



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name _____ 2. SSN _____
- 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 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 this employee earn at least \$7,300.00 in your employ? YES ☐ NO ☐ If NO, how much? \$ _____
Average Weekly Wage \$ _____

Employer's Name

Mailing Address

City

State

Zip Code

Employer's
Telephone No. _____
(Area Code) (Number)

GA D. O. L. Account Number _____

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 separation information, 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.