



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:** **Voluntary or Involuntary**
- 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)
- NA** \_\_\_\_\_ in the amount of \$ **NA** \_\_\_\_\_ for period from **NA** \_\_\_\_\_ to **NA** \_\_\_\_\_  
(type of payment)
- Date above payment(s) was/will be issued to employee **NA** \_\_\_\_\_
- IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.  
**NA** \_\_\_\_\_ per month **NA** \_\_\_\_\_ % 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 **CONVENIENCE STORES INC**

Address **P.O. BOX 948, 264 Alabama Blvd**  
(Street or RFD)

City **JACKSON** State **GA** | **30233**  
| ZIP Code

Employer's Telephone No. **770** **775-2386**  
(Area Code) (Number)

**Ga. D. O. L. Account Number** **073341-19**

This is the number assigned to the employer by Georgia Department of Labor.

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-1199FF, 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.**

**SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.**