

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF EMPLOYMENT SECURITY



# SEPARATION NOTICE

1. Employee's Name: \_\_\_\_\_ 2. SSN \_\_\_\_\_  
*First Middle Initial Last*

3. Last Employed: From: \_\_\_\_\_ to \_\_\_\_\_ Occupation: \_\_\_\_\_

4. Where was work performed? \_\_\_\_\_

5. Reason for Separation:  Lack of Work  Discharge  Quit  
If lack of work, indicate if layoff is  Permanent  Temporary

If temporary, when do you expect to recall this individual? \_\_\_\_\_  
*Date*

If other than lack of work, explain the circumstances of this separation:

6. Employee received:  Wages in Lieu of Notice  Separation Pay  Vacation Pay  
In the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address where additional information may be obtained:  
\_\_\_\_\_  
*(Street or RFD)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_  
*(Area Code) (Number) (Ext)*

Employer's E-Mail Address \_\_\_\_\_

## EMPLOYER'S ACCOUNT NUMBER

*(Number shown on State Quarterly Wage Report (LB-0851) and Premium Report (LB-0456))*

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 or Representative of the Employer who has first-hand knowledge of the separation.*

\_\_\_\_\_  
*Title of Person Signing*

\_\_\_\_\_  
*Date Completed and Released to Employee*

## NOTICE TO EMPLOYER

Within 24 hours of the time of separation, you are required by Rule 0560-1-1-02 of the Tennessee Employment Security Law 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 LB-0810, please give complete information in your response.

## NOTICE TO EMPLOYEE

**IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BY TELEPHONE OR INTERNET YOU MAY BE INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO THE TENNESSEE CLAIM CENTER. IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS IN-PERSON PLEASE TAKE THIS NOTICE TO THE LABOR AND WORKFORCE DEVELOPMENT OFFICE.**

# INSTRUCTIONS

## SEPARATION NOTICES

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Rule 0560-1-1-.02 of the Rules and Regulations of the Tennessee Employment Security Law, requires all employers to furnish each separated employee with a Separation Notice, LB-0489, within 24 hours of the employee's separation from employment.

Separation Notices do not have to be given to any employee who has been in your employ for less than a week or who will be recalled within seven days.

Separation Notices reduce the administrative costs of processing an unemployment insurance claim and helps make a more accurate determination of the claimant's eligibility for benefits.

Please complete the Separation Notice in its entirety.

### ***Item 5***

Check the appropriate block as to the reason the worker is separated. If the separation was for any reason other than lack of work, give a clear explanation for the separation on the lines provided. Please indicate whether the separation is permanent or temporary, and, if temporary, when you expect to recall the worker.

### ***Item 6***

If you paid wages beyond the separation date, indicate the beginning and ending date of the payments.

If you paid wages, equal to the worker's usual wages, in lieu of permitting the worker to work during the notice period, check the block beside "Wages in Lieu of Notice."

If you paid the worker severance or separation pay based, at least in part, on the worker's length of service, check the block beside "Separation Pay."

If you paid vacation pay, it will be important to have indicated the anticipated duration of unemployment, permanent or temporary, in **Item 5**. If temporary, the expected recall date is important.

### ***To obtain Separation Notice forms, please:***

- make copies of the form on the reverse side of these instructions, or
- call toll-free:           1-800-344-8337 in Tennessee  
                                  1-615-253-6122 if out-of-state, or
- go to our Web Site [www.tennessee.gov/labor-wfd/](http://www.tennessee.gov/labor-wfd/) and to Forms, Unemployment Insurance Forms - Employers, and scroll to Separation Notice, LB-0489