

Notice of Claim Filed  
Request for Separation Information

**Time Sensitive**  
**DUE DATE: MM/DD/YY**

Mail or Fax your response to:  
EMPLOYMENT DEPARTMENT  
UI CENTER  
PO BOX 14135  
SALEM OR 97309-5068  
UI CENTER FAX #:(866) 345-1878

Date Mailed to Employer: MM/DD/YY  
Claim Effective Date: MM/DD/YY  
Benefit Year Ends: WW/YY  
IC/AC/FR: XX  
UIC#: ###  
E-RESPONSE PIN: A#####

EMPLOYER NAME  
ADDRESS  
CITY ST ZIP

	On Record	Correction
Employee Name Other Name Job Title Social Security Number Other SSN	CLAIMANT NAME  ###-##-####	

**DEADLINE FOR YOUR RESPONSE**

The employee named above has filed a claim for Unemployment Benefits. The Department is requesting information to help determine whether benefits should be paid. If the employee is still working or off due to a lack of work with your company, you do not need to respond to this notice. If the worker is not working for any other reason, or not accepting all available work, you need to answer the questions on the following pages that apply to your former employee.

This Request for Separation Information may be completed online at <https://uisides.org/>, the E-Response web site. To complete it online, you will need your Federal Employer Identification Number (FEIN), State Business Identification Number (BIN) and the E-Response PIN located above. Enter your FEIN without dashes (Example: 000000000). Enter your BIN as 7 digits, a dash, and the final digit (Example: 0000000-0). If you have login problems or if no PIN appears above, please email [Oregon.sideshelp@oregon.gov](mailto:Oregon.sideshelp@oregon.gov) or call (503) 947-1685.

NOTE: If you do not have internet access, return the completed form by fax or mail to the UI Center shown above. When you complete this Request online, or by fax or mail by the DUE date, you will receive notice of any benefit decision in this case, including notice of the right to request a hearing on that decision. **IF YOU DO NOT COMPLETE THIS REQUEST BY THE DUE DATE, YOU MAY NOT RECEIVE NOTICE OF THE DECISION, INCLUDING A DECISION TO ALLOW BENEFITS.**

	On Record	Correction
Employer Name  Address  FEIN	EMPLOYER NAME  ADDRESS CITY ST ZIP #####	

- Check here if the claimant did NOT work for this employer  
 Check here if the representative receiving this request does NOT represent this employer.

**Claimant Provided Reason for Separation:**

**First Day Worked:** (MM/DD/CCYY) \_\_\_\_\_

**REASON CLAIMANT GAVE**

**Last Day Worked:** (MM/DD/CCYY) \_\_\_\_\_

**Employer's Reason for Claimant's Separation:**

(See page 4 for separation codes)

**Separation Date:** (MM/DD/CCYY) \_\_\_\_\_

(if different from Last Day Worked)

If labor dispute, is it due to strike or lockout?

Strike  Lockout

Was this seasonal employment?

Yes  No

Does the claimant have reasonable assurance of returning to work?

Yes  No

If yes, what date do you expect the claimant to return to work? (MM/DD/YYYY)

If claimant is still working, is claimant working all available hours?

Yes  No

If claimant is not working all available hours, why not? \_\_\_\_\_

Claimant's average weekly wage \_\_\_\_\_

Average number of hours worked per week \_\_\_\_\_

Total wages earned after **MM/DD/YY** \_\_\_\_\_

Total hours worked after **MM/DD/YY** \_\_\_\_\_

Explain why the claimant is no longer employed or provide additional information regarding this separation: \_\_\_\_\_

**Compensation after Separation**

What type of compensation did or will the claimant receive after the last day of work? \_\_\_\_\_

(See page 4 for compensation codes)

Was the compensation allocated to a specific period of time?

Yes  No

If yes, what is the beginning date for the compensation allocation? \_\_\_\_\_

What is the ending date for the compensation allocation? \_\_\_\_\_

What is the frequency of the claimant's compensation after separation?

Daily  Weekly  Biweekly  Semi-monthly  Monthly  Quarterly  Lump Sum

What is the amount of the compensation per period? \_\_\_\_\_

What date will or was the compensation paid? (MM/DD/YYYY) \_\_\_\_\_

What is the average number of hours claimant worked per week? \_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge.**

**Preparer:** \_\_\_\_\_

(print name and position)

Employer

Representative

**Signature:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Ext.** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If the Reason for Separation is 3 (Fired/Discharged) or 15 (Disciplinary Suspension):**

Reason for discharge or suspension (See page 4 for discharge codes): \_\_\_\_\_ Date of the Final Incident: \_\_\_\_\_

What was the final incident that caused the discharge or suspension?

