

## Separation of Employment

Employee Name		Employee Number	
Date of Birth		Phone Number	
Address City, State, Zip			
Job Title/ Position		School or Location	

I hereby acknowledge the separation of employment from my position with the Ascension Parish School Board, the last day worked is \_\_\_\_\_; the last day of employment/retirement is \_\_\_\_\_, for the following reason:

Voluntary Terminations		Involuntary Terminations		Temporary Hire	
<input type="checkbox"/>	Voluntary Resignation	<input type="checkbox"/>	Termination/leave expiration	<input type="checkbox"/>	Hired One Year Only
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Termination/performance	<input type="checkbox"/>	Hired First/Second Semester Only
<input type="checkbox"/>		<input type="checkbox"/>	Termination/other	<input type="checkbox"/>	

Summarize reason for termination here:

Note: Last day worked/paid leave and date of retirement are normally two different dates. Normally retirement date is the next day after your last day of work/paid leave.

Signature of Principal/Designee:	Date	Signature of Employee:	Date
Human Resources Director:	Date	Superintendent:	Date

Dr. Edith M. Walker  
Superintendent

### SCHOOL BOARD

Jared Bercegeay  
President  
District 6A

Marty J. Bourgeois  
Vice President  
District 4A

Robyn Penn Delaney  
District 1

Scott Duplechein  
District 2

Julie Blouin  
District 3

John Murphy  
District 4B

John DeFrances  
District 5A

Taft Kleinpeter  
District 5B

Louis Lambert  
District 6B

Karen Braud  
District 7A

Jake Lambert  
District 7B



## Separation Notice



### 1. Applicant Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
SSN:	<input type="text"/>		
Date of Separation:	<input type="text"/>	Date Hired:	<input type="text"/>
	M M D D Y Y		M M D D Y Y
		Date Last Worked:	<input type="text"/>
			M M D D Y Y

Please provide detailed explanation for the items checked below. Should this individual file a claim for unemployment insurance benefits, complete facts will enable this agency to make an equitable decision.

### 2. Reason for Separation

- ☐ Voluntary Leaving (Quit)
- ☐ Discharged (Fired)
- ☐ Lack of Work (Reduction in Force)
- ☐ Leave of Absence
- ☐ Not Physically Able to Work
- ☐ School Employee Contract
- ☐ Refused Other Suitable Work
- ☐ Labor Dispute/Union Strike
- ☐ Retirement
- ☐ Work Part Time

### 3. Vacation, Severance, Dismissal, Bonus, Holiday Pay Information

Hourly Rate of Pay \$	<input type="text"/>	Hrs Worked per Week	<input type="text"/>
<input type="checkbox"/> Vacation/Accrued Leave – Not PTO	\$ <input type="text"/>	# Hrs	<input type="text"/>
<input type="checkbox"/> Severance/Dismissal	\$ <input type="text"/>	# Hrs	<input type="text"/>
<input type="checkbox"/> Bonus	\$ <input type="text"/>	# Hrs	<input type="text"/>
<input type="checkbox"/> Holiday Pay	\$ <input type="text"/>	# Hrs	<input type="text"/>
<input type="checkbox"/> Wages in Lieu of Notice	\$ <input type="text"/>	# Hrs	<input type="text"/>

### 4. Pension

<input type="checkbox"/> __ Monthly __ Lump Sum	\$ <input type="text"/>
If lump sum, what would the monthly amount be if that option had been chosen?	\$ <input type="text"/>

Explain the reason for separation:

I certify that the worker whose name and social security number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

Employer Name

Employer Account No.

Street Address

City

State

Zip

Telephone Number

Fax Number

Signature

Printed Name

Title

Phone Number

**FILL OUT IN TRIPLICATE.** Mail original within 72 hours after separation. Give a copy of this form and a copy of the "Instructions to the Worker" to the employee within 72 hours, and retain a copy for your files.

File online at: <http://www.laworks.net>

**MAIL or FAX TO –**  
Louisiana Workforce Commission  
Adjudication Support Unit  
Post Office Box 91253  
Baton Rouge, LA, 70821-9253  
Fax (225) 346-6068

**Failure to submit this notice within the specified time limits may forfeit your right to appeal. It must be submitted within 72 hours after the worker's separation from employment.**



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## INSTRUCTIONS TO EMPLOYER FOR PREPARATION OF SEPARATION NOTICE ALLEGING DISQUALIFICATION

We encourage you to submit the form online at [www.laworks.net](http://www.laworks.net).

