



State of Georgia
Department of Labor
SEPARATION NOTICE

1. Employee's Name _____ 2. S.S. No. _____
 a. State any other name(s) under which employee worked. _____
 3. Period of Last Employment: From _____ To _____
 4. REASON FOR SEPARATION:
 a. LACK OF WORK
 b. If for other than lack of work, state fully and clearly the circumstances of the separation:

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
 (DO NOT include vacation pay or earned wages)
 _____ In the amount of \$ _____ for the period from _____ to _____
 (type of payment)
 Date above payment(s) was/will be issued to employee _____
 IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
 _____ Per month _____ % of contributions paid by employer.
 6. Did the employee earn at least \$3,000.00 in your employ? YES NO If NO, how much? \$ _____
 Average Weekly Wage _____

Employer's
 Name (Georgia Department of Corrections)
 Address _____
 (Street or RFD)
 City _____ State _____ ZIP Code _____
 Employer's
 Telephone No. _____

Ga. D.O.L. Account Number 110094-00

(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official Employee of the Employer or Authorized Agent for the Employer

Title of Person Signing

Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199F, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE
OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.