



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:

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)

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(type of payment)

Date above payment(s) was/will be issued to employee \_\_\_\_\_

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.  
\_\_\_\_\_ per month \_\_\_\_\_ 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 \_\_\_\_\_

Address \_\_\_\_\_  
(Street or RFD)

City \_\_\_\_\_ State \_\_\_\_\_ | ZIP Code \_\_\_\_\_

Employer's Telephone No. \_\_\_\_\_  
(Area Code) (Number)

**Ga. D. O. L. Account Number** \_\_\_\_\_

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.**