



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

### ADDITIONAL COMMENTS (if you have any questions call 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 or faxed **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 (501) 747-5664**

**Place copy in Employee Personnel File**