---

- Did the claimant violate company policy?  Yes  No  
If yes, was the claimant previously informed about the company policy?  Yes  No  
If yes, how was the claimant made aware?  Written  Verbal

Who discharged or suspended the claimant? \_\_\_\_\_  
What is the title of this person? \_\_\_\_\_

Provide any additional information about why the claimant was discharged or suspended:

---

**If the Reason for Separation is 5 (Asked to Resign):**

Reason the claimant was asked to resign (See page 4 for discharge codes): \_\_\_\_\_

Date of the Final Incident: \_\_\_\_\_

What was the final incident that resulted in the claimant being asked to resign? \_\_\_\_\_

- Did the claimant violate company policy?  Yes  No  
If yes, was the claimant previously informed about the company policy?  Yes  No  
If yes, how was the claimant made aware?  Written  Verbal

Who asked the claimant to resign? \_\_\_\_\_  
What is the title of this person? \_\_\_\_\_

Provide any additional information about why the claimant was asked to resign:

---

**Prior Incidents (Separation Codes 3, 5, 6, and 15 and Voluntary Quit Code 5)**

What was the date the claimant violated a rule, behaved unacceptably, was absent or late prior to the final incident? (MM/DD/YYYY) \_\_\_\_\_

Please explain the prior incident of rule violation, unacceptable behavior, absenteeism or lateness? \_\_\_\_\_

---

- Was the claimant warned for this prior violation?  Yes  No  
If yes, what was the date of this prior violation warning? (MM/DD/YYYY) \_\_\_\_\_

Describe the warning. If written, you may attach a copy of the warning:

---

**Pension (Separation Code 14)**

What was the average number of hours the claimant worked per week? \_\_\_\_\_

- Was the retirement mandatory?  Yes  No  
Was the pension mandatory?  Yes  No  
Does/did the claimant contribute to the pension?  Yes  No

What was the percentage of the pension that the claimant contributed? \_\_\_\_\_

Provide any additional information about the claimant's pension:

---

---

**Voluntary Quit or Retirement (Separation Codes 6 and 14)**

What reason did the claimant give for voluntarily quitting employment? (See below for Voluntary Quit codes) \_\_\_\_\_

Provide additional information about the reason the claimant gave for quitting: \_\_\_\_\_

Was continuing work available?  Yes  No

Were there changes in the claimant's hiring agreement that contributed to the claimant quitting this job?

- No change
- Hours changed
- Job Duties changed
- Rate of Pay changed
- Job Location changed
- Other

If so, what were the changes to the claimant's hiring agreement? \_\_\_\_\_

Did the claimant take actions to avoid quitting?  Yes  No

If yes, what did the claimant do to avoid quitting? \_\_\_\_\_

**Voluntary Quit in Lieu of Discharge (Separation Code 6/Voluntary Quit Code 5)**

What was the reason the claimant would have been discharged? (See below for discharge codes) \_\_\_\_\_

What was the final incident that would have caused the discharge or suspension? \_\_\_\_\_

What was the date of the final incident? (MM/DD/YYYY) \_\_\_\_\_

Did the claimant violate company policy?  Yes  No

If yes, was the claimant previously informed about the company policy?  Yes  No

If yes, how was the claimant made aware?  Written  Verbal

Who would have discharged the claimant? \_\_\_\_\_

What is the title of this person? \_\_\_\_\_

Provide any additional information about why the claimant would have been discharged: \_\_\_\_\_

Separation Codes

- 1=Temporary Layoff
- 2=Laid Off/Lack of Work
- 3=Fired/Discharged
- 4=Vacation/Holiday Shutdown
- 5=Asked to Resign
- 6=Voluntary Quit/Separation
- 7=School Employee between Semester.; or Terms, Likely to Return
- 8=School Employee between Semesters or Terms, Not Likely to Return
- 9=Still Employed, Full Time
- 10=Still Employed, Part Time
- 11=Still Employed, Hour.; Reduced by Employer

- 12=On Call or Temporary Status
- 13=Leave of Absence
- 14=Retirement
- 15=Disciplinary Suspension
- 16=Labor Disputes
- 17=Professional Athlete between Sports Seasons
- 18=Disaster Related Separation
- 19=other
- 20=Never Employed Here
- 21=TPA does not represent this employer
- 99=Not Provided

Discharge Codes

- 1=Not Qualified
- 2=Absenteeism/Lateness
- 3=Failed To Follow Instructions/Policy/Contract
- 4=Drugs and Alcohol
- 5=Dishonesty/Theft, Felony or Misdemeanor, Violation of Law, Criminal, Illegal Acts, Property Damage, Fighting
- 6=Medical
- 7=Loss of License
- 8=Other
- 99=Not Provided

Compensation Codes

- 1=Severance
- 2=Separation
- 3=Vacation
- 4=Holiday/Floating Holiday
- 5=Pension
- 6=Profit Sharing
- 7=Bonus Pay
- 8=Wages in Lieu of Notice
- 9=Back Pay Award
- 10=Residual Payments
- 11=Commissions
- 12=Sick
- 13=Disability
- 14=Other
- 99=Not Provided

Voluntary Quit Codes

- 1=No Reason Given
- 2=To Seek or Accept other Employment
- 3=Due to Health Reasons
- 4=Due to Job Dissatisfaction
- 5=In Lieu of Discharge
- 6=Personal Reasons
- 7=Failure to Report for Work/Abandonment
- 8=Retirement
- 9=Working Conditions
- 10=other
- 99=Not Provided