A Separation Notice Alleging Disqualification should be made out in triplicate for each worker who leaves your employ without good cause connected with his work, is discharged for misconduct connected with his work, or is unemployed because of a labor dispute.

Fax or mail an original to the Administrator, Louisiana Workforce Commission, Post Office Box 91253, Baton Rouge, Louisiana 70821-9253 within 72 hours after employee has been separated from work. Give a duplicate copy to the worker along with the "Instructions To The Worker", or if delivery is impossible, mail to his last known address within 72 hours.

Keep a triplicate in your files for reference.

Item 1 Enter here the worker's full name as it appears on your records. If it is different from that on the Social Security card, please indicate in the explanation area.

Enter worker's Social Security Number. If it is known to you that he has more than one number, please indicate in the explanation area.

Enter the date the worker was separated from your employ.

Enter the date the worker was hired.

Enter the date the worker last worked.

Item 2 Check the reason for separation and explain in detail in space provided.

**Voluntary Leaving:** give the detailed reason for leaving so that it can be determined whether or not a disqualification for leaving without good cause attributable to a substantial change with the employment should be assessed.

**Discharge (Fired):** give the detailed reason for discharge so that the information can be used in determining whether or not a disqualification should be assessed for misconduct connected with the work.

**Lack of Work (RIF):** No other work available.

**Leave of Absence:** give complete details as to the reason for the leave and the time period involved.

**Not Physically Able to Work:** give all details known to you relative to the worker's illness or injury.

**School Employee:** give complete information relative to reason for the separation and whether or not the worker had a contract or a reasonable assurance of returning.

**Refused Other Suitable Work:** give detailed information relative to the new work offered, such as, salary, hours, job conditions, location, etc.

**Labor Dispute/Union Strike:** give details of labor dispute so that the information can be used in determining whether or not the worker is disqualified for benefits due to participation in the dispute.

**Retirement:** give the detailed reason for retirement, whether voluntary or compulsory, exact amount of pension before deductions, and whether company contributed, employee contributed or a combination of employer/employee contributions.

**Work Part-Time:** if the employee is currently working part-time, or his/her hours have been reduced from full-time to part-time work, please provide an explanation and include the number of hours worked each week. The hourly rate of pay should also be included.

Items 3 and 4 Complete as indicated on the form. Report gross total payments.

This notice should be filled out and signed by an officer or employee authorized to assume responsibility for the information and his/her title or position. This notice should be dated as of the date it is handed or mailed to the worker and faxed to 225-346-6068 or mailed to the Administrator, Louisiana Workforce Commission, Post Office Box 91253, Baton Rouge, Louisiana 70821-9253.

## INSTRUCTIONS TO THE WORKER

Having become unemployed, you should go to a Business and Career Solutions Center most convenient to you and register for work. If you intend to file a claim for benefits, you may do so at the same time or file a claim via the Call Center at 1-866-783-5567. Under the Louisiana Employment Security Law, you may be disqualified for benefits, if it is determined that:

You left your work without good cause attributable to a substantial change with your employment, or

You were discharged for misconduct connected with your work, or

You failed to accept suitable work when offered or to apply for available suitable work, when so directed by the Administrator or the employment office, or

You were taking part in a labor dispute in the establishment in which you were employed, or you were seeking unemployment compensation benefits under any other State or Federal Law.

It is important for you to register for work immediately even though you may be temporarily disqualified for benefits.

In deciding whether you are disqualified, the Louisiana Workforce Commission will consider the statements made by your employer on Form LWC 77, Separation Notice, concerning the reason for your separation and the statements you make when you file your claim for benefits. If you do not agree with the reasons for leaving your job as given on the Form LWC 77, Separation Notice, provide a detailed statement on your Unemployment Insurance Application.

NOTE: It is not necessary to EMPLOY any one to help you collect benefits. Representatives of the Louisiana Workforce Commission will advise you and help you with your claim.

REGISTER at once at the most convenient Business and Career Solutions Center or via the Call Center at 1-866-783-5567.