



Accounting & Data
Processing

Diocese of Rockford

555 Colman Center Dr.
P.O. Box 7044
Rockford, IL 61125

(815) 399-4300
Fax: (815) 399-5657

MEMO

To: Parishes, High Schools, and Other Agencies

From: Lori Glenn

Date: March 31, 2022

Re: Recent Unemployment Compensation Changes

Please e-mail or fax a copy of the Unemployment Separation Compensation Report and any resignation letters to the Diocese of Rockford Unemployment Office at lglenn@rockforddiocese.org or 815.399.5657. DO NOT SEND TO SEDGWICK DIRECTLY.

THIS REPORT IS REQUIRED TO BE FILLED OUT FOR ALL EMPLOYEES THAT LEAVE.

Sedgwick CMS, the third-party administrator for the Diocese of Rockford unemployment claims, requires additional documentation/information for all unemployment claims filed for our group. If requested, please be prepared to provide answers for the following questions based on the reason for separation (Sections A-F below).

Section A: COVID Related

If the claimant is on a temporary layoff or seeing a reduction in hours due to COVID19, please provide the following information and any relevant documentation:

- COVID Lack of Work
 - Expected return to work date (if applicable):
- COVID Reduction in Hours
 - How many hours were they working previously?
 - How many are they working now?
 - If still working reduced hours, please provide weekly wages for the past 4 weeks (Sunday through Saturday):

Section B: 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 proper notice was provided for each date.

Section C: 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):
- Were there changes in the claimants' hiring agreement that contributed to the claimant quitting the job?
- Did the claimant take action to avoid quitting?
- Provide copy of resignation letter if available.

Section D: Still Working

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 E: 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 F: 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,

Lori Glenn lglen@rockforddiocese.org

Fax 815-399-5657

815-399-4300 ext. 343



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

ADDITIONAL COMMENTS (If you have any questions call Accounting 815-399-4300)

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 e-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.

**Diocese of Rockford
Unemployment Office
e-mail: lglen@rockforddiocese.org
Fax: 815.399.5657**