



Diocese of Rockford

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(815) 399-4300
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Accounting & Data
Processing

MEMO

To: Parishes, High Schools and Other Agencies

From: Melissa Reyes

Date: May 8, 2018

Re: Recent Unemployment Compensation Changes

Sedgwick CMS, the third party administrator for the Diocese of Rockford unemployment claims, is requiring additional documentation for all of our unemployment claims. Please continue to fax a copy of the Unemployment Separation Compensation Report to Sedgwick CMS at 501-747-5664. THIS REPORT IS REQUIRED TO BE FILLED OUT FOR ALL EMPLOYEES THAT LEAVE.

The primary change is that we will be required to provide answers to additional questions if an unemployment claim is filed. Locations are advised to have the following information available upon request based on the reason for separation (Sections A-E below). At this time, we only ask that a copy of the Unemployment Compensation Separation Report and any resignation letters be sent to Melissa Reyes at mreyes@rockforddiocese.org or faxed to 815-399-5657.

Section A: Discharged/Suspended

If the claimant was discharged or suspended, please provide the following information and any relevant documentation (copies of prior warnings, witness statements, copy of policy violated, signed acknowledgment of receipt, etc.):

- Reason for discharge:
- Description of final incident:
- Date of final incident resulting in termination:
- Date the claimant was notified of the discharge:
- Name and job title of the person that discharged the claimant:
- How was the claimant notified of the discharge (in-person, by letter, phone, etc.):
- If discharged for poor performance, do you believe the claimant was working to the best of his/her ability?
- If the discharge was due to attendance, provide the date of each occurrence that led to discharge, the type of occurrence for each date (tardy, absent, left early), the reason claimant provided for each occurrence, and whether or not proper notice was provided for each date.

Section B: Quit

If the claimant quit, please provide the following information and any documentation:

- Reason claimant provided for quitting:
- Date claimant gave notice of quitting:
- Claimant's intended last date of work:
- Name and job title of the person the quit notice was given to:
- How the quit notice was provided (in-person, writing, phone):
- Provide copy of resignation letter if available.

Section C: Still Employed

If the claimant is still employed, please provide the following information and any relevant documentation:

- Have the employee's hours recently been reduced?
- Who made the request to reduce hours?
- How many hours were he/she working previously and how many are they working now?
- Are you aware of any other circumstances that might cause this employee to file for unemployment benefits (temporary shutdown, time off, loss of other employment, etc.)?
- Has the claimant refused any work? If so, please provide details of the work offered (start date, job title, shift, rate of pay, numbers of hours/week, location, and the reason for refusing the work)

Section D: Leave of Absence

If the claimant is on a leave of absence, please provide the following information and any relevant documentation:

- Reason for leave of absence:
- Is it a paid or unpaid leave?
- Start and end date of the leave of absence:
- Expected return to work date:
- Current work restrictions if any:

Section E: Reasonable Assurance **

If the claimant is academic personnel, please provide the following information and any relevant documentation:

- Please provide a copy of the contract, letter, or board meeting minutes offering reasonable assurance.
- Last date of the most recent school year or term:
- Start date of the upcoming school year or term:
- The start and end dates of any established and customary seasonal/holiday breaks:

**** (Reasonable assurance means a written agreement by the employer (school dept., educational agency) that the **employee** will perform services in the same or similar capacity during the ensuing academic year, term or remainder of a term.)**

If you have any questions, please don't hesitate to contact me.

Thank you,

Melissa Reyes mreyes@rockforddiocese.org

Fax 815-399-5657

815-399-4300



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