

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: \_\_\_\_\_  
*(mm/dd/yy) (mm/dd/yy)*

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 \_\_\_\_\_  
*(mm/dd/yy)*

If temporary, report any vacation pay that will be paid. Week Ending Date \_\_\_\_\_ Amount \_\_\_\_\_  
*(mm/dd/yy)*

If layoff is indefinite vacation pay should not be reported.

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

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

Address where additional information may be obtained:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

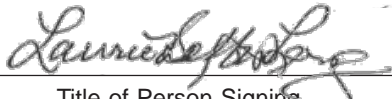
Employer's E-Mail Address \_\_\_\_\_

### 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

\_\_\_\_\_  
*(mm/dd/yy)*

### NOTICE TO EMPLOYER

Within 24 hours of the time of separation, you are required by Rule 0800-09-01 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 CLAIMS 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 0800-09-01 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 in the box provided. Please indicate whether the separation is permanent or temporary, and, if temporary, when you expect to recall the worker.

### ***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
- 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