



## EMPLOYMENT TERMINATION/LEAVE OF ABSENCE

Case name: \_\_\_\_\_ Case number: **Enter case number here**  
Employed person: **Your name here** SSN: **NO SOCIAL PLEASE**

**Please use a black pen to complete form. This form is not used to determine Unemployment Insurance eligibility.**

### Employer Information:

Company name: **Brigham Young University**  
Corporate name (if different): \_\_\_\_\_  
Payroll company (if different): \_\_\_\_\_  
Company address: **2024 WSC, Provo UT 84602**  
Name of supervisor or HR contact: \_\_\_\_\_ Phone number: **(801)422-0817**

### Employee History:

- Average hours the employee worked per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_
- Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_
- Date final check available to the employee: \_\_\_\_\_
- Gross amount (before taxes) of final paycheck: \_\_\_\_\_
- Total gross pay (before taxes) in the month employee received their final check: \_\_\_\_\_
- Did the employee receive severance pay or vacation pay separate from their final check?  Yes  No  
If yes, how much? \$ \_\_\_\_\_ Date received: \_\_\_\_\_
- Reason for leaving:  Quit (state reason) \_\_\_\_\_  Laid off (date) \_\_\_\_\_  
**\*Pick one\***  Fired (state reason) \_\_\_\_\_  Leave of absence (length) \_\_\_\_\_  
 Other (state reason) \_\_\_\_\_
- Is this a temporary termination or furlough?  Yes  No  
If yes, when is the employee expected to return to work for this company? \_\_\_\_\_  
If yes, will the employee receive pay during their leave of absence?  Yes  No
- Is there an option for continued medical insurance?  Yes  No  
If yes, please list insurance carrier: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy number: \_\_\_\_\_ COBRA amount: \$ \_\_\_\_\_
- Does the employee have any retirement and/or 401K benefits?  Yes  No If yes, how much? \_\_\_\_\_
- Any additional comments: \_\_\_\_\_

Employer Signature\*

Date

\*Additional verification will be required if employer does not sign form.

**Your signature**

**Today's Date**

Customer Signature

Date

**Return form to employee or to Department of Workforce Services:**

**Mail** - Department of Workforce Services, Imaging Operations, P.O. Box 143245, Salt Lake City, UT 84114-3245

**Fax** - Salt Lake City Area: 801-526-9500 or Toll free: 1-877-313-4717

**Questions?** Call - Salt Lake City Area: 801- 526-0950 or Toll Free: 866-435-7414

**Equal Opportunity Employer/Program**

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.