



Return Signed Request to:
 Goldleaf Partners
 Attention: Payroll
 Fax: 612.339.0248
 Email: payroll@goldleafpartners.com
 Phone: 1.866.882.8442, opt. 6

EMPLOYEE UNEMPLOYMENT INSURANCE CLAIM FORM

Complete this form at the time of separation and retain it in the employee’s file. If you receive an unemployment claim, send this completed form, along with any supporting documents (e.g., warnings, notices, disciplinary notes) to Goldleaf Partners Employer Services.

Company Code: _____ Company Name: _____

State Where Claim was Filed: _____ State Unemployment Account Number: _____

Employee Name: _____ SSN: _____

Hire Date: _____ Last Day Worked: _____ Separation Date: _____

Rate of Pay at Termination: _____ Full Time Part Time Seasonal Temporary

Additional Payments Made to the Employee: Vacation/PTO Payout Hours _____ \$ _____

Wages in Lieu of Notice Hours _____ \$ _____ Severance \$ _____

Severance Paid Through ____/____/____ Workers Compensation Pension Other

Payment Explanation: _____

Reason for Separation: RIF/Lack of Work Voluntary/Quit Discharge – Misconduct
 Discharge – No Misconduct No Separation – Still Employed Retirement

Describe the recent events leading up to the separation?

Was there a final incident that caused the separation? If yes, please explain.

Was there any assistance offered to the employee to rectify the issue?

Further details that will help the state reach a determination (attach additional pages if necessary):

Completed By: _____ Email: _____ Phone: _____

Please return the form to the email or fax number at the top of this page.