued within past year.
If more space needed use reverse side.

Report Prepared by	Title
Phone Number ()	Date

INSTRUCTIONS:

—This form **MUST** be mailed **IMMEDIATELY** upon termination of employee to: ➔

—This form must be filled out whenever ANY employee terminates employment at ANY time for ANY reason.

Sedgwick CMS
8755 West Higgins Rd – 11th Floor
Chicago IL 60631
Attn: Gloria Gooden (773) 824-4320
FAX (614) 601-9358